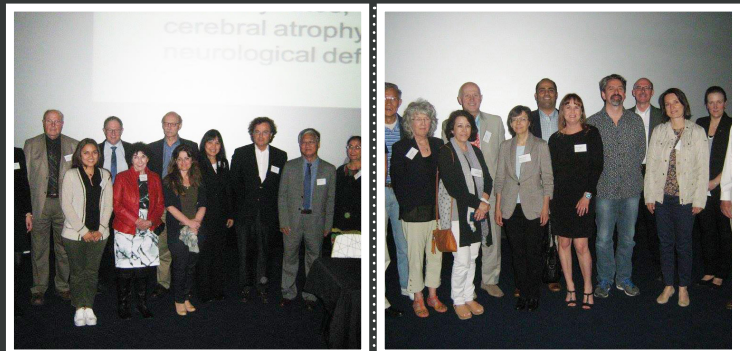


POSTERS

Abstracts



7th European Congress on

Obesity and Eating Disorder

April 12-13, 2018 Amsterdam, Netherlands

MORBIDLY OBESE IN ANESTHESIA - COMPARISON OF GENERAL AND REGIONAL ANESTHESIA

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Obese patients and weight related health problems represent a great challenge for modern anesthesiologists to find most adequate and optimal anesthesiology technique. In our poster presentation we would like to present a case of morbidly obese patient scheduled for flexible ureterorenoscopy and laser lithotripsy operation as treatment for nephrolithiasis at our urology clinic. Patient was a morbidly obese woman with BMI of 57 kg/m², with history of asthma, diabetes mellitus type II, arterial hypertension and hypothyreosis. Our case is specific because this patient had the same operation twice in a two-month period. First operation was in May 2017 when the operation was done in general endotracheal anesthesia, and second one in July 2017 done in regional spinal anesthesia. In this poster, we will show the preoperative, intraoperative and postoperative clinical course of the patient for both anesthesia techniques, discuss the differences between them, discuss pros and cons of each one, and at the end we will give our opinion on which anesthesia is better and why.

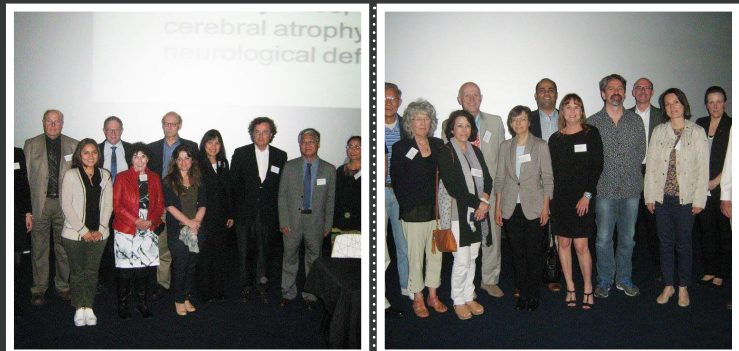
Biography

Maja Pesic, dr. med has completed Medical School at the Faculty of Medicine, University of Rijeka, Croatia in 2007. She works at Department of Anesthesiology, Intensive Care and Pain Management Unit, Sisters of Mercy University Hospital in Zagreb, Croatia since 2009.

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ACCEPTED

Abstracts



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RELATIONSHIP BETWEEN ADDED SUGARS AND OBESITY

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Added sugars are a very controversial and hotly debated topic. Consumption of added sugars has been implicated in increased risk of a variety of chronic diseases including obesity, diabetes and non-alcoholic fatty liver disease (NAFLD). Support for these putative associations has been challenged, however, on a variety of fronts. The purpose of the presentation is to summarize high impact evidence including systematic reviews, meta-analyses, and randomized controlled trials (RCTs), in an attempt to provide an overview of current evidence related to added sugars and obesity.

