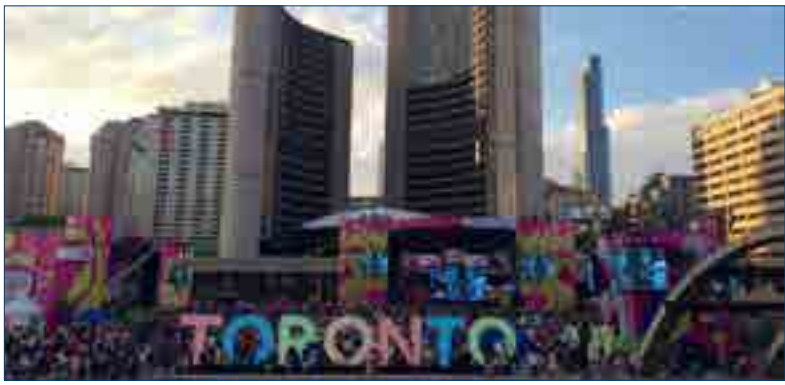
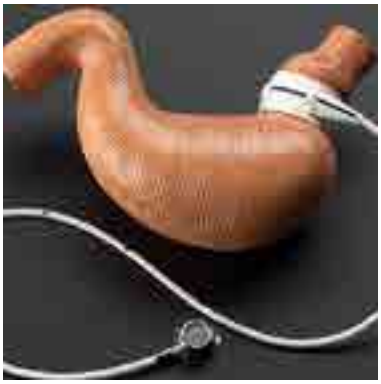
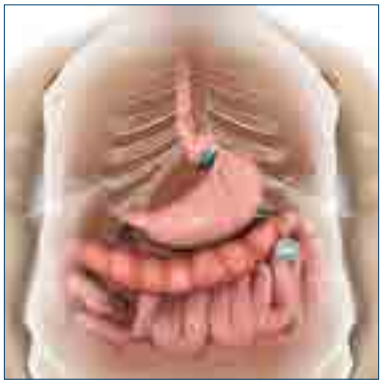
Accepted Abstracts

Obesity & Bariatric Surgery 2017







INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Holiday Inn Toronto International Airport Toronto, Canada

J Obes Eat Disord, 3:2
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Obesity in pediatric critical illness

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With the ongoing rise in obesity, clinicians will increasingly care for more obese children struck with critical illness. Clinical management in these patients often become complicated, as obesity adversely impacts numerous organ systems. First, routine bedside care and medical procedures are impaired by the effect of obesity. Second, the critically ill obese child has a unique pulmonary physiology that has implications for their care, including difficulties with airway management and mechanical ventilation. From a cardiovascular standpoint, the obesity cardiomyopathy affects the hemodynamic management of these patients in the pediatric ICU. Next, the nutritional support and pharmacologic management, including medication dosing, are additional areas of challenge and controversy with regard to the care of these children. These children are also at higher risk for ICU-associated complications, including healthcare acquired infections and venous thromboembolic disease. Lastly, specific pediatric diseases are significantly impacted by obesity; this includes trauma, burn injuries, asthma, and pediatric cancer. Clinicians should recognize obese children as a unique patient population that merit special attention.

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Nano sized soy phytosome-based thermogel formulation for treatment of obesity, characterization and *In vivo* evaluation

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Obesity has become an increasing problem over recent years. Nano lipo-vesicles hydrogels of soy saponin were formulated and evaluated in an attempt to reduce the size of adipose tissue cells through percutaneous absorption. Phytosome formulations were prepared with four different techniques namely: Solvent evaporation, anti-solvent precipitation, co-solvency and mechanical dispersion. Best formulae was selected by the means of the highest entrapment efficiency, minimum particle size and maximum drug release and then evaluated for successful complex formation by means of FTIR. Particles zeta potential was detected and particles shape was evaluated using TEM to insure particles spherical shape. Selected phytosome formulae were involved into selected hydrogel formulae after evaluation of different plain hydrogel formulations for its clarity. Homogenity, pH, gel transforming temperature and viscosity study obtained phytosomal hydrogel formulae was then re-evaluated for its clarity, homogeneity, pH and gel transforming temperature and for its rheology behavior and permeation study. *In vivo* study was done to ensure anti -obesity effect of soy phytosomal hydrogel. Concisely, soy phytosomal hydrogel was found to have the ability to reduce the size of adipose tissue cells in male albino rats.

