**Name:** ERASMUS EDNA

**Matric Number:** 17/MHS03/015

**Course Code:** BCH 308

Answers:

**1. Primary Obesity:**

**Primary Obesity** is a [medical condition](https://en.wikipedia.org/wiki/Medical_condition) in which excess [body fat](https://en.wikipedia.org/wiki/Adipose_tissue) has accumulated to an extent that it may have a negative effect on health. People are generally considered obese when their [body mass index](https://en.wikipedia.org/wiki/Body_mass_index) (BMI), a measurement obtained by dividing a person's weight by the square of the person's height, is over 30 [kg](https://en.wikipedia.org/wiki/Kilogram)/[m2](https://en.wikipedia.org/wiki/Square_metre); the range 25–30 [kg](https://en.wikipedia.org/wiki/Kilogram)/[m2](https://en.wikipedia.org/wiki/Square_metre) is defined as [overweight](https://en.wikipedia.org/wiki/Overweight).

Obesity is most commonly caused by a combination of [excessive food intake](https://en.wikipedia.org/wiki/Gluttony), lack of physical activity, and [genetic susceptibility](https://en.wikipedia.org/wiki/Quantitative_trait_locus). In the world wide, obesity represent one of the major public health issue associated with increased morbidity and mortality. Overweight or obesity, in fact, significantly increases the risk of contracting diseases, such as: arterial hypertension, dyslipidemia, type 2 diabetes mellitus, coronary heart disease, cerebral vasculopathy, gallbladder lithiasis, arthropathy, ovarian polycytosis, sleep apnea syndrome, and some neoplasms.

**2. How does Drug Therapy and Congenital Syndrome affect Secondary Obesity**:

**Secondary obesity** means that you have a medical condition that has caused you to gain weight. These diseases include endocrine disorders, hypothalamic disorders and some congenital conditions.

* **How Drug Therapy affect Secondary Obesity:**

Sometimes it **is** not the **drug** itself causing **weight gain**; however, it **is** the side-effects from the **drug**. Some **drugs** stimulate your appetite, and as a result, you eat more. Others may **affect** how your body absorbs and stores glucose, which **can** lead to **fat** deposits in the midsection of your body.

Drug-induced weight gain is a serious side effect of many commonly used drugs leading to noncompliance with therapy and to exacerbation of comorbid conditions related to obesity. Improved glycemic control achieved by insulin, insulin secretagogues or thiazolidinedione therapy is generally accompanied by weight gain. It is a problematic side effect of therapy due to the known deleterious effect of weight gain on glucose control, increased blood pressure and worsening lipid profile.

The atypical antipsychotic drugs (clozapine, olanzepine, risperidone and quetiapine) are known to cause marked weight gain. Antidepressants such as amitriptyline, mirtazapine and some serotonin reuptake inhibitors (SSRIs) also may promote appreciable weight gain that cannot be explained solely by improvement in depressive symptoms. The same phenomenon is observed with mood stabilizers such as lithium, valproic acid and carbamazepine.

* **How congenital syndrome affects Secondary Obesity:**

Some of the more common endocrine disorders that can contribute to secondary disorder include:

* A deficiency in thyroid hormone (hypothyroidism) and
* Polycystic ovarian syndrome (PCOS).

There are also some rare causes of secondary obesity like Cushing's disease (hypercortisolism), hypothalamic injury or disorders, and genetic mutations.

**Hyperthyroidism:**

When your thyroid makes less of its hormones - as it **does** in **hypothyroidism** - your metabolism slows down. The more severe your **hypothyroidism** is, the more **weight** you'll **gain**. Some of the **weight gain** is fat, which may lead to obesity along the line but much of it is fluid buildup from the effects of an underactive thyroid on your kidney function.

**Polycystic ovarian syndrome:**

**PCOS can** cause missed or irregular menstrual periods, excess hair growth, acne, infertility, and weight gain. Women with **PCOS** may be at higher risk for type 2 diabetes, high blood pressure, heart problems, and endometrial cancer.

**3. Aetiology of Cancer and its Molecular Basis:**

* **Aetiology of Cancer:**

Cancer is caused by accumulated damage to genes. Such changes may be due to chance or to exposure to a cancer causing substance.

The substances that cause cancer are called carcinogens. A carcinogen may be a chemical substance, such as certain molecules in tobacco smoke. The cause of cancer may be environmental agents, viral or genetic factors.

**We can roughly divide cancer risk factors into the following groups:**

1. Biological or internal factors, such as age, gender, inherited genetic defects and skin type
2. Environmental exposure, for instance to radon and UV radiation, and fine particulate matter
3. Occupational risk factors, including carcinogens such as many chemicals, radioactive materials and asbestos
4. Lifestyle-related factors.

**Lifestyle-related factors that cause cancer include:**

* tobacco
* alcohol
* UV radiation in sunlight
* some food-related factors, such as nitrites and poly aromatic hydrocarbons generated by barbecuing food).

**Cancer causing factors related to work and living environments include:**

* asbestos fibres
* tar and pitch
* polynuclear hydrocarbons (e.g. benzopyrene)
* Some metal compounds
* Some plastic chemicals (e.g. Vinyl chloride)

**Bacteria and viruses can cause cancer:**

* Helicobacter pylori (H. pylori, which causes gastritis)
* HBV, HCV (hepatitis viruses that cause hepatitis)
* HPV (human papilloma virus, papilloma virus, which causes changes eg. Cervical cells)
* EBV (Epstein-Barr virus, the herpes virus that causes inflammation of the throat lymphoid)

**Radiation can cause cancer:**

* ionising radiation (e.g. X-ray radiation, soil radon)
* non-ionised radiation (the sun’s ultraviolet radiation)

**Some drugs may increase the risk of cancer:**

* certain antineoplastic agents
* certain hormones
* medicines that cause immune deficiency
* **Molecular Basis of Cancer:**

Cancer is a group of diseases characterized by an autonomous proliferation of neoplastic cells which have a number of alterations, including mutations and genetic instability. Cellular functions are controlled by proteins, and because these proteins are encoded by DNA organized into genes, molecular studies have shown that cancer is a paradigm of acquired genetic disease. The process of protein production involves a cascade of several different steps, each with its attendant enzymes, which are also encoded by DNA and regulated by other proteins. Most steps in the process can be affected, eventually leading to an alteration in the amount or structure of proteins, which in turn affects cellular function. However, whereas cellular function may be altered by disturbance of one gene, malignant transformation is thought to require two or more abnormalities occurring in the same cell. Although there are mechanisms responsible for DNA maintenance and repair, the basic structure of DNA and the order of the nucleotide bases can be mutated. These mutations can be inherited or can occur sporadically, and can be present in all cells or only in the tumor cells. At the nucleotide level, these mutations can be substitutions, additions or deletions.