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UNDERSTANDING ATTACHMENT-TRAUMA-RELATED DYSFUNCTIONAL SELF-REGULATION IN OBESITY: “FILLING, FEELING, HEALING”

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In an interpersonal context, proximity seeking is often meant to alleviate stress and be comforted/soothed by a secure other person. However, for persons with early childhood stress and trauma-by-primary-caregiver, being comforted may not be available and high stress remains in the body. Also, the person becomes vulnerable to the development of stress-related diseases such as eating disorders, somatic symptoms disorder, depression, PTSD, etc. The self is not only a psychological construct but is also an embodied self from whom the person may be disconnected in different ways such as somatic self-detachment. Also, chronic heightened stress disrupts normal meaning-making and cognitive-emotional information processing, resulting in disorientation, disorganization, or dissociation among emotional-, cognitive-, and somatic/bodily domains of functioning such as dysfunctional self-regulation. Alexithymia, often described in patients with obesity, can be understood as trauma-related dissociation of emotional experience and avoidance/denial

of attachment. Research shows that obese patients proved less able in recognizing and labeling their own emotions. Alexithymia, dissociation, and depression proved related but with different symptomatology. Also, obese patients reported more interpersonal distrust than control subjects. Clinical experiences and research findings will be presented for dysfunctional self-regulation and somatic self-detachment in obesity, and associated mental disorders, e.g. PTSD (complex), severe dissociative disorders, borderline personality disorder (BPD) and somatic symptoms disorders. Several techniques oriented to improve self-regulation and self-care and diminish self-detachment will be described. Case descriptions and videos will also be included.

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WHAT SHOULD WE KNOW ABOUT EATING DISORDERS BEFORE STARTING THE TREATMENT OF OBESITY?

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Despite the consensus among experts that emotional processes playing an important role in the development of pathological eating habits that contribute to the aetiology of obesity, until present day, there isn't an efficient psychological treatment that can reverse obesity once it occurs. In 1968 the 2nd edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) obesity firstly was defined as mental illness and it was grouped together with other psychophysiological disorders. Later on, in the 3rd edition of the DSM it was abolished. As a consequence, over the years, treatment protocol for obesity generally ignored the emotional component and focused on the pharmacological and surgical procedures. Today, bariatric surgery has become the leading successful procedure to reverse obesity. While this solution is very helpful for selected population group of obese patients, it might be harmful to other. Night Eating Syndrome (NES) and Binge Eating Disorder (BED) were first characterized in 1955 and 1959 respectively by Dr. Albert

Stunkard. Only half a century later, after extensive research that supported its clinical utility and validity, they were eventually defined as distinct disorders in the 5th edition of the DSM (2013). The relevance of these diagnosis in the treatment algorithm of obesity should not be underestimated since it is estimated that BED is present in a third of the obese patients and in one study, as many as 28% of individuals seeking gastric bypass surgery, were found to suffer from NES. Treating this sub group of obese patients according to general protocol without considering pre-treatment for their eating disorder can yield negative results and deterioration in their physical and mental condition. Therefore, any expert treating obese patients should be trained to diagnose these disorders, and to learn to combine specific treatment procedures suitable for them in the general treatment plan.

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THE FIRST 1000 DAYS OF LIFE – HOW NUTRITION IN THE WOMB MAY BE FUELING THE OBESITY EPIDEMIC

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Pregnancies complicated by maternal obesity and diabetes, result in increased fetal growth and development, that affect up to 1 in 3 pregnant women and are associated with risk of early onset childhood obesity, cardiometabolic and liver diseases during adolescence. Unfortunately, few effective treatments and intervention strategies are available, leaving these large patient groups with few options. Furthermore, emerging evidence clearly shows that adverse influences during fetal life, particularly dietary fats, can have a major impact on all organ systems, leading to metabolic, cardiopulmonary and neuropsychiatric disease later in life. There is an urgent need to identify early maternal and infant bioenergetic, epigenetic, inflammatory, and microbial biomarkers that mark mechanisms underlying metabolic disease in the next generation. Clinical studies using meticulously characterized cohorts of pregnant women and infants and state-of-the art methodologies are being used in Colorado to identify critical associations between adverse

influences and short- and long-term outcomes. In this lecture, we discuss how maternal and fetal/infant exposures can shift key pathways that may provide early clues mechanisms affecting appetite, and metabolic health in newborn infants during the first 1000 days of life. We have been doing research showing that obese women have higher glucose levels than normal weight women, and they also have higher triglycerides. When born with excess fat, their risk for childhood obesity is accelerated. To reduce the chances of a too-big baby and the resulting health risks, we are studying a diet that calls for a balance of complex carbohydrates and lower fat. What is unique about this study is that all meals are provided to the mothers and an initial study of this approach provided encouraging results. We hope that for the first time, we can finally determine the ideal diet for mothers with gestational diabetes, and perhaps for all pregnant women, to optimize both maternal and baby.

