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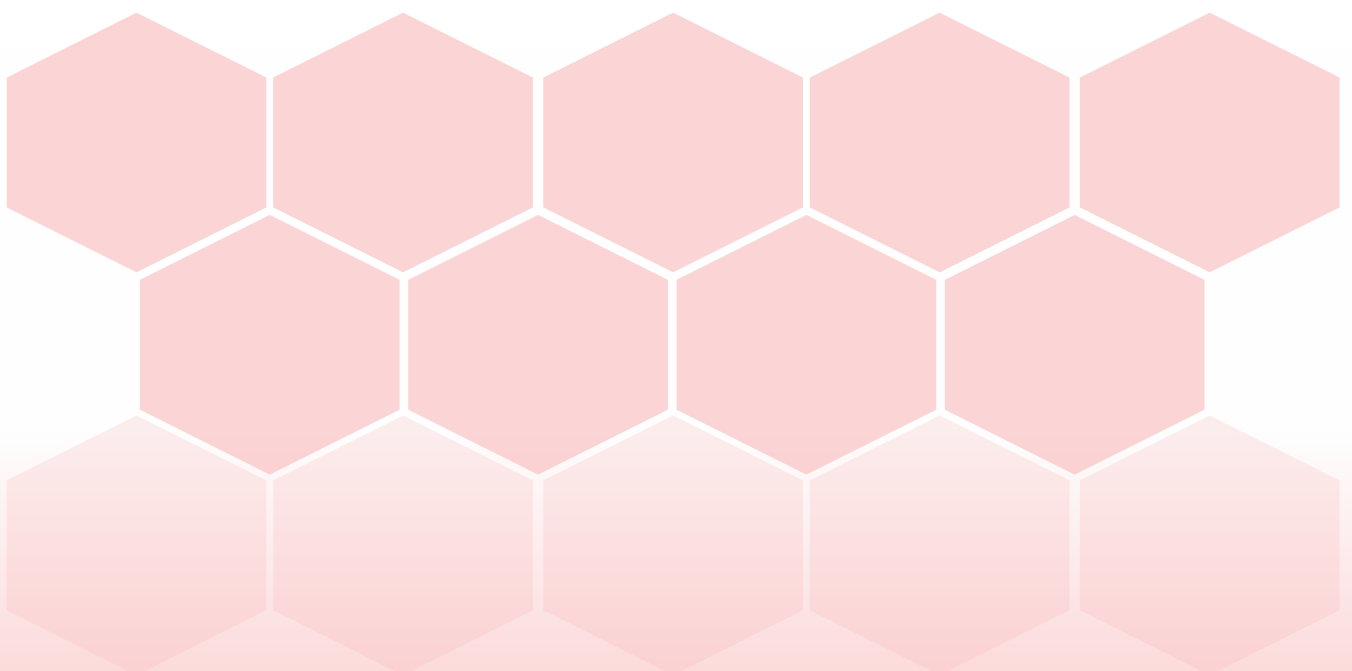


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1366th Conference

14th Global Obesity Meeting

October 23-24, 2017 Dubai, UAE

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14th GLOBAL OBESITY MEETING

October 23-24, 2017 Dubai, UAE

Assessment of universal precautions norms followed by resident doctors of BPKIHS at eastern Nepal

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Background: Universal precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources to a susceptible host. The CDC guideline recommends universal precautions for the care of all patients, regardless of their diagnosis or presumed infection status. It is mandatory to treat all blood and other potentially infectious materials with appropriate precautions.

Objectives: To assess components and the associated factors for not practicing the rules of universal precaution and also to assess the knowledge and practice regarding universal precaution among resident doctors.

Methods: It is cross-sectional survey, conducted in BPKIHS, a tertiary hospital teaching hospital Dharan in 2016. A total of 275 resident doctors were interviewed with the help of self-designed questionnaire.

Result: Out of 275 resident doctors, 94% participants practiced hand washing if contacted different patients, 91% practiced hand washing after taking of gloves whereas 94% practice hand washing after contact with blood and body fluid. 93% agreed to wear gloves while drawing of body fluid whereas 91% participants agreed to changes gloves if contacted different patients. 63% used gloves always, 35% used gloves sometimes and 3% never used gloves. 52% participants used personal protective equipment, 26% resident doctors did not use personal protective equipment (PPE) due to lack of materials, 14% due to lack of awareness, 11% due to carelessness. 63% participants faced needle stick injury, among which 38% had one time injury, 22% had two times whereas 21% had more than 3 times injury. 37% faced needle stick during recapping syringe, 33% during securing IV cannulation, whereas 14% during suturing. 77% took prophylaxis vaccination whereas 23% have not vaccinated.

Conclusion: Careful adherence to universal precautions can protect both health personal and patients from infections through proper execution of norms of universal precaution.