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Food intake habits, a problem in university students in Mexico

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Background: Lifestyle and balanced diet are essential for a healthy life. University students have changed their diet habits; choosing high-fat foods from industrialized sources over healthy foods. This, along with a decreasing intake of fruits and vegetables, leads to overweight and obesity. Mexico is a country with prevalence in overweight and obesity in adults (72.5%); which is a serious health problem that echoes on the incidence of chronic diseases.

Aim: The aim of this study is to know the eating behavior of university students.

Methodology: A descriptive cross-sectional study was performed considering a sample constituted by 30 university students (18 to 30 years old). They were invited to participate and accepted with informed consent. A validated and reliable instrument was used to measure food consumption and food preparation habits.

Results: Data obtained from questionnaire indicated that 53% students choose fruits and 46.7% choose vegetables, due to their flavor. Regarding the reason for the lack of fruits intake, 33.3% stated that they do not have a personal commitment and 26.6% indicated that fruits are expensive. Concerning vegetables, 33.3% answered that they have no time to prepare them for consumption. Respecting to food intake outside home; 40% buy lunch on a weekly basis; thus, they rarely have breakfast or dinner outside home. Students eat cookies, soda and sometimes fruits during the day. Solely 16.7% of students had one serving per day of vegetables, and 30% had one intake per day of fruits.

Conclusions: The ingestion of fruits and vegetables is below the recommended by WHO (five servings per day). Additionally, these students have high ingestion of cereals. With these results, it is necessary to make an intervention to improve food increasing intake of vegetables.

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Relationship between systolic blood pressure, age, body mass index, and blood glucose content: An empirical approach

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This paper modeled the relationship between systolic blood pressure, and three explanatory variables which are age, body weight, and blood glucose content using multiple regression analysis as statistical tool. High blood pressure is often called a silent killer because at the initial stages, it exists with no symptoms. It is only after an organ in the body is irritated or badly damaged, that the consequences of high blood pressure are realized hence, the impetus for this research work 200 patients were randomly sampled from four randomly selected Teaching Hospitals in Nigeria. The regression model is: SBP = 69.38654 + 0.5867624 * Age – 0.01646795 * Weight + 0.372442 * Glucose. Coefficient of determination (R2=0.669) i.e., 60% of the variations in Y were adequately explained by the explanatory variables. The result of the analysis further revealed that age and glucose level contributed significantly on the regression plane. It was also discovered that jointly, the entire coefficients contributed significantly on the regression plane. Conclusively, it was recommended that much intake of sugar in our meals should be avoided, stressful lifestyle should be jettisoned, and the habit of periodical checking of our blood pressure should be cultivated.

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Impact of gallic acid on DNA damage and health related biochemical parameters in obese mice

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Obesity and overweight are important risk factors for diseases, including many forms of cancer. It is known that damage of the genetic material plays a key role in malignant transformation, therefore the aim of present study was to investigate the induction of DNA damage by obesity and its prevention by gallic acid (GA), a common dietary phenolic in various inner organs of mice. The extent of DNA damage was monitored in female and male C57BL/J mice which were fed either with a standard diet or a high fat diet for 15 weeks. Furthermore the obese animals received GA (2, 25, 50 mg/kg B.W) in drinking water. We observed significant induction of DNA damage in single cell gel electrophoresis (SCGE) assays which detect double strand breaks, single strand breaks and apurinic sites, in liver, brain, colon and blood, as well as increased formation of oxidized purines/pyrimidine, in obese males and females, while only moderate effects were observed in white adipose tissue. Low doses of GA which correlated to the daily intake in humans led to pronounced reduction of DNA damage in all organs. Biochemical measurements showed that the pattern of DNA damage correlates with changes of glucose metabolism but not with the activation of NF-kappa B in hepatic tissue and also not with alterations of the redox status (GSH, TBARS and GPx). Taken together, our findings indicate that obesity causes genomic instability as well as oxidative damage of DNA-bases in multiple organs of both sexes which may be related to alterations of the glucose metabolism. Furthermore, our results show that these effects can be reduced by low doses of GA which is contained in certain plant foods, and beverages.