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DETERMINANTS OF CHILDHOOD OBESITY AND ASSOCIATED POPULATION ATTRIBUTABILITY AMONG SCHOOL CHILDREN IN MASHONALAND WEST PROVINCE, ZIMBABWE

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Background: Childhood obesity is increasing at an alarming rate and is a global public health concern. Estimates from Sub-Saharan Africa suggest that the region is following a similar pattern. The identification of determinants of obesity and their population attributability impact is critical for informing the formulation of contextually relevant prevention efforts. The aim of the study was to first identify prominent determinants associated with childhood obesity in a province of Zimbabwe. Secondly, we calculated population attributable risk proportions for identified determinants to identify potential “best buys” for future prevention strategies.

Methods: We conducted a school based anthropometric cross-sectional study of 974 primary school children, aged 6–12 years in Mashonaland West Province. A multistage random cluster (30) sampling approach was employed with 30 students recruited in each cluster i.e. total sample size of 900. We employed a multilevel logistic regression and population attributable fraction estimation to identify high impact determinants (individual, social, lifestyle/behavioural and environmental) associated with childhood obesity.

Results: Consumption of unhealthy foods, chocolates and sweet biscuits (aRR=1.55, 95% CI: 1.06–2.27, p=0.024) and sedentary activities of using bus/vehicle as means of transport to school (aRR=2.46, 95% CI: 1.72–3.52, p<0.001) were prominent determinants of obesity among school children. Urban school children and children from

Makonde, Zvimba, Sanyati and Mhondoro-Ngezi districts were significantly associated with increased obesity risk. The identified determinants accounted for 18% (95% CI: 3–51%) of overweight/obese and 19% (95% CI: 4–53%) of overfat/obese, respectively. Consumption of junk food accounted for 2% of overfat/obese and 3% of overweight/obese, respectively. Physical activity risk factors reduced overfat/obese by 3% (95% CI: 1–9%) and overweight/obese by 2% (95% CI: 0–6%), respectively.

Conclusion: This study has identified contextually relevant determinants for obesity among school aged child population, which can more effectively inform current intervention programmes and strategies. There is need for a more multifaceted strategy to tackle this growing epidemic in Zimbabwean schools.

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SARCOPENIC OBESITY IN TYPE 2 DIABETES PATIENTS

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Background: Most patients with type 2 diabetes (T2D) have an excess of body weight. Risk of sarcopenia is higher and it occurs earlier than in people without diabetes. Identification of sarcopenic obesity in patients with T2D will allow correcting recommendations for diet and exercise and reducing cardiovascular risks.

Aim: To assess quantitative composition of muscle and adipose tissue in patients with T2D by dual-energy X-ray absorptiometry (DRA) for diagnosis of sarcopenic obesity using current and new sarcopenia criteria.

Material & Methods: 42 patients with T2D (12 men and 30 women), ≥ 50 years of age were included in the study. Body composition was determined on DRA Discovery A (Hologic USA). Fat mass index (FMI), appendicular lean mass index (ALMI), T-score ALMI, T-score ALMI corrected for fat mass and T-ALMI (FMI) corrected for fat mass were calculated.

Results: Normal body weight was found in 2.4%, overweight in 52.4% obesity in 45.2% according assessment of obesity by FMI. Median of FMI was 11.91 (10.40; 13.78) kg/m². Median of ALMI was 7.99 (7.32; 9.05) kg/m². Median T-score ALMI was 2.32 (1.73; 3.08). There was a decrease in appendicular muscle mass with increasing age. An inverse correlation was found between age and T-score ALMI ($r=-0.319$ ($p=0.020$)). According to the results of ALMI and T-score ALMI, we did not identify patients with sarcopenia. However, the calculation of

the T-criteria, corrected for fat mass, led to an appearance of patients (97.6%) who met criteria of sarcopenia (T-score < 2) and sarcopenic obesity was detected in 42.9% ($n=18$).

Conclusion: Based on current criteria for sarcopenia of European Working Group on Sarcopenia, there was no sarcopenic obesity among overweight patients with T2D. However, after adjusting T-ALMI by FMI 42.9%, patients met the sarcopenic obesity criteria.