Biography

Ashok Kumar Yadav has completed his graduation from Chittagong Medical College, Bangladesh and Post-graduation from B.P. Koirala Institute of Health Sciences in Nepal. He has worked as Medical Officer in the Department of Forensic Medicine and Internal Medicine. He has been working as an Associate Professor in the Department of General Practice and Emergency Medicine, B.P. Koirala Institute of Health Sciences (BPKIHS) from 2009. He has few research publications to his credit.

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Rose angina questionnaire: Validation in emergency department to detect coronary heart disease in tertiary hospital of eastern Nepal

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Background: The Rose Angina Questionnaire (RAQ) was designed to assess the probability of underlying coronary artery disease in epidemiologic studies of population groups. Since then, the RAQ has been used in many countries to detect coronary heart disease in epidemiological research as well in emergency department. Rose suggested that the sensitivity and specificity of the questionnaire may vary between countries.

Objectives: To validate the Rose Angina Questionnaire to detect myocardial infarction (MI) by comparison with emergency diagnosis in Nepali population and to find out the sensitivity and specificity between emergency diagnosis and diagnosis by RAQ regarding MI.

Methods: A hospital based cross-sectional study from Jan 1st to March 30th 2017, conducted in the emergency ward among patient age 40-70 years with chest pain. All participants were asked detailed multi component questionnaire for possible myocardial infarction considering 53% sensitivity and 89% specificity according the study by Rahma MA et al. in Bangladesh.

Results: Mean age of participants was 63.78 years (standard deviation \pm 11.60 years). Male were 66%. History of diabetics, hypertension and dyslipidemia secondary to obesity were positive in 30, 41 and 3 patients, respectively. Among MI incidence by RAQ and MI investigation study showed that sensitivity was 92.59% specificity was 89.47%. Cronbach's alpha was found 0.78.

Conclusion: The RAQ could be used as a useful screening tool to screen for coronary heart disease in an emergency department and helps to identify the risk factor for coronary heart disease like hypertension, diabetes, dyslipidemia secondary to obesity and also reduce the overcrowding of the patient at emergency department by avoiding reparative investigation and help to reduce the cost burden of the patient.

Biography

Masum Poudel has completed her Master's degree in General Practice and Fellowship in Emergency Medicine. Currently she is working as Additional Professor in BPKIHS, Dharan, Nepal. She is involved in teaching undergraduate and postgraduate student and also involved in academic research.

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Personal history, practices and perceived risk of cardiovascular diseases among the population of United Arab Emirates

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The aim of the study is to assess the prevalence and perception of risk factors of cardiovascular diseases (CVD) among the adults of United Arab Emirates (UAE). It is a cross-sectional questionnaire based survey. Healthcare related population excluded. Data analyzed using SPSS version 21. 1367 Arab and expatriate population with 700 being young adults (18-25 years) participated. Personal history reveals 47% overweight/obese, 25% current/ex-users of tobacco, 60% perceive their life moderately or highly stressful and 74% do not follow the recommended physical-activity. 8.1% reported to have diabetes mellitus (DM), 11.8% hypercholesterolemia and 14.4% hypertension. Family history of DM (42.6%), hypertension (30%) and heart attack (23.6%) was also reported. 55% of the population perceive that obese people and those with hypercholesterolemia are at high risk of 49% perceive hypertension and 30% think diabetes to be a risk factor. 59% recognized “more risk factors you have, greater is your chance of developing CVD”. “No smoking, regular exercise, healthy diet, control of diabetes and blood pressure may prevent the development of CVD?” 68% of younger age group and 80% of older acknowledged this fact. Few thought they are at risk of developing heart attack (21%) or stroke (16%) in next 10 years. 60% of younger and significantly higher number (73%) of older were planning to make changes in their lifestyle in near future. 80% feel people need more knowledge regarding CVD. There is a need for public health education to increase the level of correct perceptions regarding risk factors of CVD in this high-risk population.

Biography

Nelofar Sami Khan has completed her PhD in Biochemistry from Aligarh Muslim University in India in 1998. Currently she is working as an Associate Professor in Gulf Medical University in UAE and has published 20 papers in reputed journals.

