

Obesity *Facts*

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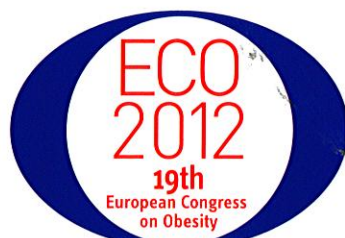
19th European Congress on Obesity (ECO2012)

Lyon, France, 9-12 May, 2012

ABSTRACTS

Guest-Editor

*Martine Laville, Lyon,
France*




May 9-12 2012
Lyon, France

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EASO

EASO
European Association for the
Study of Obesity



DAG
Deutsche Adipositas-Gesellschaft



IFSO-EC
European Chapter of the
International Federation for the Surgery of
Obesity and Metabolic Disorders

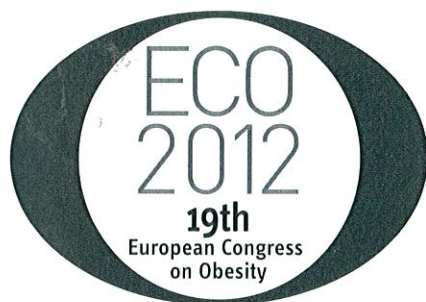
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population, however, the presence of the A minor risk allele of this gene variant enhanced obesity risk linked to the Pro12Ala SNP and sedentary lifestyle previously described (OR=2.51, 95%CI=1.01-6.23, p=0.047). **Conclusion:** Obesity risk linked to Pro12Ala of the PPARG2 gene was increased in elderly subjects with a sedentary lifestyle. The presence of the A minor risk allele of FTO gene accentuated this effect.

Conflict of Interest: None Disclosed

Funding: The SUN Study has received funding from the Spanish Government (Grants PI01/0619, PI030678, PI040233, PI042241, PI050976, PI070240, PI070312, PI081943, PI080819, PI1002658, PI1002293, RD06/0045, G03/140 and 87/2010), the Navarra Regional Government (36/2001, 43/2002, 41/2005, 36/2008) and the University of Navarra, La Especial, Nutricibesidad (University of Navarra), Carlos III Health Institute (CIBER project, CB06/03/1017) and RETICS network. The scholarship to C. Galbete from the Asociaci Amigos de la Universidad de Navarra is fully acknowledged.

295 accepted poster

TEN YEARS TOTAL AND ACTIVE LIFE EXPECTANCY ASSOCIATED WITH OBESITY IN CHILEAN OLDER PEOPLE.

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Abstract Text: Introduction Obesity has been associated with higher survival but active life expectancy (ALE) has not been calculated in Chile. **Methods.** Follow up of the Santiago SABE survey done in 2000 in 1202 subjects (66.5% women) aged 60 and older community living in Santiago Chile. At baseline all the subjects completed home interviews including measures of disability/functional limitations and anthropometry. Functional limitation was defined as limitation in ≥ 1 ADL and/or ≥ 1 IADL and/or ≥ 3 items of mobility. Mortality data were obtained from death certificates of the National Civil Registry. An evaluation done in 2005 and 2010 allows us to study the trajectories of disability according baseline BMI and estimate the ALE (performed by IMACH 0.98i). **Results.** 44% of men and 35.9% of women were died by 2010. The highest 10y survival probability in women was for those with BMI 23-29.9, but in men for the group with BMI ≥ 30 . At 65y TLE for men with BMI ≥ 30 was 15.64y of which 42.6% were ALE; for BMI 23-29.9 was 13.43y (64.3% ALE) and for BMI <23 TLE was 16.3y (51.6% ALE). The respective figures for women were BMI ≥ 30 TLE 15.92y (45.1% ALE); BMI 23-29.9 TLE 17.18y (43.5% ALE); BMI <23 TLE 14.59y (50.6% ALE). **Conclusion** In men, the highest ALE was observed for BMI 23-29.9, but the highest 10y survival probability for the obese group. In women the highest 10y survival probability was observed for those with BMI of 23-29.9 but the highest ALE for the group with a BMI under 23.