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THINKING OUTSIDE THE BOX FOR TARGET IDENTIFICATION AND VALIDATION FOR OBESITY AND TYPE II DIABETES TREATMENT

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Many obesity related genes have been proposed as targets for the treatment of obesity and type II diabetes. However, these obesity genes did not provide efficient drug therapy mainly due to the redundancy of the biochemical pathway involved in obesity and the lack of specificity and the lack of association of the gene target and the lean phenotype. It is therefore a challenge to identify crucial gene(s) targets involved in energy metabolism associated with “lean or starvation phenotype”. Congenital enteropeptidase deficiency is an extremely rare pathology which answers all the criteria. We have identified several lead compounds that are active in vitro against the enteropeptidase and shows very promising results in a mouse model that will be discussed

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WHAT ROLES DO COLON STEM CELLS AND GAP JUNCTIONS PLAY IN THE LEFT AND RIGHT LOCATION OF ORIGIN OF COLORECTAL CANCERS?

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This “Commentary” examines an important clinical observation that right-sided colorectal cancers appear less treatable than the left-sided cancers. The concepts of (a) the “initiation/promotion/progression” process, (b) the stem cell hypothesis, (c) the role gap junctional intercellular communication, (d) cancer cells lacking GJIC either because of the non-expression of connexin genes or of non-functional gap junction proteins, and (e) the role of the microbiome in promoting initiated colon stem cells to divide symmetrically or asymmetrically are examined to find an explanation. It has been speculated that “embryonic-like” lesions in the ascending colon are initiated stem cells, promoted via symmetrical cell division, while the polyp-type lesions in the descending colon are initiated stem cells stimulated to divide asymmetrically. To test this hypothesis, experiments could be designed to examine if right-sided lesions might express Oct4A and *ABCG2* genes but not any connexin genes, whereas the left-sided lesions might express a connexin gene, but not Oct4A or the *ABCG2* genes. Treatment of the right sided lesions might include transcriptional regulators, whereas the left-sided lesions would need to restore the posttranslational status of the connexin proteins.

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PEDIATRIC VEGETARIAN DIETS ARE HEALTHFUL, NUTRITIONALLY ADEQUATE AND MAY PROVIDE HEALTH BENEFITS IN THE PREVENTION OF OBESITY

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Pediatric Vegetarian Diets: Well-planned vegetarian diets are appropriate for individuals during all stages of the lifecycle, including pregnancy, lactation, infancy, childhood, and adolescence.

Vegetarian Diets in Perspective: According to a nationwide polling in 2016, approximately 3.3% of American adults are vegetarians or vegan and about 46% of vegetarians are vegan. Plant-based diets are becoming well accepted. The American Institute for Cancer Research encourages a plant-based diet. The 2015–2020 dietary guidelines for Americans recommend a vegetarian approach for the National School Lunch Program. A vegetarian is a person who consumes all plant foods, does not eat animal foods, including fowl or seafood, or products containing animal foods. The eating patterns of vegetarians may vary considerably. There are basically three types of vegetarian diets. 1. The lacto-ovo-vegetarian eating pattern, the most common type is based on grains, vegetables, fruits, legumes, nuts, seeds, dairy products, and eggs. 2. Lacto-vegetarian diet includes milk with plant foods but excludes any other food from animals, such as eggs. 3. Total vegetarian or plant based diet is made of grains, fruits, vegetables, legumes, nuts, seeds, excludes the use of all animal products. Vegan means no animal products excluding the wearing of leather products.

Pediatric Vegetarian Diets: There are many reasons for the rising interest in vegetarian diets. Health, economic, ecological, ethical or religious reasons are at the top five. Scientific research continues to document the health advantages of the vegetarian diet with lower risk of heart related diseases, obesity, and cancer. Many are starting their children on a vegetarian lifestyle for the major reason to maintain good health and to prevent diet related diseases. The number of vegetarians in the United States and Canada is expected to increase during the next decade. Food and nutrition professionals can assist vegetarian clients by providing current, accurate information to parents about vegetarian nutrition, diet and resources.

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THE ASSOCIATION BETWEEN DEPRESSION, ANXIETY, STRESS AND DIETARY BEHAVIOR IN HIGH SCHOOL GIRLS IN TEHRAN

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Background: According to some studies, the impact of stress on eating behaviours can be associated with unhealthy food choices. The aim of this study was to investigate the relationship between depression, anxiety, stress scales and dietary behaviour in female high school students in Tehran.

