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Design a toolkit to improve obesity management in primary care

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The prevalence of obesity increases health risk and adds a financial burden to our nation. In 2012, the US Preventive Service Task Force recommended obesity and overweight interventions in primary care settings. Although evidence shows patients are more likely to lose weight when they are advised to do so by their PCP, obesity patients do not receive adequate counseling in primary care settings. There is an urgent need to find simple, effective strategies for improving weight-loss counseling in primary practice. A meta-analysis showed that behavioral intervention targeting a reduced calorie diet, increased physical activity, and behavioral therapy has a statistically significant effect on weight loss. Currently, there are no specific guidelines or recommendations for PCPs on how to intervene in the obese population. We found a scarcity of strategies for obesity management addressing clinicians' working environment and patients' average intellectual capacity for obesity prevention. Furthermore, physician compensation report in 2016 revealed PCPs frequently fail in nutrition and weight management counseling due to heavy workload, insufficient reimbursement, and lack of training in obesity management. Therefore, we designed a simplified toolkit including an obesity counseling algorithm based on Obesity Algorithm 2016-2017 of the Obesity Medicine Association and a patient education handout focus on healthy eating, portion control, and food label reading endorsed by U.S. Department of Agriculture. To explore the possibility of utilization of the toolkit, we surveyed 13 clinicians in different primary care settings. Survey reveals that 84.6% of clinicians agree or strongly agree the toolkit reflects updated and succinct information of obesity treatment guidelines. Approximately 76.9% of clinicians think the algorithm is helpful in decision making, and 84% of them are more motivated to provide obesity intervention by using the toolkit. Although 69.2% of them claim would recommend the toolkit to their colleagues, 92.3% of providers believe the patient handout will help them providing obesity counseling more efficiently or increasing patients' engagement. Our approach has the potential to improve the engagement of both providers and patients in a primary care setting to manage obesity more effectively, with the likelihood of the patient handout having extended impact if it is transferred from patients to their families and friends.

Biography

Soonduck Lee and Yue Song has completed his her MSN for FNP at December 2017 and continue persuing DNP from Columbia university. Soonduck Lee and Yue Song is working as NP. Soonduck lee is owner of Aha Wellness clinic, which is managing Metabolic X Syndrome. Following weight managing protocol to help patient to loose weight control.

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Food advertising to children: Marketing obesity

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The world is witnessing an alarming epidemic of childhood obesity which is emerging as a major public health concern world over. Eating behaviors established during childhood continues into adulthood and is responsible for much long-term health and chronic disease risk. This paper looks into the various ways in which marketing influences the choice of food and beverages in children. An array of marketing venues and vehicles are used to aggressively promote unhealthy food ranging from school-based, promotions, television, movie product placement, internet, mobile phones. Children are aware of food brands as young as 2-3years of age. Over the ages 2-11years, children develop consumption motives and values; develop strategies for purchase requests and negotiation. Television advertising is responsible for a large share of the marketing of unhealthy foods and, according to systematic reviews of evidence; advertisements influence children's food preferences, purchase requests and consumption patterns. WHO's marketing recommendations aim to reduce the exposure of children to advertisements for unhealthy foods. This paper at the various counter-strategies to reduce junk food consumption and promote awareness in the public about healthy food options. Regulating advertisements to children, reducing the salt content of processed food, communication with the public, engagement with the food industry and government regulations are crucial. High-level government commitment and the threat of legislation, transparent processes, international food, and beverage alliance and cross-industry agreements for certain products ate some measures which are underway to address the challenge of childhood obesity.

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Green tea helps reduce weight and body mass index in subjects who restricted overall calories

Bilkish Raje
India

Objectives: To assess the effects of green tea for weight loss and weight maintenance in overweight or obese adults with calorie restriction.

Methods: Criteria for considering studies for this review.

Types of studies: Randomized, controlled clinical trials.

Types of participants: Participants are a healthy male or female adults (18years of age and older), who have been classified as being overweight or obese (as defined by accepted standards such as body mass index (BMI) or percentage excess weight compared with ideal weight tables). Obesity is an increasing public health concern due to the increased risk of related disorders. However, appropriate prevention and early management of obesity are changes in lifestyle patterns including physical activity and diet. It has been shown that green tea helps to reduce obesity when consumed on daily basis, followed by calorie restricted diets. Anti-obesity effect of green tea has been associated with its content of caffeine and catechins particularly (−)–epigallocatechin–3–gallate (EGCG). A number of studies have explored the effects of green tea on overweight and obesity conditions. In a study of 200 subjects, it was observed that 2 cups of 100% pure green tea helps in reducing weight in the population who followed restriction in calories & 20minutes of physical activity. Calories were restricted to BMR. The consumption of green tea or its catechins helps in significant reduction of body mass index (BMI), body weight and body fat by increasing postprandial thermogenesis and fat oxidation. Several studies have hypothesized biological mechanisms whereby green tea may reduce adipocyte lipogenesis, decrease fat absorption, as well as suppressed appetite and nutrient absorption. In addition to this simple sugars were avoided & Fiber increased to 25gm/day. Subjects lost weight on an average 3.5kg/month followed by 2.5kg/ month.

