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### 10<sup>th</sup> International Conference on Childhood Obesity and Nutrition

8

2<sup>nd</sup> International Conference on

**Metabolic and Bariatric Surgery** 

June 12-13, 2017 Rome, Italy

# Keynote Forum Day 1

Childhood Obesity & Bariatric Surgery 2017

### JOINT EVENT

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### Fatemeh Rabiee

Birmingham City University, UK

### Community based childhood obesity intervention programme: Working with parents and schools in Birmingham, UK; challenges and opportunities

**Statement of the Problem:** Obesity is a key public health issue affecting both children and adults in developed countries and countries of economic transition. Childhood obesity pattern in UK is not different; a quarter of 2-10 and one third of 11-15 year old are overweight or obese. Obesity harms children's health both physically and psychologically. Obesity is the outcome of a complex set of factors, its prevention and management therefore requires multiple set of action and life course approach. This paper begins with highlighting some of the main issues contributing to childhood obesity in the UK and moves on to argue the case for multifaceted investment in prevention.

**Methodology & Theoretical Orientation:** Using three cases studies from Children Centers, and Schools in the West Midlands, it compares the process of designing, recruiting participants and implementing "FABTots", "MEND", and "Make it Count" community based childhood obesity prevention programmes in diverse communities.

**Findings & Discussion:** Data highlights the impact and outcome of those three projects in childhood obesity and their influences on family dietary practices and food knowledge. It emphasis opportunities as well as constrains of working in community settings. It argues the importance of community development approach and the role of community engagement in goal setting and ownership of intervention programmes.

**Recommendations:** It concludes that although in most cases these intervention programmes were successful in developing skills and confidence in the respective communities, for sustainability of these programmes the complex impact of lifestyles choices and structural issues should not be overlooked.

#### Biography

Fatemeh Rabiee is a Professor of Public Health Promotion and a registered Public Health Nutritionist. She has extensive experience of teaching, research supervision, community based Public Health Nutrition Intervention Programme, capacity building and mentorship in Higher Education & Research in the UK, Netherlands, Uzbekistan and other countries of economic transition. She has initiated, designed, managed and implemented a number of research and educational programme in the broad area of health and social policy; health inequalities, mental health promotion, public health nutrition and evaluation of health and social care projects nationally and internationally. Her other specialist skills include "Public health practitioner; advocacy, lobbying and campaigning and; stakeholder engagement and deliberation etc.".

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### Theresa Loomis

State University of New York College, USA

#### Tackling childhood obesity and its long term health outcomes one bite at a time

Childhood obesity is a growing concern worldwide. It has become a problem in every country where there is data. Children who are born preterm or small for gestational age (SGA) are at higher risk for developing childhood obesity than their peers who are born on time and of normal weight. This presentation will discuss the impact on the development of obesity which has long term health consequences such as diabetes, hypertension and cardiovascular disease, and will also discuss its impact on the development of food allergies and other inflammatory diseases. The eating habits during the perinatal period and breastfeeding and their impact on the development of obesity will also be described. We will explore the impact of individual nutrition counseling on childhood obesity compared to group counseling and virtual counseling. Finally, evidenced based strategies to prevent the onset of obesity during pregnancy, breastfeeding and childhood will be presented.

#### **Biography**

Theresa Loomis completed her BS at University of Rhode Island; MS and Doctorate Degree in Clinical Nutrition at University of Medicine and Dentistry of New Jersey. She is a Registered Dietitian (RD) with 16 years of experience in Pediatric Nutrition. She has conducted presentations at local and national level in number of areas including the impact of Registered Dietitians in the Neonatal Intensive Care Unit (NICU), Combating Childhood Obesity and Pediatric Food Allergies and Treating Picky Eating. Her doctoral research focuses on "Impact of standardized feeding guidelines for low birth weight infants" which is recently published in *Journal of Pediatric Gastroenterology and Nutrition*. Her current research interest includes "The impact of nutrition counseling on childhood obesity, and the eating habits of picky eaters as well as the impact of role modeling on the eating habits and weight status of college students". She is an Assistant Professor at SUNY Oneonta and Director of the Master's Program and Director of the Master's Program and Director Internship. She also works as a Pediatric Dietitian in a pediatrician's office counseling children who struggle with obesity and has owned her own private practice since 2010.

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## **Cliodhna Foley-Nolan**

Safefood, Ireland

#### Cost of a healthy food basket

Statement of the Problem: Children of low income households eat less well and have higher rates of childhood obesity and associated risks. Childhood obesity tracks into adulthood. Food is often a flexible component of the family budget as they can satisfy their hunger with cheaper, less nutritious food. This research uses an approach that identifies and costs a basket that is both socially acceptable and nutritionally adequate. One in ten people are experiencing food poverty in Ireland.