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Effect of body pump exercise on adiponectin serum level among sedentary obese female

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The prevalence of obesity and its complications is rapidly increasing worldwide. Body pump was created as a muscular endurance workout based on scientific research. The purpose of the present study was to determine body pump exercise effect on adiponectin serum level in sedentary obese females. First of all randomly selected 22 untrained females with average age 25.36±7.50 years old, weight 91.15±13.12 kg, height 164.09±5.92 cm and body mass index (BMI) 33.95±5.95 kg/m² (experimental group) and 20 untrained females with average age 30.63 ±6.39 years old, weight 85.35±10.65 kg, height 163.55±5.72 cm and body mass index (BMI) 31.92±2.95 kg/m² (control group) who had no exercise training in last one year. The study method was semi-experimental research. In this study experimental group done body pump training with a progressive resistance training protocol (included eight resistance training, three sessions per week, for totally six weeks) and the control group did not any training during protocol training time. Blood samples were collected after 12- 14 hour fasting in the same conditions at the beginning of program and at the end of 6th week of performance (per-test and post-test sample). Pre-test and post-test serum adiponectin values were measured. We used Kolmogorov-Smirnov statistical tests to analyze the results and dependent t-test to comparison of pre-test and post-test variables. All calculations were accomplished by SPSS software, version.19. The results indicated that the body pump training on adiponectin volume in experimental group had no significant difference (p>0.05).

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The prevalence of overweight and obesity among adolescents in public and private school in two senatorial districts of Osun state, Nigeria

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Obesity is the most serious long term health problem currently facing adolescents and its prevalence increasing worldwide including developing countries. Cross sectional study was carried out among age 11-19 years in both public and private schools in urban area of the state. The data was collected using pretest self-administered questionnaire, anthropometric measurement was also used to examine their nutritional status. Obesity status were determined using BMI cut off point, the overweight was found to be 3.06% among female and 0.6% among male whereas prevalence of obesity was 0.46% in female and non among male. 62.6% snack daily, fruit consumption pattern was low 0.6% and 43.7% spend between 4-5 hours watching television daily after school. Positive association exists between the lifestyle and nutritional status of the respondents. Education effort to improve nutrition knowledge can be incorporated into course curriculum and focus on various components within the system when implementing preventive measure on obesity.

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Intraoperative, early and late complications of laparoscopic sleeve gastrectomy

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Laparoscopic sleeve gastrectomy (LSG) is gaining acceptance among bariatric surgeons as a viable option for treating morbidly obese patients. We describe results of a single surgeon's experience with LSG, its intra-operative, early and late complications and their management. We retrospectively reviewed the data of patients who underwent LSG from 2006 to 2015. Patients underwent LSG as a primary procedure or as revision bariatric surgery. The short-term morbidity and mortality were examined. All patients entering our practice, requesting bariatric surgery, were offered three procedure options: Laparoscopic gastric bypass, adjustable gastric banding and LSG. After a one-on-one consultation with the surgeon, the patients made an informed decision to undergo LSG, and an informed consent was obtained. All patients were required to undergo a psychological screening, routine labs, electrocardiogram, upper gastrointestinal x-rays, pulmonary function studies and a medical evaluation. All patients were scheduled for LSG as a primary definitive procedure. All patients received intravenous antibiotics, subcutaneous unfractionated heparin and sequential compression devices preoperatively. One-stage LSG was performed. The major complications were late leakage after 4 weeks, with hemorrhaging. Two patients required reoperation and one patient was treated conservatively. Furthermore, one patient had complete dysphagia, and was treated conservatively. Moreover, one patient who had an injury to the lower esophagus was re-operated, intra-operatively. One patient had mesenteric injury; another patient had an NG tube stapled, while a third patient's GE junction blew up because the balloon was inflated while doing the leak test. In addition, the serosa layer of 10 patients came off while firing the first stapler. However, in spite of the presence of many such complications, only one case was aborted. In conclusion, LSG is a relatively safe surgical option for weight loss as a primary procedure.

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Dietary patterns and perceptions among South African adults – A cross-sectional study you are what you eat: Fact or fiction

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Introduction: By 2014, globally at least 600 million of a total of 1.9 billion overweight adults were obese and 41 million under the age of 5 years were either overweight or obese.

Methods: A sample of 100 participants with a body mass index (BMI) above 25kg/m^2 was asked to complete a questionnaire which included socio-demographic data and perceptions about their weight. The study was approved by the Biomedical Research Ethics Committee at the University of KwaZulu-Natal, South Africa. The participants were recruited from a peri-urban general practice situated in the north of Durban, South Africa.