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Retrospective study on the efficacy of antiretroviral treatment after bariatric surgery

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Effective antiretroviral treatment offers HIV patients a normal life expectancy. However, as in the general population, obesity is a recurrent problem in HIV patients, partly due to lipid disorders caused by antiretroviral therapy. Bariatric surgery may be an option for these patients when diet and exercise are not sufficient, but its safety has not been fully tested in these patients. This was a monocentric retrospective study held at Saint-Pierre Hospital, Brussels, Belgium. We compared 14 obese HIV affected women (G1) after bariatric surgery, with 45 obese women HIV (G2). A primary outcome was CD4, CD8, HIV viral load and secondary factors were lipid metabolism, phosphocalcic metabolism and renal function. Patients in Group-1 (G1) had an average age of 46.07 years and a BMI of 44.11 kg/ m². After performing sets of paired comparisons, testing differences before and after surgery by means of paired T-tests and paired Wilcoxon signed rank tests, we observed stability in count CD4, CD8 and HIV viral load, with CD4: before 762±380, after 648±399 with p-value 0.33; CD8: before 737±466, after 828±306 with p-value 0.47 and HIV viral load was 0 before and after surgery; phosphocalcic metabolism, renal function and lipid metabolism were stable. We compared (G1) to (G2): propensity score was performed; we applied a Bonferroni correction for multiple comparisons. No differences were found between CD4 count, CD8 count and viral load before and after surgery; count CD4: 762±380 (G1), 648±399 (G2) with p-value 0.33; CD8: 737±466 (G1), 828±306 (G2) with p=0.47 and HIV viral load 0 (G1), 5.79±42 (G2) with p=0.21. Secondary outcome was: no differences were observed in Calcium: 2.24 mmoles/l±0.12 (G1) vs. 2.28±0.12 (G2), p=0.28; Phosphorous: 1.09 mmoles/l±0.15 (G1) vs. 1.16±0.13 (G2), p=0.133; Cholesterol T: 186.43 mg±42.24 (G1) vs. 166.92±19.47 (G2), p=0.078; Triglyceride: 95 mg/l±47 (G1) vs. 124±28 (G2), p=0.009. Fg is the only variable significantly differing in the two groups under study, with a higher level of Fg observed in the with surgery group (means=93.79, SD=12.77), compared to the no-surgery group (means=81.36, SD=12.30, adj. P<0.001). Bariatric surgery can be a safe option for the treatment of obesity in obese HIV patients-stability in CD4, CD8 counts and in viral load in HIV affected patients was noted, as well as improvement in glomerular filtration. We found no consequences on phosphocalcic and lipid metabolism.

Biography

Souama Oualid is presently an Anesthesiology Resident at Université libre de Bruxelles, Belgium. He is also an on-call Senior Physician at the Emergency Department, Tournai and an on-call Senior Physician of Acute Care Unit, Brussels.

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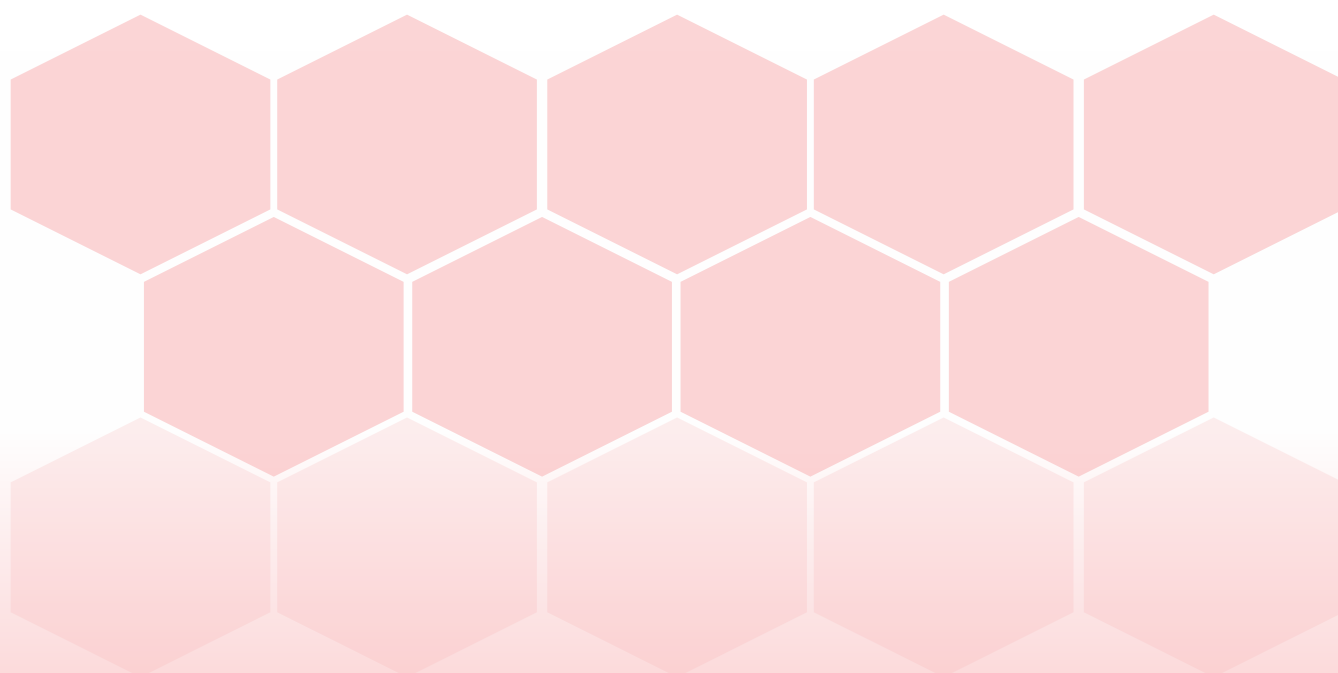