Methodology and Theoretical orientation: A minimum essential standard (MIS) approach was used to estimate the income needed to afford a weekly food basket that the six households studied agreed as a minimum (for urban and rural settings). The study also estimated the % spend on food relative to other items of expenditure.

Findings: The cost of the food Basket was more expensive for the majority of rural households compared to urban (Table 1). Food was found to be the biggest area of expenditure in both rural and urban households, the food basket accounted for up to 36% of total income.

Conclusions & Significance: The cost of the food basket depends on household composition. Food costs rise as children grow older and this has potential health significance. Meat fruit and vegetables took up the largest share of the costs. Households on state benefits spend a larger percentage of take home income on food than households with an employed adult.

#### **Biography**

Cliodhna Foley-Nolan is a Director of Human Health and Nutrition at Safefood. She directs the public health and nutrition functions of the organization. She completed her Medical degree at University College Cork (UCC) Ireland; a Master's degree in Public Health at University College Dublin (UCD), Ireland and; is a Fellow of the Faculty of Public Health of Royal College of Physicians in Ireland. She has worked at consultant level in Public Health Medicine in the Health Services Executive, and is a specialist in the areas of health promotion and foodborne infectious disease. She is a Senior Lecturer at UCC and is a Trainer and Examiner at Royal College of Physicians in Ireland. She has served on many national advisory groups including those on the National Strategy for the Control of Antimicrobial Resistance, the National AIDS Advisory Group and the National Healthy Eating Guidelines group.

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# Keynote Forum Day 2

Childhood Obesity & Bariatric Surgery 2017

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### Lenwood Hayman

University of Michigan, USA

#### Development and validation of the children's emotional eating scale

ssociations between the propensity to eat foods high in sugar and fat in response to negative emotions has been linked to  $oldsymbol{\Lambda}$ a higher risk of obesity in multiple prior studies in adults. Emotional eating, however, has not been extensively studied in children, particularly among very young children from low-income families. Research suggests that low-income mothers of preschool-aged children believe that children in this age range can eat in response to their emotions; however, they tend to under-report the occurrence of emotional eating for their own children. Such findings could be due, in part, to the fact that the two most commonly-used questionnaires were developed in White, European populations. Due to contradicting evidence regarding the utility of current questionnaires to reliably assess emotional eating in very young children from low-income families in the United States, the focus of the current study was to develop such a scale. Specifically, we used a 2-aim, mixedmethods, cross-sectional design to develop a valid tool for assessing emotional eating at a population level in very young children from low-income families. In our previous work, we qualitatively assessed how mothers from US-based low-income populations conceptualized the construct of emotional-eating in preschool-aged children. We then used that data to develop an inventory of items to capture the salient aspects of emotional eating. These items were assessed by a sample of mothers from the target population for clarity and reliability. Those items demonstrating face- and content-validity, along with the child version of the Dutch eating behavior questionnaire, were then used to collect data from a sample of 200 participants from the target population. Results and conclusions will be discussed in detail during conference session.

#### **Biography**

Lenwood Hayman is an Assistant Professor of Public Health at University of Michigan, focuses on the psychosocial determinants of eating behaviors in under-privileged communities. Specifically, his research focuses on "The assessment of emotional eating (including stressed and bored eating) in preschool-aged children from low-income families". He has also worked with community-based organizations to demonstrate how increased participation in local food systems correlates with eating a healthier diet. Recently, he established the Mindful Promotion of Healthy Eating & Learning (Mind-PHEL) research team in which he studies the influence of mindfulness-based activities on healthy eating and positive student learning outcomes. He is involved in the process of developing a mindfulness-based intervention to encourage healthy eating behaviors in low-income communities.

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### Jovanna Dahlgren

University of Gothenburg, Sweden

### Experience from pediatric gastric bypass surgery; quality of life, eating and neurodevelopmental disorders

**Statement of the Problem:** Attention-deficit/hyperactivity disorder (ADHD) is more prevalent in children with obesity. Recently, we also found increased occurrence of autism spectrum disorder (ASD). Eating disorders are overrepresented in adults with obesity, but little is known about children with obesity. Moreover, little is known about eating disorders before and after gastric bypass surgery. The purpose of this study is to investigate the long-term outcome after gastric bypass surgery in obese adolescents.

**Methodology & Theoretical Orientation:** 81 (53 females/28 males) severely obese adolescents (range 13-18 years, mean age 16.5 years) performed gastric bypass surgery. The study design has previously been published. Before surgery, after one, two and five years (n=74) body mass index (BMI), metabolic status, health-related quality of life [HRQoL, using the short form (SF)-36 as questionnaire], and binge eating was recorded. After five years, these were compared with 81 age-matched adolescents (35 males) that declined to perform surgery.