Results: Their ages ranged from 18 to 76 years. 82 percent were females. Almost 71% had a BMI which fell into the Class II and III WHO classification and 25.8% between 18 to 30 years, is either overweight or obese. The results showed that 85.5% were unhappy with their weight with 96.8% knowing that obesity is a health risk and 87.1% recognizing the role of diet in the development of obesity. Fast food intake (p =0.023) and vegetable intake (p=0.026) per week were associated with increasing BMI (multiple linear regression, adjusted R square =0.353) while variables such as age, gender, income, educational status, consumption of high fat foods and soft drinks were not statistically significant. The correlation analyses showed a positive correlation (Pearson correlation of .348) between the daily frequency of high fat intake and the number of daily vegetable servings which is statistically significant. A statistically significant negative correlation (Pearson correlation of -.442) between the frequencies of weekly vegetable intake with the daily intake of high fat consumption was observed.

Conclusion: The major drivers of obesity include environmental, behavioral and physiological factors. Thus weight loss intervention programs are complex to implement particularly when they need to be directed at context-specific and social determinants in an under-resourced setting like South Africa where diseases like HIV and TB are being treated simultaneously.

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100 years of weight loss surgery: Voluntary weight loss, involuntary bone loss

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In the past 100 years, there have been myriad medical discoveries, giant steps, from Louis Pasteur's germ theory, to the understanding of gut physiology and metabolic processes that are essential underpinnings of modern day medicine. The beginnings of surgery to promote weight loss, now known as bariatric surgery, date back to the 1880's when it was noted that gut resections resulted in weight loss. It was not long afterward that articles started to appear documenting nutritional disturbances and the patient's likelihood of survival based upon the location and the length of bowel resected. Numerous articles have been penned citing the first bariatric surgeries, but to date, there has not been a comprehensive look back at the origins of the science as well as the severe metabolic complications that furthered understanding, prompted innovative medical and surgical approaches and ultimately led to modern day practice; this historical look back endeavors to do exactly that. Intestinal bypass surgeries to treat obesity are here to stay. Some of the most profound complications of intestinal bypass manifest in the skeleton and include skeletal demineralization, hyperoxaluria, nephrolithiasis and fractures. Much has been done to further elucidate the underlying mechanisms, identify preventive strategies and implement practice guidelines but this patient population remains at increased risk for metabolic bone disease.

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Weight loss is a mind game

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Most of the people that are overweight or obese, know at a certain level what is good or what is bad for their health. They most probably know which food is healthy, which food will make them fit and which food is unhealthy that will make them more overweight or obese. Even though knowing this, they still choose what is wrong. Why? Why do they choose what is wrong over what is right knowing that this is not what they want? It is because the decisions they make although appear to be that, they are taking these decisions, and actually they are not. They do decide at a conscious level what to eat (the wrong things) because are overpowered by the unconscious level what to choose. That's why they choose wrong over right. They know at the conscious level it's wrong to choose for example junk food, they also decide at the conscious level to eat it, but it is because their unconscious level of their mind supports this decision, otherwise they wouldn't go for it. They think that the decision is theirs, but actually it's a decision that is taken at an unconscious level of mind that overpowers them. The unconscious level of the mind is the mind that takes care of the proper functioning of the body, like heart beating, digestion, and blood flow, everything. We don't tell our body to start the heart beating, the unconscious mind does it for us and as well the unconscious mind will keep a person obese if the unconscious mind is not trained to do otherwise. As well, if we are talking about obese people, only a few of them genetically are more prone to be obese and also another few they have health problems that lead them to obesity, but now all, not the majority. The majority of people that gained weight and became obese were not obese all their life's. Something had happened that made them obese and usually what happened is not that they decided one day to eat more and day by day they become obese, no. What happened is something that hurt them psychologically, made them turned to food and became obese. From all my research on working with people who are obese or overweight, I have reached to the conclusion that obesity is more of a mind problem, and if this mind problem is solved then obesity will disappear.

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Indicators for success of obesity reduction programs in adolescents: Body composition and body mass index: Evaluating a school-based health promotion project in Iran after 12 weeks of intervention

Saeid Doaei
Iran

Background: Obesity in adolescence is a primary risk factor for obesity in adulthood. The objective of this study was the assessment of the effect of a comprehensive lifestyle intervention on different anthropometric indices in 12 to 16 years old boy adolescents.

