

Obesity and pneumonia

A complex relationship

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In the last two decades, the prevalence of obesity has dramatically increased¹. The diagnosis of obesity is based on body mass index (BMI), calculated as weight in kilograms divided by height in meters squared (kg/m^2). A patient with a BMI $\geq 25 \text{ kg}/\text{m}^2$ is defined as overweight, and a BMI $\geq 30 \text{ kg}/\text{m}^2$ as obese.

Pneumonia is one of the most common infectious diseases. It has been ranked as the third leading cause of death worldwide² and is one of the most common infectious disease in Western societies³. Several risk factors for pneumonia are recognized, including age >65 years³⁻⁵, smoking⁴, alcoholism⁵, immunosuppressive conditions⁵, and chronic conditions such as COPD,⁶ cardiovascular disease, cerebrovascular disease, chronic liver or renal disease, diabetes mellitus and dementia⁷.

Obesity may increase the risk of pneumonia due to several reasons. First of all, obesity has been associated with impairments in host defense mechanisms⁸⁻¹¹, reversible after weight reduction¹¹. Additionally, obesity has multiple adverse effects on the respiratory system. Increasing BMI is usually associated with a reduction in forced vital capacity, total lung capacity, functional residual capacity, and expiratory reserve volume¹². In addition, obesity can increase the work of breathing due to reduced chest wall compliance and increased respiratory system resistance¹².

Moreover, obesity is also associated with the risk of major chronic conditions such as diabetes, cardiovascular disease and liver diseases, and those diseases may cause an elevated risk of pneumonia^{13,14}. However, the findings of recent studies on the relationship between excessive weight and risk of pneumonia were inconclusive¹⁵. While some studies indicated that excessive weight gain significantly increased risk of hospitalization with pneumonia^{4,16-19}, other studies illustrated a reversed relationship²⁰⁻²³. In addition, other studies reported that obese subjects with pneumonia had lower mortality compared to normal weight subjects²⁴⁻²⁸ (obesity survival paradox).

Obese individuals maybe at higher risk for pneumonia. Nevertheless, available data are sparse and inconsistent. Additional prospective studies with adjustment for confounding factors are warranted before a safe conclusion can be drawn.

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