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Dietary modification with high salt attenuates obesity and hyperlipidemia in high fat induced obese mice

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The prevalence of obesity is an alarming condition for mortality and morbidity leading to other lifestyle-related diseases worldwide. Finding out the new way to combat obesity is the most warrant. The aim of the present study was to investigate the effect of a modified diet with high-salt (4% NaCl) on fat deposition in high-fat diet induced obese mice. Forty healthy Swiss Albino mice (Sex: Female) were taken and divided equally into two groups named as a non-obese group and obese group. In the case of a non-obese group, mice were fed a normal diet, normal diet along with high-salt, high-fat diet, and high-fat diet along with high-salt for 6 weeks. On another hand, to induce obesity, mice were fed high-fat for 2weeks and then treated with high-fat diet along with high-salt, normal diet, normal diet along with high-salt again for 6weeks. The effects of these treatments on body weight, feed intake, Lee index, organs weight and levels of serum triglycerides (TGs), total cholesterol (TC), high density lipoprotein-cholesterol (HDL-C), low density lipoprotein-cholesterol (LDL-C), SGOT and SGPT, and atherogenic index of plasma (AIP) were analysed. In case of non-obese group, treatment with high-fat diet along with high-salt showed a significant decrease in body weight ($p<0.05$), organs weight (liver, heart, and abdominal fat) ($p<0.05$), serum TG, TC, LDL-C ($p<0.05$) levels, AIP ($p<0.05$) value and SGOT and SGPT levels ($p\leq0.05$) whereas significant elevation was noticed in HDL-C ($p<0.05$) level compared to the HFD group. Furthermore, in case of obese group treatment with high-fat diet along with high-salt and normal diet along with high-salt showed a significant declination in body weight ($p<0.05$), Lee index ($p<0.05$), organs weight (liver, heart, and abdominal fat) ($p<0.05$), serum TG, TC, LDL-C ($p<0.01$) levels, AIP ($p<0.01$), SGOT and SGPT levels ($p<0.05$) whereas significant elevation was noticed in HDL-C ($p<0.01$) level compared to the Obese control group. From the observations of the study performed, it could be predicted that high salt (4% NaCl) diet has an inhibitory action on fat absorption which may be effective to attenuate the obesity and obesity-related parameters.

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Effect of exercise during ramadan fast on sleep anthropometric measurements and blood parameters in females

Reem AlRashidi
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Introduction: Ramadan fasting is a safe annual activity for healthy individuals. In literature, body weight, waist circumference, body composition, or cellular and biochemical elements of blood experienced a decrease, increase, or no change during Ramadan.

Aim: Physical activity for female adults was our main concern to investigate the physiological changes during Ramadan with aerobic exercise intervention. Subjective and objective measures related to general health, female health and sleep were assessed.

Methods: The subjective measures include consent forms, general health questionnaire, Epworth Scale. Objective measurements consist of general examination: height, weight, age. Anthropometric measurements: waist-hip ratio, BMI, body composition, and blood tests including Complete Blood Count (CBC), general biochemistry profile, iron profile, vitamin B12. Three groups; EDR group (exercised during Ramadan), ENR group (exercised non-Ramadan month) and FDR group (fasted during Ramadan and had no exercise intervention).

Results: Within groups comparisons, subjects showed multiple trends of improvements in anthropometric measurements in EDR group and these improvements showed significance only in fat body mass, fat percent with p-values<0.05. EDR group showed no significant changes in anthropometric parameters. Between groups, comparisons showed a significant change in the EDR group in comparison to the FDR group in fat body mass, with p-values<0.05 while it remained non-significantly altered in other groups. Blood tests showed no changes in all the groups. Sleep duration or daytime sleepiness didn't show any major change in all groups except the expected shifts in sleep schedule during Ramadan no change in sleep duration.

Conclusion: Exercising while fasting in Ramadan reduces the fat percent more than fasting alone or exercising alone. We found no changes on blood basic hematology, biochemical parameters and sleep duration and or day time sleepiness parameters.

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Dietary and lifestyle modification in the preventation of diabetes mellitus

Sonali Tripathy
India

Introduction: Diabetes mellitus (DM) is a disease caused by deficiency or diminished effectiveness of endogenous insulin. It is characterized by hyperglycemia, deranged metabolism and squealed predominantly affecting the vasculature. The term diabetes mellitus includes several different metabolic disorders that all if left untreated, result in abnormally high concentrations of a sugar called glucose in the blood. Diabetes mellitus type1 result when the pancreas no longer produces significant amounts of the hormone insulin, usually owing to the autoimmune destruction of the insulin-producing beta cells of the pancreas. Diabetes mellitus type2, in contrast, is now thought to result from autoimmune attacks on the pancreas and/or insulin resistance. Other forms of diabetes mellitus, such as the various forms of maturity-onset diabetes of the young, may represent some combination of insufficient insulin production and insulin resistance. Diabetes management is to prevent or treat the many complications that can result from the disease itself and from its treatment.