Methods: 96 adolescent boys of two schools of district 5 of Tehran have participated in this study. The schools were randomly assigned as intervention school (n=53) and control school (n=43). The height and weight of students were measured with a calibrated tape line and digital scale respectively and their BMI were calculated. The amounts of body fat percent (BF) and body muscle (BM) percent were determined by Bio Impedance Analyzer (BIA) considering the age, gender and height of students at baseline and after intervention. The intervention was implemented in the intervention school, according to the Ottawa charter principles.

Results: 12 weeks of intervention decreased body fat percent in the intervention group in comparison with the control group (decreased by 1.81 % in the intervention group and increased by .39 % in the control group, $P<0.01$). But weight, BMI and BM did not change significantly.

Conclusion: The result of this study showed that the implementation of comprehensive intervention in obese adolescents may improve the body composition, although these changes may not be reflected in BMI. It's possible that BMI is not a good indicator in assessment of the success of obesity management intervention.

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Flaxseed consumption could improve adiponectin level and reduce central obesity in overweight or obese women: A randomized controlled clinical trial

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Background: Overweight and obesity are strongly associated with the development of several chronic diseases in human including diabetes, cardiovascular disease and high blood pressure. Flax seed is known as an effective compound for treatment of obesity due to high content of alpha-linolenic acid, fiber and lignans.

Objective: We aim to evaluate the effects of flaxseed consumption on serum adiponectin, leptin, and weight loss in overweight or obese women.

Methods: A randomized controlled clinical trial was conducted on 60 patients with overweight or obesity. Participants were randomly allocated to two groups; a) weight loss diet plus 25 g/day brown milled Flaxseed and b) weight loss diet plus 25 g/day raw powder rice, for 12 weeks. Anthropometric indices and serum leptin and adiponectin were measured at baseline and at the end of the intervention.

Findings: After 12 weeks of intervention, weight, body mass index (BMI) and waist to hip ratio (WHR) decreased significantly in flaxseed group but not the controls. Reduction of waist circumference (WC) (P=0.001) and WHR (P=0.003) were significantly more in flaxseed group compared to control group. There was a significant reduction in serum leptin and an increase in serum adiponectin of flaxseed group after intervention (P<0.001 for both). Increase of adiponectin level was significantly more in flaxseed group compared to the controls (P=0.002).

Conclusion: Flaxseed consumption could reduce WC and WHR in a low energy diet. Also it may improve adiponectin level as an important adipocytokine in regulation of body composition and weight. So, flax seeds can be used as a supplement to attenuate central obesity.

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Role of inflammatory mediators in obesity-induced insulin resistance

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The prevalence of obesity has increased exponentially worldwide (in 2014, 10.8% of men and 14.9% of women were obese). Obesity is related with several health disturb on society because it associates strongly with many diseases, including cardiovascular disease and immunological disorders such as rheumatoid arthritis and multiple sclerosis. The knowledge that obesity-induced inflammation mediates the development of insulin resistance in animal models and humans has been raising strong support. It was shown that immune cells in visceral adipose tissue play a major role in the regulation of obesity-induced inflammation. Furthermore, obesity increases the numbers and activation of proinflammatory immune cells, including M1 macrophages, neutrophils, Th1 CD4 T cells and CD8 T cells, while simultaneously suppressing anti-inflammatory cells such as CD4 regulatory T cells, regulatory B cells and eosinophils. Recently, some studies have been made in the attempt to understand obesity and insulin resistance linked to immunology mediators. We focused on the roles that these relatively new players in the metabolism field play in obesity-induced insulin resistance and the regulation of obesity.

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Supportive aftercare for the bariatric patient

Colleen M Cook
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Patient's engagement in quality educational and support resources is essential for optimal outcomes and long-term success following weight loss surgery. This presentation features highlights from three research projects on the importance of bariatric support groups, post-operative educational programs and insights into bariatric weight regain. Additionally, we will address the responsibility and opportunity for bariatric programs to expand their outreach, enhance their current patient offerings and implement new post-operative educational and support programs to improve outcomes and keep patients connected. Objectives of this study are to learn ways to improve post-operative compliance and outcomes by developing quality aftercare programs; to identify the different needs of pre, post, and long-term bariatric patients and the importance of creating events, educational programs and quality support groups to meet those needs and; to learn ways to cultivate a network of support among your bariatric patients and keep them engaged with one another and your bariatric team.