Materials and Methods: In this cross-sectional study, 400 female high school students in Tehran were selected using multistage cluster sampling method. Data associated with stress, anxiety and depression were collected by a short questionnaire of depression anxiety stress scales (DASS-21). To study the dietary behaviour of students, 168 items food frequency questionnaire was used. The food frequency was assessed weekly, but food consumption units were not considered. Moreover, to assess the association between dietary behaviour and stress, anxiety and depression, Chi-square test and logistic regression was used.

Results: According to the results of this study, in students who had stress, depression and anxiety, the salt intake was found to be higher than normal students ($P=0.01, 0.02, 0.006$). While the students were anxious, fast food consumption was also

high ($P=0.07$). People with the stress, consumed less natural juices ($P=0.006$) and fruit ($P=0.02$), but depressed people only used natural fruit juice less ($P=0.03$).

Conclusion: Stress, anxiety and depression may affect dietary behaviour and lead to more consumption of unhealthy food.

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INFLUENCE OF L-CARNITINE ON THE EXPRESSION LEVEL OF ADIPOSE TISSUE MIRNAS RELATED TO WEIGHT CHANGES IN OBESE RATS

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Background: Molecular mechanisms of most anti-obesity drugs are remained to be clear. MicroRNAs that are non-coding RNA molecules supposed to regulate biological processes concomitant to obesity and have attracted a lot of attention in scientific communities. miR-27a and miR-143 expression levels in obese and non-obese rats during weight changes and L-carnitine (LC) effects on them was investigated in this study.

Material & Methods: In the present study, 12 male Wistar rats were randomly divided into normal-fat diet (NFD) and high-fat diet (HFD) groups to develop obesity. After 8 weeks, rats were weighted and half of diet induced obese rats were randomly selected to receive 200 mg LC kg⁻¹ body weight for 4 weeks. At the end, epididymal fat was isolated to investigate expression level of microRNAs by real-time PCR.

Results: After 12 weeks, HFD in comparison with NFD caused significant decrease and increase in expression levels of miR-27a and miR-143 respectively. These changes were modified in groups which had received LC in a 4-weeks period. Furthermore, rats in this group gained less weight.

Main Conclusions: Findings of this study suggest that the changes of microRNAs expression probably play a role in pathogenesis of obesity. They might be modulated by means of dietary agents and supplements and modify weight gain trend.

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FAT MASS INDEX (FMI) OR BODY MASS INDEX (BMI): WHICH IS MORE ACCURATE IN DIAGNOSING CHILDHOOD OBESITY?

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As for increasing prevalence of obesity in children, it is essential to use a measure that accurately diagnoses obesity in children. The purpose of this study was to determine the sensitivity and specificity of body mass index (BMI) compared to fat mass index (FMI) as a measure of child actual obesity. In this study, obesity in children was compared on the basis of two criteria. This cross-sectional study was conducted in 580 girls, aged 8–10. Height and weight were measured and BMI was calculated. Body fat using the body composition analyzer (BCA) was measured and FMI was calculated by fat mass in kilogram divided by height in meters squared. In this study, FMI at or above 90th percentile of age specific data (FMI 6.9 kg/m²) are known as obese and FMI less than 90th percentile are known as normal weight. ROC curves to evaluate performance BMI against FMI were used to determine the actual obesity. The kappa test was used to determine whether the two criteria were used to define obesity in children. Mean and SD BMI and FMI in children

was 19.4±3 (kg/m²) and 6±2.1 (kg/m²), respectively. The area under the ROC curve 83% was calculated and the sensitivity and specificity and cut-off point of BMI compared with FMI was calculated to be 21.2 kg/m², 59% and 97%. The agreement between BMI=21.2 kg/m² and FMI=6.9 kg/m² in determining obesity was 0.5. In this study, the BMI sensitivity was poor and only 59% of the children who were obese based on FMI, were also obese based on BMI and 3% of the children, who were identified as non-obese based on FMI, were obese based BMI. FMI seems a more accurate measure of obesity than BMI is, however, more research is needed in this area.

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Obesity and Eating Disorder

THE CONSEQUENCES OF UNBALANCED DIABETES MANAGEMENT

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This abstract discusses about some general information regarding diabetes type 1 and type 2, living with type 1 diabetes, how the frequent occurrence of a hypoglycaemia can lead to weight gain in T1D, the importance of carb counting to manage diabetes and to reduce the exposure to hypos. Also, stories of people living with type 2 diabetes, how diabetes has changed their lives, necessary actions towards their lifestyle and eating habits and the impact of weight loss on their lives.

