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Foreword

*‘Let me have men about me that are fat,
Sleek-headed men, and such as sleep o’ nights:
Yond Cassius has a lean and hungry look;
He thinks too much: such men are dangerous’*

Julius Caesar, Act 1, Scene 2

William Shakespeare (1564–1616)

Our genetic background and physiological homeostasis, orchestrated through endocrine and neuronal networks, are optimized for a world with intermittent food supply and permits us to survive periods of starvation. Although this genetic background has provided a clear survival benefit for primitive men, these systems are contraproductive in the current industrial society with fast-food restaurants, an abundance of high-energy food, and an increasingly sedentary lifestyle. The consequence is an alarming increase in obese adults, and even more disturbing of overweighed children. The ongoing epidemic of obesity is well-known in the United States and Europe, but in countries such as China, India and South America the problem has reached catastrophic dimensions. The consequences of obesity such as metabolic syndrome with the ultimate development of type 2 diabetes mellitus, cardiovascular diseases, an increased incidence of certain cancers, musculoskeletal disorder and pulmonary diseases are well-known.

Almost 30 years ago, Weisinger et al. [1] described focal-segmental glomerulosclerosis with nephrotic syndrome in four massive obese patients. Only two of them exhibited hypertension by office blood pressure measurements [1]. In the following years, several case reports describing glomerulosclerosis in very

obese patients have been published, but this entity was considered as rare and rather bizarre. However, recent studies showed a dramatic increase of histological proven renal disease in obese patients in the absence of diabetes. In addition, obesity is an important risk factor for the progression of primary renal diseases and also plays a pivotal role in influencing graft function after renal transplantation.

The present volume is the first comprehensive contribution dedicated to this important topic. It brings together pathophysiological concepts describing how obesity influences renal structure and function, reviews the epidemiology of the problem and provides therapeutic suggestions. A total of 38 authors from 9 countries have contributed to this book presenting a truly international endeavor. I hope that this volume with state-of-art reviews will be a stimulating starting point for further research in this field, but may also help the clinical physician to recognize the problem and initiate appropriate therapeutic measures. Although Shakespeare was right that lean men could act dangerous, fat men certainly live dangerous, partially because of kidney disease.

Professor Dr. med. Gunter Wolf

Reference

1. Weisinger JR, Kempson RL, Eldrige FL, Swenson RS: The nephrotic syndrome: a complication of massive obesity. *Ann Intern Med* 1974;81:440–447.