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Is neck circumference an effective predictor of urinary incontinence in a bariatric population?

Jennifer Slagus
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Objective: To determine if there is a difference in neck circumference in women with urinary incontinence compared to women without urinary incontinence.

Methods: This study is a retrospective chart review derived from a sample of 234 female patients, all of whom had an initial visit to the Bariatric Clinic at Buffalo General Medical Center between the dates of March 2016 and October 2016. Their history and physical examination was reviewed to determine if they reported urinary incontinence. The women were then divided into two groups, those with urinary incontinence and those without. The patient's initial neck circumference, age, and BMI were obtained from the chart. Only those women with full data sets were included in the statistical analysis (n=230). The T-test and ANCOVA were used for statistical analysis.

Results: No significant difference in neck circumference or BMI was observed between the cases and the controls. The mean neck circumference for the controls was 40.2±3.7 and 40.3±3.9 in the cases (p=0.791). The mean BMI was actually higher in the controls 47.3±9.1, while the mean BMI in the cases was 46.4±8.2 (p=0.768). The mean age of the cases was greater than the controls. When age was included as a confounding variable and ANCOVA was performed, there was minimal change in p values.

Conclusion: In the bariatric population, a larger neck circumference is not reliably associated with urinary incontinence.

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Fasting and metabolic surgery

Ebaa Al Ozairi
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Fasting poses a challenge to people who have undergone metabolic surgery. Religious and spiritual fasting manifests in Judaism, Buddhism and Islam. Some currently fast for detoxification, which is an emerging dietary habit. A total fast (all forms of nourishment including liquids) during long summer days puts these patients at risk of dehydration and poor calorie and nutrient intake. Currently, there is scant data about the effect of fasting on glucose and nutritional intake. Due to the lack of guidelines, health care providers have been giving conflicting advice regarding the most appropriate measures for people who have undergone bariatric surgery wishing to fast. In this presentation, we will highlight the nutritional intake, hunger and satiety level. We will provide a summary on the management of diabetes, medication and nutritional intake.

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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada

Function preserving metabolic surgery for low BMI type-2 diabetes

Kyung Yul Hur
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Metabolic surgery has an obvious ambiguity. Even though surgery is most effective treatment for type-2 diabetes mellitus, on the other hand, also has catastrophic obstacles. Safety concern and postoperative deterioration of life quality are expected to the major obstacle. Another expected obstacle is unresponsiveness to surgery or recurrent hyperglycemia after primary remission. Recently, we invented new surgical model to cope with possible obstacles at the same time. Until year 2015, modified minigastric bypass was primary procedure at our institute. The mechanism and outcomes were published elsewhere. Our technique was modified to overcome minor problems from surgery, even though the results were satisfactory. Until now, 40 patients were treated with modified technique. The procedure was conducted under the three principles: Total duodenal exclusion, securing biliopancreatic limb more than 200 cm and preservation of pyloric sphincter. Post-operative quality of life was improved markedly. Meanwhile, anti-diabetic effect was comparable or even better than before. We believe that, pyloric sphincter function is critical to maintain normal GI physiology and possible cause of recurrent hyperglycemia after primary remission, depends on the completeness of duodenal exclusion. For example, the results of the anti-diabetic effect of DJB are quite inconstant. A group of paper reporting acceptable outcomes but another group does not. Difference between the groups is whether using gastrojejunostomy or duodenojejunostomy. The unique regeneration mechanism of intestinal mucosa is the clue of enigma. In this presentation the author will discuss for better anti-diabetic effects with better quality of life after surgery.

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The effect of a structured exercise program on obese African and American participant's physical and psychological health

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Obesity is a global epidemic, affecting millions of people. It leads to a myriad of health problems with the most serious being death. By increasing physical activity, obesity can be reversed and or prevented. The purpose of this study was to determine how a structured exercise program affects overall physical activity and psychological health? Specifically, this investigation examined how body image, self-efficacy and motivation would affect overall physical activity? Using a mixed-method design, subjects were evaluated using pre and post intervention surveys on physical activity, self-efficacy, body esteem and motivation. Results showed that there was a significant difference in self-efficacy, motivation and male body esteem when comparing their post-intervention scores to their pre-intervention scores. However, there was no significant difference in the three phases of overall physical activity of female body esteem. Although there was no significant difference in overall physical activity, the results show it was trending in a positive direction. The small sample size, study duration and physical activity assessment may have influenced the results. Even though there was no significant difference in overall physical activity or female body esteem, a structured exercise program appears to be promising tool for increasing overall physical activity and psychological health.