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School-related anxiety, school performance, mental flexibility, emotional eating and frontal alpha EEG asymmetry in girls aged 9-10 with obesity and normal weight

Gaukhar Datkhabayeva¹, Akkumis Salkhanova¹, Ainur Sadykova², Diana Koibagarova¹, Toregeldy Sharmanov¹ and Shamil Tazhibayev¹¹Kazakh Academy of Nutrition, Kazakhstan²Al-Farabi Kazakh National University, Kazakhstan

Asymmetry of spectral power (SP) of frontal EEG α -activity ($FAA = (SP(F4) - SP(F3)) / (SP(F4) + SP(F3))$) is a marker of an individual's emotional background and of his/her reward (RS) and punishment sensitivity (PS) in motivational processes. A positive FAA value ($FAA > 0$) points at greater left-hemispheric frontal cortex activity in relation to the right-brain and speaks of a positive emotional background of the individual, his/her RS and tendency toward goal approach behavior. Greater activity of the right-brain frontal cortex is associated with vulnerability to depression and anxiety and a PS as well as avoidance behavior. Healthy RS subjects have enhanced mental flexibility (MF). On the other hand, it is assumed that FAA points at the motivational orientation of behavior (approach vs. withdrawal) irrespectively to associated emotions. To explore interrelationships amongst anthropometric markers of obesity, school anxiety (SA), school performance (SP), MF, emotional eating (EE) and FAA, girls aged 9-10 without psycho-neurological diagnoses were studied: 27 with obesity and 23 with normal weight. The obese girls had lower scores for SP. Positive link between the waist-to-hip ratio and SA was established. No links were found among FAA, SA and BMI. However, a split correlation analysis revealed, that in the lean girls, the BMI is inversely related with FAA ($p = 0.06$) and FAA has a negative correlation with SA and EE. In the obese girls, to the contrary, BMI positive linked to FAA, while FAA had an inverse correlation with FM, which perhaps speaks of RS in obese girls and of their reduced ability to inhibit desirable but risky behavior like over-eating.

Biography

Gaukhar Datkhabayeva has completed her PhD in Human Physiology. She has worked at the Kazakh Academy of Nutrition as a Senior Researcher and has carried out investigations on food and behavioral factors contributing to childhood obesity, as well as the influence of obesity on children's cognitive functions, as part of a program of prevention of pediatric obesity in school-age children in Kazakhstan. Her interests cover popularization of healthy nutrition and elaboration of effective strategies for the promotion of healthy nutrition choices.

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Parents of children with healthy weight are more concern about body weight and nutrition than parents of children with obesity

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Obesity is the greatest concern among all risk factors of chronic non-communicable diseases. Kazakhstan also does not lag behind world trends. Thus, amount of children up to 5 years of age with overweight and obesity increased from 9% to 13.4% since 1995. The role of parents in maintaining children's weight in norm is extremely important. We investigated awareness and attitudes regarding childhood obesity and nutrition of parents of children aged 9-10 years with normal weight (80 respondents) and obesity (80 respondents). Children's weight status was determined in accordance with BMI-for-age standards of WHO: 97 and higher percentiles is considered as obesity, from 5 below 85 as normal weight. The majority of parents of children with obesity (74%) understood that their child had excess weight, however 20% of them believed that their child's body weight is normal. 32.9% of parents of children with normal weight suspected their child was overweight. Parents of children with normal weight were more critical about the weight of their children and also paid more attention to the qualitative composition of food. Quantity of parents of children with normal weight who indicated health complications of obesity as a main reason for weight normalization in case of obesity was greater than number of the parents of children with obesity. The level of parents' awareness about risks of chronic non-communicable diseases related to obesity did not differ between two groups of parents.

Biography

Zhanar Tolysbayeva has completed her PhD in Medicine (Hygiene). She has worked at the Kazakh Academy of Nutrition as a Senior Researcher and has carried out investigations on food and behavioral factors contributing to childhood obesity, as part of a program of prevention of pediatric obesity in school-age children in Kazakhstan. Her interests cover popularization of healthy nutrition and elaboration of effective strategies for the promotion of healthy nutrition choices.