**Findings:** Mean BMI decreased during the five years from 45.5 to 32 kg/m2 if surgery was done, whereas it increased from 42 to 45 if no surgery was done. Fasting insulin decreased from 32 to 7 mU/L post-surgery and continued unchanged low during the five years post-surgery, whereas levels were above 30 mU/L if no surgery (p<0.001). Pre-surgery, 28% reported moderate and 9% severe binge eating. This was improved after surgery (see image below). Significant improvements were also found in most HRQoL domains (\*P<0.001) from one year post-surgery and onwards, but as many as 20% scored poor HRQoL two years after surgery.

**Conclusion & Significance:** Severe obese adolescents are benefited of gastric bypass surgery with normalized metabolic status and substantial improvement in binge eating as well as HRQoL.

#### Biography

Jovanna Dahlgren is an expert in Pediatric Endocrinology and Obesity. She is Director in Department of Pediatrics at University of Gothenburg and Senior Consultant at Queen Silvia Children's Hospital. She is responsible for Swedish National GH Registry. Her scientific field is in "Perinatal programming of endocrine homeostasis, growth, metabolic syndrome and obesity". She has published 80 peer-reviewed scientific work and several book chapters. She supervises currently five PhD students in Gothenburg and at Karolinska Institute. She is responsible Principal Investigator for Gothenburg arm of the AMOS studies evaluating the benefit of gastric bypass surgery in adolescents.

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### Claudio Blasi

ASLRMB-1D Hospital Diabetes Center, Italy

#### The vagal system as a mediator of the therapeutic effects of bariatric surgery

Obseity and type-2 diabetes are chronic diseases that respond with difficulty to drug therapies and lifestyle changes. At the origin of this resistance to treatment, an alteration in the functioning of brain sectors in charge of the reward system and of the energy homeostasis, due to a modification of synaptic transmission has been hypothesized. Overfeeding, presumably beginning as a psychological compulsive search for a rewarding stimulus turns into food addiction due to the adaptation of synapses in the reward circuit in response to the increased intensity of the inputs (synaptic plasticity). The same would apply to the brain areas responsible for the maintenance of energy homeostasis. The afferent vagal paths transmit to the brain information about ingested food from the digestive tract. Their intermediate station in the brainstem, the vagal nucleus of the solitary tract has an important role in modulating the metabolic function of the liver and the pancreas. Moreover, they work as a channel for the transmission of information from the periphery to the CNS with regard to both favorable and adverse events. In this way, they influence the synaptic activity of various brain areas through neuroplasticity. The profound anatomical and functional changes in the vagal system caused by bariatric surgery could explain the dramatic improvement in diabetes and the renewed sensitivity to diet by a normalization of synaptic activity. In the future, modulating pharmacologically vagus-vagal synaptic connections or driving brain plasticity via stimulation of the vagus afferents could obtain knifelessly the same therapeutic effects as surgery.

#### **Biography**

Claudio Blasi completed his graduation in medicine at Sapienza University of Rome and post-graduation in endocrinology at La Sapienza School of Medicine. He has been the director of ASLRMB-1D hospital diabetes center in rome. He has published more than 30 papers in reputed journals.

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### Signe Torekov

University of Copenhagen, Denmark

#### **Obesity and GLP-1: Obesity pathophysiology and GLP-1 treatment potential**

besity impairs almost all aspects of health and is a global challenge to our healthcare system as the prevalence reaches to 1 billion humans. Therefore, there is an acute need for better prevention and treatment strategies. Glucagon-like-peptide-1 (GLP-1), secreted from endocrine cells in the intestine upon meal intake, reduces food intake. We have previously shown that: Obese people have low endogenous GLP-1 response; weight loss induces a marked increase in GLP-1 response and; treatment with GLP-1 analogues facilitates long term weight loss maintenance (12 kg) accompanied by substantial improvement in metabolic health, compared to diet-induced weight loss maintenance. Chronic inflammation is an established part of the pathogenesis of obesity and activation of macrophages and T-cells in the expanded adipose tissue is coupled to the development of a pro-inflammatory state and insulin resistance. Interestingly, emerging evidence identifies GLP-1 as a potentially important immuno-modulator. GLP-1 decreases inflammation-associated gene and protein expression in macrophages and exerts antiinflammatory actions in adipocytes and endothelial cells as well as potent anti-inflammatory effects in humans.

#### **Biography**

Signe Torekov is currently an Associate Professor at University of Copenhagen, Denmark. She has a strong background in metabolic translational research. She has authored 30 original peer-reviewed papers; much of this work has been published in high-ranking journals in the field. In 2016, she has received the prestigious Novo Nordisk Foundation Excellence Fellowship. In 2015, she formed an international alliance in immuno-metabolism with top researchers at Oxford and Karolinska University.

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