



24th Global

Obesity Meeting

March 28-29, 2022 | Webinar

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ABSTRACTS

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New insight of obesity-driven NAFLD: Dysregulated “crosstalk” between multi-organ and the liver?

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Obesity plays a crucial role in the development of non-alcoholic fatty liver disease (NAFLD). However, the underlying mechanism for the pathogenesis of obesity-driven NAFLD remains largely obscure. Although the “multiple hit” theory provides a more accurate explanation of NAFLD pathogenesis, it still cannot fully explain precisely how obesity causes NAFLD. The liver is the key integrator of the body’s energy needs, receiving input from multiple metabolically active organs. Thus, recent studies have advocated the “multiple crosstalk” hypothesis, highlighting that obesity-related hepatic steatosis may be the result of dysregulated “crosstalk” among multiple extra-hepatic organs and the liver in obesity. A wide variety of circulating endocrine hormones work together to orchestrate this “crosstalk”. Of note, with deepening understanding of the endocrine system, the perception of hormones has gradually risen from the narrow sense (i.e. traditional hormones) to the broad sense of hormones as organokines and exosomes. In this review, we focus on the perspective of classic endocrine hormones (traditional hormones), organic endocrine hormones (organokines), and molecular endocrine hormones (exosomes), summarizing systematically how the three types of hormones mediate the dialogue between extra-hepatic organs and liver in the pathogenesis of obesity-related NAFLD.

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Metabolic abnormalities and metabolic syndrome among Cameroonian Women: Comparative study between pre- and post-Menopausal women

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The high prevalence of non-communicable diseases is a challenging problem in the Cameroonian population and women are the most affected. The aim of the present study was to determine and compare the prevalence of metabolic abnormalities and metabolic syndrome (MetS) among pre- and post-menopausal women living in urban areas in Cameroon. A total of 499 women were recruited during a mass health campaign. Metabolic abnormalities were diagnosed using the International Diabetes Federation (IDF) criteria. MetS was defined using IDF criteria with slight modification (total cholesterol used instead of HDL cholesterol). Logistic regression was used to estimate the association between menopausal status and metabolic abnormalities and MetS in age control and non-control models. The prevalence of high waist-to-hip ratio (56.8% vs 36.3%, $p < 0.001$), elevated fasting blood glucose (glycemia ≥ 100 mg/dL) (38.7% vs 26.9%, $p = 0.006$); diabetes (14.6% vs 5.7%, $p = 0.001$); high triglycerides level (29.7% vs 17.1%, $p = 0.002$); hyperlipidemia (high total cholesterol and or triglycerides levels) (45.0% vs 30.8%, $p = 0.002$); and elevated blood pressure (67.9% vs 56.1%, $p = 0.007$) were higher among post-menopausal than pre-menopausal women. The overall prevalence of MetS was 30.1% and post-menopausal women were more affected (33.8% vs 25.0%; $p = 0.034$). The odds ratio of MetS was 1.888 (95% CI: 1.016 - 3.507) when age was covariate, but was slightly reduced without age control (OR = 1.532; 95% CI: 1.031 - 2.275). Metabolic abnormalities seem to be a major health problem among Cameroonian women and menopausal status increased the risk of developing a cardiovascular event.

Keywords: Metabolic Abnormalities, MetS, Menopausal Status, Cameroonian Women

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Individualized exercise therapy is a key factor of obesity management

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Obesity and Adiposity-Based Chronic Disease (ABCD) are one of the most common health risk factors nowadays but regular exercise – part of complex lifestyle medicine program – is effective treatment for obesity if it is individualized and followed by an exercise professional. For better results the accurate dose-effect is needed to be defined. **Materials and Methods:** The 30 weeks lifestyle change program of a 65-year-old male patient (Body Mass Index (**BMI**) 43.8 kg/m²) was followed by medical doctor, exercise physiologist and nutritionist. Over regular controls and blood tests every training was measured with a heart rate monitor watch and diet diary was written. **Results:** Bodyweight decreased by 24.1 kg (18,4%) and BMI to 35.8 kg/m². Decreased resting heart rate (from 72 bpm to 63 bpm), diastolic blood pressure (from 72 mmHg to 67 mmHg) and increased systolic blood pressure (from 126 mmHg to 135 mmHg) were reported beside the reduce of antihypertensive and antidiabetic medicines. Blood test results and fitness level improved, daily steps and time spent with trainings increased.

Conclusions: Lifestyle medicine with professional support is an effective and long-term treatment for ABCD. Individualized exercise and nutritional therapy are essential and the wearable technology with telemedicine consultation has also important role.

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How to tell patients they need to lose weight? Viewpoints of 1,697 overweight and obese individuals

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Introduction: Given the negative health consequences of excess weight, healthcare providers have been encouraged to discuss the issue of weight during medical appointments. However, since obesity is a highly stigmatized condition, and since many obese patients have a history of numerous failed dietary and physical activity attempts, bringing up the issue of excess weight can aggravate feelings of stress and frustration. The objective of this study was to evaluate the preferences of overweight and obese individuals regarding the optimal approach for bringing up the subject of weight by health practitioners.

Methods: The cross-sectional study was conducted by distribution of an open anonymous questionnaire in social media platforms during September 2020, aimed for respondents with body mass index (BMI) over 25 kg/m². The questionnaire was comprised of Likert-scale based and open-ended questions, evaluating respondents' experiences and preferences in the context of bringing up the topic of overweight by the medical personnel.

Results: The questionnaire was completed by 1,697 respondents. Only 14.5% agreed that the weight issue should be brought up at medical appointments, and 69.3% preferred health practitioners to ask in advance whether the patient agrees to talk about the excess weight. The participants noted that they were frequently advised to lose weight during medical appointments, without them wanting to talk about this at all (65.0%), when the reason for their appointment was irrelevant to being overweight (60.4%), and without receiving any effective and practical tools on losing weight (60.1%).

Discussion: Health practitioners should acknowledge that most obese patients are aware of the excess weight, many of them have tried to lose weight for decades, and that bringing about the weight issue during medical appointments might cause considerable frustration. Prior to discussing the issue of excess weight, health practitioners should ask patients' permission, and a refuse should be respected and followed. Health practitioners should learn more about the numerous reasons for obesity, appreciate the adverse effects of weight stigmatization, and be able to offer the patients practical tools to lose weight.

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E-BABE- Overweight status, perceived academic stress, and mental health problems among Chinese adolescents

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Previous research has indicated the association of perceived stress with mental health problems. In China, Confucian collectivism and an exam-centered culture encourage parents to have high educational expectations that impose great pressure on their children's learning. However, limited research has focused on adolescents' perceptions of the negative consequences of academic stress stemming from their parents' educational expectations. This study addressed this research gap by examining the direct effect of adolescents' perceptions of academic stress on their depressive symptoms and the indirect effects of both parent-child communication and interaction. We further explored the pathway differences between overweight and non-overweight adolescents. By using a sample (n = 6,566) from the first two waves of the China Education Panel Survey, moderated mediation analysis was performed to simultaneously analyze the mediating roles of parent-children communication and parent-children interaction and the moderating role of adolescent overweight status. The results showed that adolescents' perceived academic stress (W1) was positively associated with their depressive symptoms (W2). This association was partially mediated by both parent-child communication (W1) and parent-child interaction (W1). Moreover, adolescent overweight status significantly moderated the paths between the adolescents' perceived academic stress and their depressive symptoms, between their perceived academic stress and parent-child interaction, and the indirect relationship via parent-child interaction. The study's findings identify the significant roles of parent-child communication and parent-children interaction in contemporary China and indicate overweight adolescents' susceptibility to stress.