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Bmi is calculated by

Verbal Expert Joined: 18 Apr 2015 Posts: 16685 Body Mass Index (BMI) is calculated by the formula [#permalink] 15 Sep 2017, 07:36 00:00 Question Stats: 59% (01:58) correct 40% (01:58) wrong based on 177 sessions Hide Show timer Statistics VP Joined: 20 Apr 2016 Posts: 1306 WE:Engineering (Energy and Utilities) Re: Body Mass Index (BMI) is calculated by the formula [#permalink] 28 Sep 2017, 09:04 IlCreator wrote:I tried to plug-in some numbers but I don't get the right answer. Anyone willing to show his/her try?QTY A Since change in BMI increased by 1Therefore change in weight =\(\frac{(h^2)}{703}\) * change in BMI\)= \(\frac{(5476)}{703}\)in QTY Bchange in BMI increased by 1.2Therefore change in weight =\(\frac{(h^2)}{703}\) * change in BMI\)= \(\frac{(65^2)}{703}\) * 1.2\)= \(\frac{(5070)}{703}\)Therefore QTY A> QTY B (since denominator are same in both qty) If you found this post useful, please let me know by pressing the Kudos ButtonRules for PostingGot 20 Kudos? You can get Free GRE Prep Club TestsGRE Prep Club Members of the MonthTOT 10 members of the month with highest kudos receive access to 3 months GRE Prep Club tests Director Joined: 03 Sep 2017 Posts: 518 Re: Body Mass Index (BMI) is calculated by the formula [#permalink] 28 Sep 2017, 08:47 I tried to plug-in some numbers but I don't get the right answer. Anyone willing to show his/her try? Intern Joined: 10 Aug 2018 Posts: 3 Re: Body Mass Index (BMI) is calculated by the formula [#permalink] 10 Aug 2018, 09:34 Calculating BMI is easy with formula.The one thing which help me while calculating bmi is this using both imperial and generic formula Intern Joined: 12 Sep 2018 Posts: 12 Re: Body Mass Index (BMI) is calculated by the formula [#permalink] 14 Jul 2019, 13:23 Carcass wrote:This question is part of GREPrepClub - The Questions Vault ProjectBody Mass Index (BMI) is calculated by the formula \(\frac{(w)}{703w^2}\) (h^2)) where w is the weight in pounds and h is height in inches. Quantity A Quantity B The number of pounds gained by a 74-inch-tall person whose BMI increased by 1.0. The number of pounds lost by a 65-inch-tall person whose BMI decreased by 1.2. A) Quantity A is greater. B) Quantity B is greater. C) The two quantities are equal. D) The relationship cannot be determined from the information given.Can you please give explanation for this? Manager Joined: 05 Aug 2020 Posts: 74 Re: Body Mass Index (BMI) is calculated by the formula [#permalink] 13 Aug 2020, 19:11 pranab223 wrote:IlCreator wrote:I tried to plug-in some numbers but I don't get the right answer. Anyone willing to show his/her try?QTY A Since change in BMI increased by 1Therefore change in weight =\(\frac{(h^2)}{703}\) * change in BMI\)= \(\frac{(5476)}{703}\)Therefore change in weight =\(\frac{(h^2)}{703}\) * change in BMI\)= \(\frac{(65^2)}{703}\) * 1.2\)= \(\frac{(5070)}{703}\)Therefore QTY A> QTY B (since denominator are same in both qty)LOL!!Such funny explanation,how do you know initial W to find the change?since W is a variable,we cannot determine the relative change as we do not know the initial weight of either A and B,People just see the solution and beleive everything readily.For this reason,answer must be D Manager Joined: 08 Aug 2020 Posts: 92 Re: Body Mass Index (BMI) is calculated by the formula [#permalink] 03 Sep 2020, 05:17 This is how I calculate mine thou it might be unprofessionalSince the first person increase by 1I assume the old BMI to be 2 and new BMI to be 3, then I used my percentage increase formulae3-2/2= 703W/74^2Solving that I get 3.89 QTY AFor the second decreaseI assume the old BMI to be 2.2 and new to be 1 then I used my percentage decrease again1-2.2/2.2 = 703W/65^2Solving the above give me 3.278 for QTY BThen my answer is QTY ACarcass please help me check thisPosted from my mobile device Manager Joined: 08 Aug 2020 Posts: 92 Re: Body Mass Index (BMI) is calculated by the formula [#permalink] 03 Sep 2020, 06:53 Carcass wrote:Sortr you have calculated your body mass or you solved the question?I tried to solve the question but I got throw off by the increase and decrease so I plug in number for the increase and decrease and I got the answerPosted from my mobile device Intern Joined: 10 Sep 2020 Posts: 26 Re: Body Mass Index (BMI) is calculated by the formula [#permalink] 19 Nov 2020, 13:33 This problem seems to have some controversy. I plugged in as well and the way I looked at this problem is as follows, I hope it helps!The 703/74^2 is always .1283.... So we can say A starts at 100 pounds giving him 12.83 BMI. Now, he has a 13.83 (plus one) so his new weight must be 13.83/1283 = 107.79. From here, I will go to B because once I solve B, I can at least eliminate 2 answers. A more aggressive test-taker or one with less time may choose instead to manipulate A again because they are already familiar with it and by doing so, they may get an answer without testing B (by getting a drastic change perhaps). I will do the same thing for B as A. .1663 is the same