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**SIGNIFICANCE OF OBESITY DETECTION AMONG CHILDREN AND ADOLESCENTS IN UKRAINE**

Obesity of children and adolescents over the past two decades has become an important social and economic and medical problem associated with the development of complicated and morbid forms in adults. The increase in the prevalence of excess body weight in the children population of many countries makes this disease a no communicable epidemic [1, p. 476].

For today, about 40 million children in the world have excess body weight. The annual rate of increase in the prevalence of childhood obesity is constantly increasing, and this indicator is 10 times higher than in the 1970s. The aggregate data on the number of overweight and obese children in the world is characterized by an increase in the number from 4,2% in 1990 to 6,7% in 2010 and an expected further increase by 9,1% by 2020 (will make 60 million children). It should be noted that there is an increase in the prevalence of obesity, regardless of gender, age, race, place of residence, as well as social affiliation. This problem has become relevant even for countries in which a significant portion of the population is constantly starving [2, p. 476].

The development of effective subnational programs on primary and secondary prevention of obesity, which would reduce the economic losses associated with the treatment of not only this condition, but also associated pathologies, is impossible without accurate information on the prevalence of pathology in a specific region and population groups. In the world, several national studies were conducted to determine the epidemiology of obesity. In the children's population of different countries of the world in 2010 the obesity prevalence was 6.1-11.7%.

The United States is the world leader in the fastest growing and high prevalence of obesity, both in adults and in children. According to the National Center for Health Statistics (USA), 13% of children aged 6 to 11 were obese. Currently, the highest incidence of obesity among children in the world is registered in the country: 1 in 6 children are obese, 1 in 3 children are overweight [3, p. 483-490].

In Europe, dozens of countries have a high level of obesity prevalence. The first on the list are Great Britain, Spain, Hungary, Romania, Greece and Albania. [4]. Thus, the trend towards an increase in the number of children and adolescents with overweight is worldwide.

Until recently, large-scale epidemiological studies of obesity among children and adolescents in Ukraine were practically absent. Such neglect of the problem has led to the fact that young Ukrainians often have complications associated with obesity. Obesity in Ukraine occupies the second place in the prevalence and level of morbidity after diffuse goiter of 1 degree. In spite of the fact that in recent years in some regions significant progress has been made in the study of the epidemiology of alimentary-dependent diseases, including obesity among children and adolescents, according to the authors, the diagnostic process in this type of pathology is ineffective.

Authors showed that average level of children obesity in Ukraine is 13.49 per 1,000 children aged 0-17 years inclusive (1.3%), that significantly lower than in most countries of Europe, where the frequency of obesity among children is in the range of 10-15%, and among adolescents even more [5, p. 325], [6, p. 58]. According to the specialists of the Ministry of Health of Ukraine and the Ukrainian Scientific and Practical Center for Endocrine Surgery, Transplantation of Endocrine Organs and Tissues, in Ukraine the most effective detection of obesity in children 0-17 years is in Vinnitsa, Cherkassy and Kiev regions. The lowest prevalence of obesity (less than 1%) is in Sevastopol (4.6 per 1,000 children), Lugansk (5.57), Dnepropetrovsk (9.45), Volyn (9.57) and Odessa (9.65) regions [7, p. 24], [8, p. 42-44].

The results of diagnostic monitoring in our country remain disappointing, since the majority of patients appeal for health care after 5-10 years from the onset of excessive body mass. The other side of the problem is that the parents do not consult a doctor because they think that the excess weight of a child's body is not pathology and being treated not for obesity but its complications. Proceeding from the above, active detection of obesity is necessary for the purpose of the following analysis: 1) the possible risk factors for its development, 2) the state of health of obese children, 3) the state of the identification and follow up of children with obesity in the outpatient institutions.

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