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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO
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Hematological disorders following gastric bypass surgery: Emerging concepts of the interplay between nutritional deficiency and inflammation

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Bariatric surgery is successful in inducing weight loss in morbidly obese individuals, but often is complicated by resultant hematological disorders. Although micronutrient deficiencies play a significant role, recent studies suggest a possible role for adipocyte-derived circulating inflammatory cytokines and hormones in the development of hematopoietic abnormalities. The evaluation of anemia and single or multilineage cytopenias after gastric bypass surgery must take into account, the unique features of the RYGB clinical setting. Attention to the time of onset of the cytopenia(s) is important, because inflammation, drugs and infections are more likely to occur in the first few months after surgery, either as the direct agent of marrow suppression or as the trigger for immune cytopenia(s). Malnutrition including iron, copper and B^{12} deficiencies should always be investigated as a potential precipitating or aggravating cause of cytopenia(s). Drug-related anemia and cytopenia(s) due to a variety of mechanisms, including perturbation of T-cell subsets leading to autoimmune cytopenia, should also be considered. Early investigation of the etiology of persistent cytopenia(s) by diagnostic bone marrow biopsy is warranted, because the cytopenia conditions usually have a better prognosis if early interventions are undertaken

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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

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Quality of life in the long-term after Roux-en-Y gastric bypass surgery (GBP): A cohort study of Brazilian severely obese patients

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QoL improves substantially in the first years after GBP. However, physical and psycho-social issues that ensue after surgery might impact on QoL in the long-term. We aimed to evaluate QoL and associated factors in the long-term after GBP in severely obese patients operated in the Hospital das Clínicas of UFMG. We performed a retrospective cohort study with random selection of 115 patients operated for ≥ five years. The SF-36 questionnaire, which provides physical (PCS) and mental (MCS) component scores of QoL, was applied to all patients, as well as consultation of patient records, clinical exam and laboratorial tests. Pre and post-operative characteristics were compared by Wilcoxon or McNemar tests. Ordinal logistic regression models were performed to investigate the association between PCS and MCS and demographic, clinical and laboratorial characteristics. Female sex was predominant (95; 82.6%). Mean age and pre-operative BMI were 40.2 (13.2) years and 51.9 (8.3) kg/m^2. Over 8.7 (2.9) years of follow-up, mean percentage of excessive BMI loss (%EBL) was 58% (22.1). The prevalence of hypertension and diabetes decreased (p<0.001) after surgery, but not of depression(p=0.25). Median PCS and MCS were 48.5 (9.8) and 48.7 (15.9), respectively. Higher PCS were associated with %EBL (OR1.03; 95%CI 1.01-1.06) and improvement of metabolic comorbidities (OR7.88; 95%CI1.08-57.3). None of the characteristics investigated was associated with MCS. In conclusion, physical well-being in the long-term after GBP depends on maintenance of weight loss and good control of metabolic comorbidities.

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Statistical Analysis of Body - Mass data for Young African Children

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Analysis of body- mass data is useful because body-mass-index (BMI) is a good indicator of body fat for both adults and children. It is good as a screening tool to identify weight problems in individuals. High BMI predicts future morbidity and death. Though it is not reliable for children nor is it good to be used as a diagnostic tool, it gives a clue to healthy lifestyles for both adults and children. BMI values correlate statistically with the risk for developing disease and dying such that for every 5kg/m^2 jump in BMI outside 22.5 – 25.0, the associated mortality risk increases with 30% jump. Do children in Nigeria have body-mass problem? If so what are the factors?

Objective: To determine the level of BMI among young children and to model the covariates.

Methods: A survey was conducted between April and July 2014 in Nigeria. The survey covered a thousand young children aged between 10 and 20 years randomly sampled. Generalized Linear Modeling (GLM) was used in the analysis.

Results: The results show that the mean BMI is 18.43 and that factors affecting BMI are age, gender, educational level, mother's occupation and the person with whom the child lives.

Conclusion: The mean BMI is 18.43, and this indicates that, generally, the children do not have weight problem nor is fatness a problem because its BMI lies within the recommended/expected range. Important factors affecting it (BMI) are children living with both parents, level of education and mother's occupation.

Keywords: BMI, children, Generalized Linear Models

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