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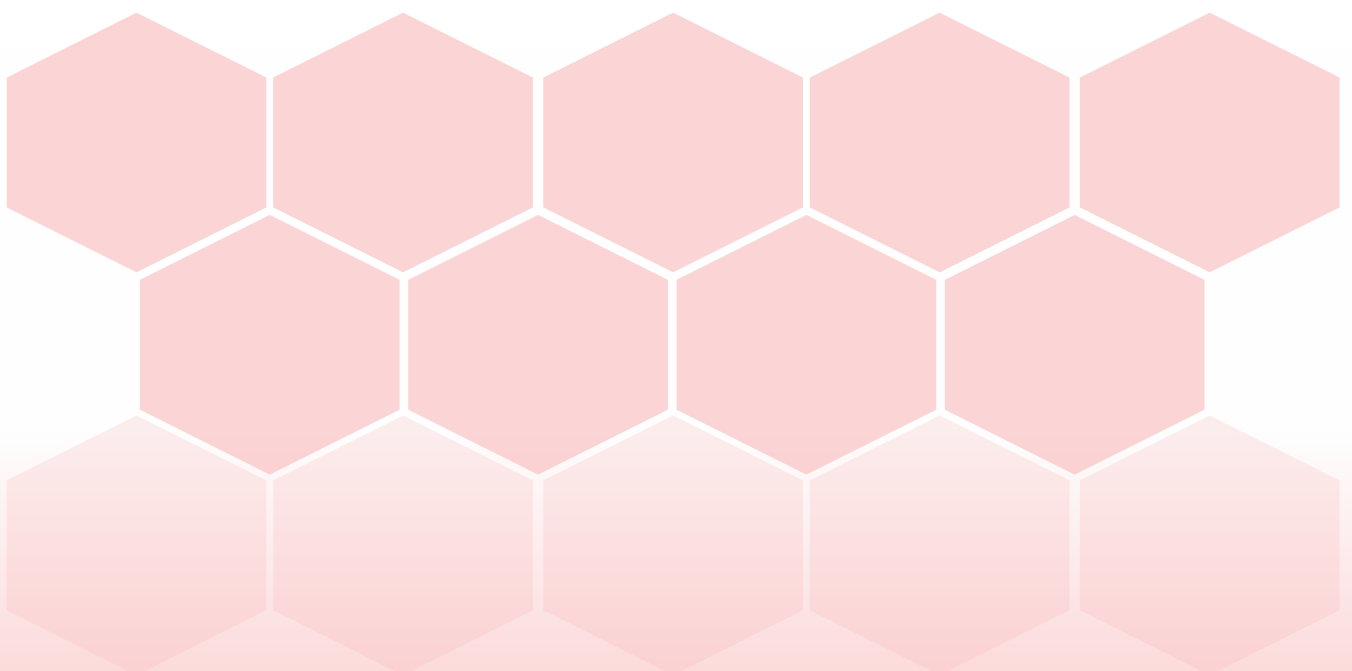


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The role of healthy lifestyle behavior change in managing obesity and CVD health conditions among UAE and GCC Nationals

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Active physical activity and exercise, healthy nutrition and not smoking are well established for preventing and managing lifestyle-related non-communicable but are less emphasized in the traditional medical treatment for addressing chronic disease (i.e., obesity, heart disease, cancer, diabetes, hypertension, stroke, obstructive lung disease and more). This review examines the relationships between people health and lifestyle behaviors, with special reference to prevention child obesity approach. The review is conducted to synthesize evidence related to lifestyle factors such as healthy diet, healthy weight, active physical activity, optimal sleep, not smoking and manageable stress and health, with special reference to public health institutions roles in both government and private sectors. The aim is to support that health behavior change competencies (examination/assessment and intervention/treatment) may need to be included in first-line management of non-communicable disease, either independently or in conjunction with medical therapy interventions. To address knowledge gaps in the literature in UAE and GCC countries, however some systematic research review are indicated to establish the degree to which adopting healthier lifestyle practices, avoids or reduces the need for conventional treatment, to establish the degree to which traditional medical therapy interventions prescribed for chronic disease augment the benefits of lifestyle behavior change and to establish whether patients/clients with healthier lifestyles, respond more favorably to usual medical therapy interventions than those who have less healthy lifestyles with focus on children, teen and younger generations national programs to adopt different lifestyle behaviors comparing with their parents in last 20 years.