for B as we change the weight, and we start with 100 pounds and get 16.63 as BMI. The new BMI is 14.43 so the new weight is 86.77. I can eliminate A and C because approximately 8 for A is less than about 13 for B. Lastly, I would try different weights. Without any limitation given by the rules of the problem, I would make A weigh 10 pounds to start in order to make calculation easy. The BMI would then be 1.283 and then 2.283 before finally arriving at 17.79. Keeping B the same reveals the answer is D and I spent a lot of time on this problem. However, better to get it right (or mark and move back to it) the long way if you don't see what has been mentioned earlier than try to make a short cut. How do I calculate my BMI? BMI is a way to determine if a person is underweight, normal weight, overweight or obese.Body mass index (BMI) is a measurement of body fat based on height and weight. The formula for calculating BMI is given in Table 1.Table 1. The Formula for Calculating BMIMeasurement UnitsFormula and CalculationKilograms and meters (or centimeters)Formula: weight (kg) / height (m)2The formula for BMI is weight in kilograms divided by height in meters squared. If height has been measured in centimeters, divide by 100 to convert this to meters.Pounds and inchesFormula: 703 x weight (lbs) / height (in)2When using English measurements, pounds should be divided by inches squared. This should then be multiplied by 703 to convert from lbs/inches2 to kg/m2.Example: If a person weighs 65 kg and the person's height is 165 cm (1.65 m), the BMI is calculated as 65 ÷ (1.65)2 = 23.87 kg/m2, which means that the person has a BMI of 23.87 kg/m2 and is considered to have a healthy weight.When calculating in pounds and inches, if a person weighs 120 lbs and the person's height is 5 feet 6 inches (66 inches), the BMI is calculated as 703 x 120/(66)2 = 19.3 kg/m2, which means that the person has a BMI of 19.3 kg/m2 and is considered to have a healthy weight.What is the body mass index (BMI)? Body mass index (BMI) is a person's weight in kilograms divided by the square of height in meters. It indicates the amount of body fat.BMI is the most inexpensive screening tool to measure body fat. Although it does not directly measure body fat, it can be correlated with a more direct measure of body fat.The various categories of BMI includeBMI values less than 18.5 kg/m2 are considered underweightBMI values between 18.5 kg/m2 to 24.9 kg/m2 are healthyBMI values between 25 kg/m2 to 30 kg/m2 are overweightBMI values greater than 40 kg/m2 are considered obeseWhat is the ideal BMI? The ideal weight has been mentioned in Table 2.Table 2. Ideal Weight in lbs According to HeightHeightMinimal risk(BMI under 25 kg/m2) Moderate risk(BMI 25–29.9 kg/m2)Overweight/High risk(BMI 30 kg/m2 and above)Obese4'10"118 or less119–142143 or more4'11"123 or less124–147148 or more5'0"127 or less128–152153 or more5'1"131 or less132–157158 or more5'2"135 or less136–163164 or more5'3"140 or less141–168169 or more5'4"144 or less145–173174 or more5'5"149 or less150–179180 or more5'6"154 or less155–185186 or more5'7"158 or less159–190191 or more5'8"163 or less164–196197 or more5'9"168 or less169–202203 or more5'10"173 or less174–208209 or more5'11"178 or less179–214215 or more6'0"183 or less184–220221 or more6'1"188 or less189–226227 or more6'2"193 or less194–232233 or more6'3"199 or less200–239240 or more6'4"204 or less205–245246 or more How to Lose Weight Without Dieting: 24 Fast Facts See Slideshow Medically Reviewed on 10/9/2020 References Medscape Medical Reference American Heart Association CDC Last update: 19 August 2017 Anyone who has ever tried to lose weight will tell you that it's not an easy game and that they want to see results and fast. There are a couple of issues, however. What should you try and how can you measure your progress? We aren't going to advise on diet tips here - there's plenty of other articles for that. So, let's take a look at the options open to you for measuring your weight loss. Scales are a start and managing to squeeze into a certain pair of jeans is also a popular choice, but measuring your BMI is another weight management method which could be added to your health checklist. How is BMI Calculated? The body mass index measurement, put simply, is the calculation of someone's body weight in relation to their height. Using a BMI chart or a calculator, such as the ones on this site, you enter your weight and height details and are then told your current BMI measurement. You can also use this method to discover what your ideal weight should be for your height, a useful tool in helping you to manage your long-term health. Written by Soraya Ebrahimi-Calk Re this article Please rate this article below if you have any feedback on it, please contact me. Your comments T'ng Chang Kwok, ... Michael E. Symonds, in Maternal/Fetal and Neonatal Endocrinology, 2020BMI can be measured in the newborn and expressed as a Z score or standard deviation score to take into account gestational age and sex. Although BMI provides information