Objectives: The overall objective of this study was to evaluate and provide evidence and recommendations on diet and lifestyle in the prevention of diabetes. To induce dietary changes for diabetic glycemic and lipid control, without weight gain. The treatment goals are related to effective control of blood glucose, blood pressure, and lipids and to minimize the risk of long-term consequences associated with diabetes.

Methods: This is a cross-sectional study with 100 Diabetic people. The study carried out by investigating patient's background, medical past history, physical examination, nutritional and lifestyle assessment, physical activity assessment, medical and nutritional problems associated. This study was on pure interview method of one to one.

Result: An increased risk for developing diabetes is associated with Overweight and obesity; abdominal obesity; physical inactivity; and maternal diabetes. It is probable that a high intake of saturated fats and intrauterine growth retardation also contribute to an increased risk, while non-starch polysaccharides are likely to be associated with a decreased risk. From existing evidence, it is also possible that omega-3 fatty acids, low glycaemic index foods, and exclusive breastfeeding may play a protective role, and that total fat intake and Trans fatty acids may contribute to the risk. A major set of patients with more than 7 to 10years Diabetic period are prone to

have a secondary complication like Nephropathy, Neuropathy, Retinopathy, Cardiac issue, Foot complication, Gastroparesis, HTN, DKA, Skin complication and stroke. From the study 70-80% patients are having HTN,25-30%are having Retinopathy,20-25% are having a cardiac issue,10-15% are having Nephropathy. In the above study, some patients are there, who are having a 2-3 complication at the time.

Conclusions: Based on the strength of available evidence regarding diet and lifestyle in the prevention of diabetes, it is recommended that a normal weight status in the lower BMI range (BMI 21–23) and regular physical activity be maintained throughout adulthood; abdominal obesity be prevented; and saturated fat intake be less than 7% of the total energy intake. So, finally, a patient can increase his or her lifespan by adding a balanced diet, physical activity and medication as per the doctor.

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Evaluation of a new therapeutic sacroiliac joint manipulation technique for patients with sacroiliac joint dysfunction

Ujitha Bandara
Sri Lanka

Purpose: The sacroiliac joint (SIJ) can be a cause of low back pain and sciatica. The aim of this study was to assess and introduce a new physiotherapy manipulation intervention for SIJ-related back and leg pain.

Methods: As a double-blinded, randomized trial, we evaluated the short-term therapeutic efficacy of a new intervention therapy against the current traditional practice. In this study, 60 patients with SIJ-related leg and back pain were studied. Following the initial assessment of each patient with respect to their perception of pain and quality of life (QOL), the effect of the treatment was evaluated. Using the visual analog scale, the perception of pain was assessed before and after the 1st, 2nd and 5th day (3rdday) of treatment. The instrument used for evaluation of the quality of life was SF-36. At the outset of the study, QOL status was determined using this instrument. After the course of treatment by the assigned treatment method, each patient was reassessed using the SF-36 at the 5th week following a lapse of the 4week treatment-free period. Except for having to drop out one patient for his failure to keep to the appointment, another 59 patients were treated successfully.

Results: The results show that the effect is highly significant at α=0.001(CI 4.3+0.7) for pain reduction and α=0.001(CI 1447.5+24.2) for QOL improvement. Of the 59 patients, 100% (n=30) have recovered from pain with the new treatment after the 3rd visit, while the recovery rate among patients who received the traditional treatment is 6.8% (n=29) after the 3rd visit.

Conclusion: In this double-blinded intervention study, the new manual therapy technique appeared to be the choice of treatment and more beneficial to the patients with back pain due to sacroiliac dysfunction than the traditional treatment. Further study to investigate its benefits with a larger population should be encouraged.

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Effect of oral ingestion of low-molecular collagen peptides derived from skate (raja kenojei) skin on body fat in overweight adults: a randomized, double-blind, placebo-controlled trial

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Recent animal studies found the potential that collagen peptide derived from skate skin have anti-obesity effects through suppression of fat accumulation and regulation of lipid metabolism. However, no studies have yet been performed in human. Here, this very first human study randomized, placebo-controlled, and double-blinded was designed to investigate the efficacy and tolerability of skate skin collagen peptides (SCP) for reduction of body fat in overweight adults. Ninety healthy volunteers (17 men) aged 41.2 ± 10.4 years with mean body mass index of 25.6 ± 1.9 kg/m2 were assigned to the intervention group (IG) which received 2,000 mg of SCP per day or to the control group (CG) given placebo for 12 weeks and 81 (90%) participants completed the study. Changes in body fat were evaluated using dual energy X-ray absorptiometry as a primary efficacy endpoint. After 12 weeks of trial, the percentage of body fat and body fat mass (kg) in IG were found to be significantly better than those of subjects in CG (-1.2% vs. 2.7%, p=0.024 and -1.2 kg vs. 0.3 kg, p=0.025). Application of SCP was well tolerated, and no notable adverse effect was reported from both groups. These results suggest the beneficial potential of SCP in reduction of body fat in overweight adults.

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