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One anastomosis gastric bypass (mini-gastric bypass) for the treatment of morbid obesity

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The prevalence of obesity and related health problems, known as metabolic syndrome, is increasing. Worldwide, over 600 million adults are obese, with a body mass index (BMI) of 30 kg/m² or more. In many developing countries, the adoption of a Western lifestyle, characterized by decreased physical activity and high caloric intake, is contributing to an alarming problem. Countries of the Middle East and North Africa (MENA) Region now have the highest rates of diabetes in the world. Bariatric surgery is safe with observed in-hospital mortality rate less than 1% and recorded surgical complication rate between 3-7% which is much lower than that for many other planned operations. Mini gastric bypass (MGB) is gaining popularity throughout the world. Nowadays it represents the 3rd most common bariatric procedure after Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy. The recent survey of the MGB Surgeons Club recorded over 40,000 cases of MGB performed worldwide. Patients are selected to have MGB if they do not have symptomatic Gastro-oesophageal reflux disease/or Hiatus Hernia proven by the pre-operative endoscopy. A long gastric pouch was created. Dissection was started at incisura and the first firing was carried out with stapler pointing towards the left iliac fossa. A 36 French oro-gastric tube was used for pouch calibration in most cases. A loop of small bowel 150-200 cm from DJ flexure was then brought up to the gastric pouch in an ante colic, ante gastric fashion and anastomosed to it. Patients were allowed sips of water on day 0, 1.0 liters of water to drink on day 1 and allowed home on day 2 on pureed diet. Food consistency was gradually increased over the next few months. Routine supplementation with iron, calcium, vitamin D, vitamin B12 and multivitamins were given. Early complications are recorded in 3-4% of patients including leak, bleeding or re-operation. Mortality rate is less than 0.2%. The rate of marginal ulcers is between 4-7%. Excess weight loss recorded ranges from 65 to 80%. Resolution of diabetes and hypertension is recorded in 80 to 100%. One anastomosis gastric bypass (mini-gastric bypass) shows early safety and efficacy for the treatment of morbid obesity and associated health problems.

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Effect of probiotic consumption in the level of peptide YY, ghrelin hormone and body weight in Iraqi obese female

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Background: Several evidences indicate that gut microbiota is involved in the control of host energy metabolism.

Objective: To evaluate the change of body weight and hormone level after consumption of probiotics for 8 weeks.

Methods: 40 healthy obese female age between (20-50) years and BMI ≥ 30 (kg/cm) was participated in this study, there were divided in two groups, group-1 (G1) consumed probiotics and group-2 (G2) was consumed placebo for 8 weeks, the two groups was used same diet with 1200 kcal. The body weight was determined at the first of study and after 8 weeks, the level of ghrelin and peptide YY was de-terminated by using ELISA technology.

Result: The study show significant effect of probiotic on the peptide YY hormone level and showed positive correlation with body weight. The study showed highly significant difference in the level of peptide YY hormone, the peptide YY hormone level was increased in the G1 from (33.7) to (49.5) with (p-0.0001) compared with G2 which showed decreasing by 1.4% from (33.62) to (32.62). The study showed significant difference between two groups in the level of ghrelin, G1 it was decreased from (6.67) to (2.17) but in the G2 increased from (5.87) to (7.0). Effect of probiotic on the body weight was study to determine the role of probiotic in weight reduction and the result showed difference between two groups. The group (G1) showed decrease (5.4%) 5.4 kg from (92.92) to (87.88) and G2 showed decreased 4.14% (3.4) kg from (91.28) to (87.5) but there was no significant difference between two groups.

Conclusions: The study show positive effect of probiotics on the hormone level and body weight more study need to evaluate the probiotics effect on endocrine system.

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The lifestyle habits and wellbeing of physicians

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Statement of the Problem: Lifestyle habits of physicians are of paramount importance both because they influence the physician's own health and because these habits have been shown to affect patients' care.

Methods: In a cross-sectional study design, an anonymous self-administered questionnaire that assesses wellbeing and lifestyle habits was distributed to a random sample of 175 out of 320 primary health care physicians in Bahrain. Descriptive analyses were performed and the variables were cross-tabulated using SPSS version 20.0.

Results: 152 physicians agreed to participate in the study. Respondents were 67.1 % female with a mean age of 45 (SD=10). The majority were of Bahraini nationality. The most prevalent reported health conditions were hyperlipidemia (25.5%), hypertension (20.3%) and diabetes (11.0%). Only 29.6% of physicians reported performing ≥ 30 min of exercise in a usual week. Of physicians exercising ≥ 30 min weekly, only 13% exercised ≥ 5 days weekly. 98.0% report never drinking, 1.3% report previously drinking and 0.7% report drinking less than once weekly. The average body mass index (BMI) was 27.8 (SD=5), with 39% of physicians being overweight and 33% obese. BMI was directly associated with sleep time ($P=0.027$, $r^2=0.034$), age ($P<0.01$, $r^2=0.179$), male gender ($P=0.031$, $r^2=0.054$) and a known diagnosis of hypertension ($P=0.007$, $r^2=0.079$) or hyperlipidemia ($P=0.008$, $r^2=0.088$).