on the nutritional status in adult whereby adults with a high BMI are associated with metabolic syndrome and cardiovascular disorder, this relationship in the newborn infant is unclear. Moreover, BMI may not provide a true reflection of body composition, as it does not distinguish between fat and fat-free mass. For example, an infant with low BMI may have higher relative body fat mass with a lower fraction of fat-free mass than another infant with a higher BMI. This is crucial, as it is the abnormal accumulation of body fat in childhood that leads to long-term obesity and health consequences.15Samuel Klein, ... Johannes A. Romijn, in Williams Textbook of Endocrinology (Twelfth Edition), 2011Body mass index (BMI) is calculated by dividing a person's weight (in kilograms) by height (in meters squared); alternatively, the weight (in pounds) multiplied by 704 and divided by height (in inches squared) may be used. There is a curvilinear relation between BMI and percent body fat mass.3 However, the current practical definition of obesity is based on the relationship between BMI and health outcome rather than BMI and body composition.Table 36-1 summarizes the guidelines for classifying weight status by BMI proposed by the major national and international health organizations.4-7 Many large epidemiologic studies8,9 have established an inverse relationship between BMI and mortality for BMI values of 25.0 kg/m2 or higher. Men and women with a BMI between 25.0 and 29.9 kg/m2 are considered to be overweight, and those with a BMI greater than 30.0 kg/m2 are considered to be obese. Obese persons are at higher risk for adverse health consequences than those who are overweight (Fig. 36-1). These criteria for overweight and obesity represent imposed cutoff values along a continuum of the curve of mortality rate versus BMI.The prevalence of obesity-related diseases, such as type 2 diabetes (T2DM), begins to increase at BMI values lower than 25.0 kg/m2 (Fig. 36-2). Therefore, if the risk for T2DM were used to define overweight and obesity, the relationship curve would be shifted to the left, and the cutoff BMI values would be lower.Data from the National Health and Nutrition Examination Surveys (NHANES) collected between 1971 and 2000 question the relationship between overweight status and increased mortality risk.9 These data found that persons who were overweight or even had class 1 obesity (BMI 30.0-34.9 kg/m2) did not have a significant increase in mortality risk.Crystal F. Totten, J. Scott Roth, in Shackelford's Surgery of the Alimentary Tract, 2 Volume Set (Eighth Edition), 2019BMI is considered a significant predictor for surgical site occurrence. Morbidly obese patients are at a higher risk for the development of abdominal wall defects and progression of the size of the defects due to increased intraabdominal pressure and poor wound healing potential.20 The relationship between obesity and surgical complications including SSI has been reported in colorectal surgery, and more recently, the association has been specifically related to ventral hernia repair.21 BMI is considered a significant predictor for SSI when analyzed as a continuous variable, thus demonstrating that SSI risk increases with increasing BMI. These authors recommend optimization of comorbidities such as morbid obesity prior to surgical intervention.6 While the ideal BMI for elective hernia repair is often debated, BMI should be evaluated in the context of individual patient and hernia characteristics when determining the best strategy for patient management. Other factors such as risk for incarceration, crescendo symptomatology, and rapidity of hernia progression may influence decision making. For example, patients with small defects with large volumes of incarcerated bowel may be at risk for significant intestinal loss in the event of strangulation. In such circumstances, elective repair may be appropriate in high BMI patients despite the increased perioperative risks.Accordingly, patients amenable to a laparoscopic approach might be considered for an elective operation at higher BMI levels due to the reduced likelihood of postoperative infections in the morbidly obese compared with open hernia repairs. While conversion to an open procedure is always possible, conversion rates are low in many large laparoscopic ventral hernia repair series.As the incidence of obesity in the adult population increases, surgeons are evaluating the outcomes of this patient subset to better understand the feasibility of hernia repair. One recent study reviewed the care of patients with BMI as high as 50 kg/m2 in association with other patient characteristics that were deemed to be favorable for laparoscopic repair (gynecoid body habitus, reducible hernias found in a central location, abdominal wall thickness less than 4 cm, and the defect's largest diameter not exceeding 8 cm). In a short 2-year follow-up, there were minimal recurrences22; however, critics of this study state that hernia recurrence at later time intervals is eminent. A retrospective review