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EATING DISORDERS IN UNDERREPRESENTED MALE POPULATIONS

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Women comprise 85–90% of the clinical population suffering from a diagnosable eating disorder. Research on eating disorders in men, however, is nearly obsolete. There are numerous societal and biological reasons men suffer from eating disorders significantly less frequently than woman. This review will explore the various possibilities accounting for the reasons men, older men, gay men and ethnic men have been ignored in literature, research and treatment of eating disorders, and the consequences of the dearth of information. It further will address the stigma, environmental, cultural, and biological influences of men with eating disorders. Since the majority of the individuals affected by eating disorders are women, much of the research in this field is catered towards that population, which leaves men with an uncertain etiology, pathology and questionably effective treatment.

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NEW APPROACHES TO THE CHALLENGE OF OBESITY CO-MORBID WITH AN EATING DISORDER

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Binge eating disorder (BED) and bulimia nervosa (BN) are characterised by recurrent episodes of binge (uncontrolled overeating) and (in BN) by extreme weight control behaviours such as fasting to compensate for the binge eating. BED and BN are the commonest eating disorders in the community and are associated with poor mental and physical health, including obesity and metabolic disorder. Further, the rate of recurrent binge eating and fasting/severe dietary restriction are increasing in the general population and since 1995 have increased most, 7 to 11-fold, in Australians with comorbid obesity. Current standard care, cognitive behaviour therapy (CBT) however, results in poor recovery or abstinence from binge eating in a large proportion of people with BN and BED, and fails to address this important co-morbidity, overweight or obesity. We have developed an integrated therapy for BED comorbid with obesity, namely, a healthy approach to weight management and food in eating disorders (HAPIFED). HAPIFED is designed to integrate CBT for BN/BED with behavioural weight loss approaches and (unlike standard CBT) to be multidisciplinary. HAPIFED introduces approaches that address healthy lifestyle changes and appetite awareness with the aim of reducing eating as a means of emotion regulation. It allows reduced energy intake and education around specific food choices – a necessary element in weight management. In a phase 2 feasibility study, 8 of 11 participants with BED/BN completed a group-based HAPIFED. Participants reported improved eating disorder symptoms, 6 had modest reductions in weight, and all rated the suitability

and success of HAPIFED highly. This presentation will discuss the further testing and development of HAPIFED for co-morbid obesity and eating disorders and the role of other new approaches including cognitive remediation therapy and medications.

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EFFECTIVENESS OF MINDFULNESS BASED COGNITIVE THERAPY (MBCT) AND HYPOCALORIC DIET ON WEIGHT LOSS, IMPROVEMENT OF HYPERTENSION AND ATTENTIONAL BIAS TO EATING CUES IN OVERWEIGHT PEOPLE

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Introduction: Prevalence of obesity and overweight are increasing dramatically in the entire world. This study aimed to evaluate the effect of mindfulness-based cognitive therapy (MBCT) on weight loss and decrease of blood pressure and attentional bias to eating cues in overweight women.

Method: This study was accomplished by pre and post-test, as well as follow-up with a control group. Among women referred to nutrition and diet therapy clinic, Shahid Beheshti University of Medical sciences, 45 participants were chosen and randomly divided into three groups. Each group consisted of 15 participants. The first experimental group was subjected to energy-restricted diet and MBCT in eight sessions. The second experimental group subjected to an energy-restricted diet alone. The third group (waiting list) had no intervention and used as control group. Body mass index (BMI), blood pressure and attentional bias to eating cues were evaluated, before, at the end and four weeks after the interventions. Analysis of covariance and repeated measures covariance were used to analyze test data.

Results: Our findings revealed that mindfulness-based cognitive therapy along with diet therapy is more effective than diet therapy alone in weight loss, decrease body mass index, systolic and diastolic blood pressure and attentional bias to eating cues in overweight women ($P \leq 0.01$). The results of present study in follow-up showed that MBCT

along with diet therapy are significantly more effective on the weight loss, decrease in BMI, systolic blood pressure and attentional bias to eating cues than diet therapy alone ($P \leq 0.01$). However, MBCT had no significant effect on decrease of diastolic blood pressure of the participants in follow-up.

Conclusion: This study shows that MBCT along with conventional diet therapy is more effective in weight loss, decrease in BMI, blood pressure and attentional bias to eating cues than diet therapy alone.

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