Conclusions: There is a clear pattern of unfavorable lifestyle habits and obesity among primary health care physicians in Bahrain. We encourage institutions and public health sectors to be more proactive in assisting physicians to attain healthier lifestyles.

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Effect of lifestyle practices and cultural dietary habits on abdominal obesity and the risk of type-2 diabetes mellitus (type-2 DM) in Jordan

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Background: T2DM is considered as one of the most prevalent diseases in Jordan and worldwide in the last decades. Preventive strategies are needed urgently due to the chronic complications of diabetes such as cardiovascular diseases, stroke, blood vessels damage, nerves atrophy, kidney damage and blindness. Dietary modification, physical activity, medical care, body weight and abdominal obesity and family support are crucial factors which may either improve or worsen glycemic control in diabetic patients.

Objectives: The objectives of this study were to evaluate lifestyle and dietary practices/behaviors that may correlate with the glycemic status of diabetic patients in Jordan.

Methods & Participants: 116 subjects (51 male and 65 females: 27-75 years) who visited the dietitian clinic at King Hussain Hospital, Amman, based on the referral of the endocrinologist were recruited in the study and approved to sign a consent form. All subjects had a baseline serum HbA1c of $\geq 6.5\%$ and followed the standard regimen that included an individualized balanced diet based on the baseline anthropometric measurement and dietary assessment. Along comprehensive questionnaire was filled out at their first visit with the assistance of trained researcher. Body composition was also measured using a bioelectrical impedance analyzer (in body 770).

Results: Female subjects had poorer glycemic control (HbA1c >7) compared to males. BMI, waist circumference, body fat % and waist to hip ratio were significantly correlated with poor glycemic control ($P \leq 0.05$). Skipping breakfast and eating with others were also significantly associated with poor glycemic control while the speed of eating, sleeping right after eating were not associated with glycemic control.

Conclusion: Lifestyle practices, body weight, abdominal obesity, body fat %, and dietary habits may correlate significantly with glycemic control in diabetic patients.

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Relationship between overall and abdominal obesity and periodontal disease among young adults

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Obesity as one of the most significant health risks of modern society, is now recognized a major health concern in both developed and developing countries. The prevalence of obesity is increasing at alarming rates reaching epidemic proportions particularly among children and young adults. Analyzing the effect of nutritional variables on gingival and periodontal health questions the role of obesity and overweight in periodontal disease pathogenesis. However, studies exploring the relationship between obesity and periodontal disease from developing countries with different eating habits and health behaviors are scarce. The objective of this study was to assess overall and abdominal obesity and their relation to periodontal disease among young adults. The sample comprised 380 young adults (170 males and 210 females) ranging from 20 to 26 years. Body mass index (BMI) and waist circumference (WC) were measured to assess overall and abdominal obesity. Clinical attachment loss (CAL), gingival index (GI) and community periodontal index (CPI) were measured. Results revealed a significant correlation between BMI & WC and CAL, GI and CPI in females. In males, a significant correlation was only recorded between WC and GI and CPI. It is concluded that overall and abdominal obesity of young adult females and abdominal obesity of males were significantly associated with periodontal disease.

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Obesity: Understanding pathophysiology

Mandeep Kaur

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The rise in obesity in this decade is alarming, especially in the cities. The causes of obesity are multifactorial. Many people equate obesity with simply over eating and lack of exercise. Here in we did OPD based surveys and literature research to understand the causes of obesity. We found astonishing results on causes of obesity and realized that it is way beyond overeating. Relating obesity to limited causes like lack of exercise and overeating is hampering finding the treatment of obesity. One should look at the complex mechanisms of obesity, understand those and subsequently find what can be offered to the patients in terms of treatment.

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Metabolic stressors of obesity and colorectal cancer

Mostafa I Waly

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Background: Clinical trials continue to support the notion that colorectal cancer (CRC) is a lifestyle-related syndrome in which obesity is a cofactor. Oxidative stress is involved in the pathogenesis of both CRC and obesity and it has been postulated that B vitamins (folate, vitamins B6 and B12) deficiency and hyperhomocysteinemia are the main metabolic stressors of oxidative stress-associated CRC and obesity.

Objective: The current study was attempted to identify metabolic stressors that synergize with obesity in the etiology of CRC.

Subjects & Methods: A cross sectional study included 100 of newly diagnosed male CRC patients and they were all obese based on their body mass index (BMI kg/m²). The retrospective dietary intake of all study subjects was estimated using a semi-quantitative food frequency questionnaire and fasting blood samples were drawn to assess their serum levels of B-vitamins, homocysteine (HCY) and glutathione.

Results: It was observed that they had a lower dietary intake of B-vitamins as compared to the corresponding recommended dietary allowances. Biochemical analyses revealed depletion of glutathione, low serum levels of B vitamins and an elevation in the serum levels of HCY.