of a prospectively maintained database of four hernia surgeons focused on patients with BMI greater than or equal to 40 kg/m2 compared with patients with BMI less than 40 kg/m2 undergoing laparoscopic ventral hernia repair. The authors found operative duration, length of hospital stay, and recurrence rate for a mean follow-up time of 19 months were significantly greater in the morbidly obese group than for patients with BMI less than 40 kg/m2.23 Other studies have found the laparoscopic approach to offer a safe alternative for obese patients but with apparent increased risk of recurrence of hernia for this subset of patients.24-26Weight loss surgery is an effective method of weight loss, and ventral hernia repair can be safely combined with weight loss procedures such as Roux-en-Y gastric bypass and sleeve gastrectomy or performed in stages.27-29 A large national database study showed that patients who underwent ventral hernia repair in conjunction with either laparoscopic Roux-en-Y gastric bypass or sleeve gastrectomy had increased incidence of SSI but not overall morbidity in the 30-day postoperative time period, again providing evidence of the seeming appropriateness of the combination of these procedures.30 However, long-term outcome studies specifically addressing hernia recurrence rates in these populations are lacking.As a patient's BMI approaches 30 kg/m2, the risk of infection and recurrence reduce, however, an optimal cutoff BMI for ventral hernia repair is still debatable. In general, a BMI of less than 40 kg/m2 may be considered safe for repair supported by the work of Tsereteli et al.23Lisa K. Stamp, Leslie G. Cleland, in Kelley's Textbook of Rheumatology (Ninth Edition), 2013High BMI predisposes to gout.75 In a study comparing obese men (mean BMI 34 ± 4 kg/m2) with healthy controls (BMI 21 ± 1 kg/m2), SU concentrations were raised to a similar degree in the obese subjects (=8.0 ± 1.6 mg/dL vs. controls, 5.2 ± 0.81 mg/dL), irrespective of body fat distribution (predominantly visceral or predominantly subcutaneous). By contrast, 80% of subjects with hyperuricemia and accumulation of fat subcutaneously had low 24-hour urinary urate excretion compared with 10% of their counterparts with fat accumulation predominantly in a visceral distribution. These data suggest that the mechanism of hyperuricemia may vary depending on body fat distribution.76 In a separate study using computed tomography to determine transverse area of abdominal fat components, visceral fat was shown to correlate strongly with SU, whereas no relationship was seen between SU and BMI or subcutaneous fat area.77Raffaele Carraro, ... Carlos F. Sánchez-Ferrer, in Endocrinology of Aging, 2021•BMI: Body weight (kg)/Height2 (m2)•Pros: Simple and widely used •Cons: May under/overestimate amount of body fat•Waist Circumference (measured 1 cm above suprailiac spine)•Pros: Well correlated with visceral fat •Cons: operator-dependent•Waist-to-Hip Circumference Ratio (hip circumference measured through trochanter line)•Pros: Helps define peripheral obesity•Cons: More variability due to double manual measurement•BMI overestimates the degree of adiposity in very muscular individuals who are overweight (e.g., bodybuilders)•BMI may weaken its correlation with adiposity in older adults due to a loss of muscle mass or a reduction in body height•In adult subjects, BMI > 25 has been associated with increased risk of morbidity and mortality mainly due to metabolic and cardiovascular diseases as well as cancer•BMI: Body weight (kg)/Height2 (m2) Underweight: 94 cm in men or > 80 cm in women is associated with an increased risk in morbi-mortality•When BMI > 35, the WC has lower predictive value for morbidity and mortality•Different WC cut-off points have been established according to ethnicity by IDF consensus (2005)•Louis-Philippe Boulet, in Middleton's Allergy (Eighth Edition), 2014Body mass index (BMI) should be noted in asthmatic patients. The prevalence of obesity has increased worldwide in the last 2 decades, in parallel with an increased prevalence of asthma.40 Obese patients present a specific asthma phenotype associated with reduced expiratory reserve volume and low lung volumes, less eosinophilic inflammation, and a reduced response to usual therapy.41 These effects are likely to relate to mechanical changes in lung function in obese patients, although systemic inflammatory changes and comorbid conditions may play a role. Obesity can interfere with asthma control, leading to poor asthma-specific quality of life and increased frequency of acute care.A Canadian study found that about 30% of patients with self-reported physician-diagnosed asthma had no evidence of asthma, although this finding was not related to obesity.3 However, obese individuals who make urgent visits for respiratory symptoms are more likely to receive a misdiagnosis of asthma. The influence of increased BMI has been supported by observations that even a modest weight loss in obese asthmatic patients can improve asthma control.41Jeremy R. Chapman, in Kidney