Conclusion: Our results suggest that low intake of B-vitamins is associated with hyperhomocysteinemia that results in oxidative stress in the enrolled study subjects. Measurement of serum HCY and glutathione are recommended to be used as metabolic stressors biomarkers in clinical practice for early diagnosis and screening of CRC.

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Diagnostic accuracy of body mass index (BMI) to identify obesity in Saudi adult population in a community based setting

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Background & Aim: The prevalence of obesity in Saudi Arabia is high. This is the first Saudi study aiming to investigate the accuracy of body mass index (BMI) to diagnose obesity among the Saudi population using body fat percentage as the gold standard. Accurate obesity diagnosis is important for the management of patients who are at most risk of obesity and its complications.

Materials & Methods: This is a cross-sectional study including a calculated sample size of 942 subjects who visited the Family Medicine clinics at KFSH & RC from January 2005 to March 2016 and did DEXA scan. DEXA scan was used to estimate body fat percentage (BF %). The diagnostic accuracy of BMI was assessed by using the World Health Organization and the American Association of Clinical Endocrinologists and American College of Endocrinology reference standard for obesity of BF%>25% in men and >35% for women.

Results: BMI-defined obesity (≥ 30 kg/m²) was present in 28.7% of men and 53.1% of women while BF% defined obesity was present in 83.9% and 97.3% of males and females respectively which correspond to BMI 24. Even if we consider the highest acceptable range of BF% (33% for men and 43% for women) the highest acceptable BMI cut-off to diagnose obesity should not exceed 27 for both genders.

Conclusion: Despite the use of the highest acceptable range of BF%, the diagnostic accuracy of BMI 30 to diagnose obesity is limited. This emphasize the need to lower the BMI cut-off used for obesity diagnose among the Saudi population.

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Comparison of weight and body composition change in persons using and non-using protein powder in the first 6 months period after bariatric surgery

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Istanbul Bilim University, Turkey

This study was carried out on 196 patients who underwent sleeve gastrectomy at Bezmialem Vakif University between 2012 and 2014 and whose follow-up was followed preoperatively and postoperatively. The study was planned to compare the change of weight and body composition in people who did or did not use protein dust for 6 months after bariatric surgery. Individuals who are 18 years of age and older who are not pregnant and obese are included in the study. This study was divided into two groups, those who use protein dust (group-1) and those who do not (group2). The number of people who use protein dust is 124 and the number of people who do not use it is 72. The body analysis of the cases was performed with the Tanita body composition analyzer TBF-300 instrument at each control. 63% of patients use protein dust and 37% do not use protein dust. As a result of the study, the differences between the fat percentage ratios of the cases in both groups were statistically significant at post op 6th month controls ($p < 0.05$). When the weight ratios of the cases were examined, no statistically significant difference was found between the two groups. When the muscle ratios of both groups are evaluated; the difference between the body muscle ratios of the post-op 1 month controls was found to be statistically significant ($p < 0.05$) and the difference between the body muscle ratios of the two groups in the controls of the post-op 6 months was statistically significant (0.01). As a result, we believe that post-operative protein supplementation will be favorable as a result of this study.

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Efficacy of single anastomosis sleeve ileal (SASI) bypass for type-2 diabetic obese patients: 2 years follow up

Tarek Mahdy

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Background: The single anastomosis sleeve ileal (SASI) bypass is a novel metabolic/bariatric surgery operation based on mini gastric bypass operation and Santoro's operation in which a sleeve gastrectomy is followed by a side to side gastro-ileal anastomosis.

Objectives: The purpose of this study is to report 2 years follow up of the outcomes of SASI bypass as a therapeutic option for obese T2DM patients.

Methods: 120 obese patients with type-2 diabetes underwent laparoscopic SASI bypass with one year follow up. Sleeve gastrectomy performed over a 36-Fr bougie, 6 cm from the pylorus, and 250 cm from the ileocecal valve, the ileum brought to be anastomosis side to side with the antrum. Data collected included comorbidity resolution, percent excess weight loss (%EWL) and one-year morbidity and mortality.

Results: The mean BMI of 48.7 ± 7.6 kg/m² and mean age 40.5 ± 7.9 years were operated on percentage EWL reached 90% at one year and all patients have normal glucose level in the first 3 months after surgery. Hypertension remitted in 86%, hypercholesterolemia in 100% and hypertriglyceridemia in 97% of patients. Postoperative complications were; one pulmonary embolism, one postoperative bleeding, one leak from biliary limb and one complete obstruction at the gastro-ileal anastomosis. Six months postoperative, one patient diagnosed as marginal ulcer, 12 months after surgery, one patient re-operated for fear of more excessive weight loss.

Conclusion: SASI bypass is a promising operation that offers excellent weight loss and metabolic result.

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