Transplantation (Sixth Edition), 2008Increasing body mass index is associated with increased risks of death and complications of surgery and with new-onset post-transplant diabetes mellitus.1 The depth of abdominal fat not only causes an increased complexity during the surgery but also leads to an increased risk of wound infection and poor wound healing. The cutoff body mass index values for acceptance and for the risks of post-transplant complications vary with the surgeon, the ethnic background of the patient, and the guidelines of the transplant program. A body mass index of 28 might not be seen as a problem in a white population but might represent significant obesity in an Asian population. There is little disagreement that obesity increases the risks of transplantation—quantified to be an 8% to 9% increased risk of death and graft loss by 5 years.1 The problem that the physician and the patient face is the task of reducing weight before transplantation. In patients treated by peritoneal dialysis, it is especially hard to change the body habitus derived from the high carbohydrate intake from peritoneal dialysis fluids, such that a switch to hemodialysis may be the only option.Jeremy R. Chapman, in Kidney Transplantation - Principles and Practice (Eighth Edition), 2019Increasing BMI is not associated with increased risks of death or graft loss but is associated with new onset posttransplant diabetes mellitus and in obese children is associated with graft failure.115-117 The depth of abdominal fat certainly challenges the surgeon and without careful management can lead to increased risk of wound infection and other problems. The data now suggest that low BMI is the greater concern, with malnourished patients having higher mortality rates. The problem that both physician and patient face is the task of reducing weight in the very obese and increasing weight in the malnourished before transplantation. In patients treated by peritoneal dialysis it is especially hard to change the body habitus derived from the high carbohydrate intake from peritoneal dialysis fluids, such that a switch to hemodialysis may be the only option. Lifestyle changes are sometimes achievable when renal transplantation is the goal but bariatric surgery in a determined individual provides the best chance of weight loss.89Kee-Huat Chuah, Sanjiv Mahadeva, in Clinical and Basic Neurogastroenterology and Motility, 2020An association between body mass index (BMI) and dyspepsia is recognized. A large community-based study based on using the general practice research database from various regions in the UK, reported a weak association between an increased BMI and dyspepsia (odds ratio 1.1) among 6913 adult subjects [8]. A longitudinal study of a large British cohort of adults also identified a higher BMI as an independent predictor of the development of dyspepsia over a 10-year period [9]. Furthermore, an increased BMI and obesity are known etiological factors for GERD [10], and a condition that is recognized to overlap with FD in a significant number of patients.Jahangir Moini, ... Mohtashem Samsam, in Global Health Complications of Obesity, 2020Increased BMI in pregnant women is associated with complications during labor and delivery. Uterine contraction dysfunction is linked to maternal obesity. Increased BMI and hypercholesterolemia often are present together. Cholesterol is an important factor in controlling smooth muscle contractility. Therefore cholesterol may be implicated in uterine contraction dysfunction. Caveolae are invaginations of the cell membranes of myometrial cells. They are stabilized by caveolin, a cholesterol-binding protein. This portion of the myometrial cell membrane may be utilized in the excitatory-contraction phase of myometrial cells, influenced by estrogen and other hormone levels. Increased cholesterol and triglycerides, during normal pregnancies, may help maintain uterine function during early pregnancy. However, high cholesterol levels that are often present in obese mothers, may reduce uterine contractility during labor. Altered lipid metabolism may lead to abnormal labor in obese women. Increased leptin is believed to impair contraction of the myometrium, leading to abnormal labor, and increasing the likelihood of a cesarean delivery.Apelin is an adipocytokine expressed in adipose tissue and the placenta. Its levels are higher in obese mothers. It has a relaxing effect upon smooth muscle. Ghrelin is an adipokine that may modulate uterine contractility as well. Chronic inflammation due to obesity increases oxidative stress, resulting in irregular adipokine production. Systemic effects include higher concentrations of maternal serum lactic acid, which is secondary to increased acidosis. This can affect the myometrium by reducing contraction amplitude and decreasing responses to oxytocin. The myometrium of obese mothers contracts with less power and frequency and also has reduced calcium transmembrane flux than the myometrium of a nonobese mother.

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