Conflict of Interest: none

Funding: Research related with this abstract was funded by Fondecyt grant 1080589

296 accepted poster

THE PREVALENCE OF SARCOPENIC OBESITY IN TAIWAN

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Abstract Text: Introduction: Both sarcopenia and obesity increase the burden of health in the elderly. We aim to investigate the prevalence of sarcopenic obesity (SO) using different definitions in Taiwan. **Methods:** A total of 1036 subjects aged 65 years and over were recruited from Taichung Elderly Health Study (TEHS) in 2009-2010. Among these subjects, 873 subjects (463 men and 410 women, mean age=74.9 \pm 6.6 and 73.1 \pm 5.8 years) received dual-energy X-ray absorptiometry (DXA) were selected for further analysis. SO was defined using different definition. Baumgartner defined sarcopenia as appendicular skeletal muscle index below -2SD of the sex-specific mean of a younger reference group. Percentage body fat greater than the median (>26% in men and >36% in women) using DXA was defined as obesity. Janssen defined sarcopenia as skeletal mass index below -2SD of younger adult values. Davison defined SO individuals as those in the upper two quintiles of body fat and in the lower three of muscle mass. **Results:** The prevalence of SO was 4.1 % and 1.0 % among men and women, respectively, using Baumgartner's definition. It was 0.4% and 5.1% among men and women using Janssen's definition. For Davison's definition, the prevalence of SO was 24.0% and 25.6% among men and women,

respectively. The prevalence of individuals aged 65-74 and 75 and over using Baumgartner, Janssen, and Davison's definition was 2.0% and 3.6%, 2.8% and 2.4%, and 21.7% and 29.6%, respectively. **Conclusion:** The prevalence of SO largely depends on the definition. For comparison reason, the unique global definition for SO is necessary.

Conflict of Interest: None disclosed

Funding: Research relating to this abstract was funded by National Health Research Institutes, Taiwan (NHRI-EX99-9838P)

Blinded assessors determined 24 month changes in anthropometry and metabolic health, including primary outcomes body mass index (BMI) z-score and waist:height ratio (WHtR). Secondary outcomes were adolescent-reported psychosocial and lifestyle changes, and adolescent and parent anonymous program satisfaction reports. Data analysis employed intention-to-treat principles. **Results:** By 24 months, 17 adolescents had withdrawn formally and ATC largely had no impact on outcomes. In both arms combined, mean [95% CI] BMI z-score (-0.13 [-0.20, -0.06]) and WHtR (-0.02 [-0.03, -0.01]) reduced, with significant improvements in total cholesterol, triglycerides and most psychosocial outcomes. The majority of adolescents (87%) and parents (97%) would recommend the Loozit[®] program to others. **Conclusion:** The Loozit[®] group program is feasible to deliver medium-long term as a community-based adolescent weight management intervention. Further work is needed to optimize technological support for adolescent weight-loss maintenance. Australian New Zealand Clinical Trials Registry Number ACTRN012606000175572.

Conflict of Interest: None disclosed.

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702 accepted poster

YEAR-ON-YEAR COMPARISON OF MALE AND FEMALE PATIENTS FOLLOWING 12 WEEKS OF A VLCD AND BEHAVIOUR-CHANGE PROGRAMME

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Abstract Text: Introduction Since 1996, LighterLife has offered a nutritionally complete very-low-calorie diet (VLCD) and weight-management programme to patients with BMI \geq 30, and since 1997 has published weight-loss data at ECO demonstrating efficacy. Weight loss is achieved with the LighterLife Total VLCD (providing a minimum 50g protein, 50g carbohydrate, mean 550kcal), alongside behavioural modification specifically developed for weight management using transactional analysis and cognitive behavioural therapy techniques (TCBT[®]). Post-weight loss, an ongoing weight-maintenance programme helps patients implement and sustain healthy lifestyle changes, thus reducing comorbidity risk. **Aim** To demonstrate the year-on-year reproducibility of weight loss achieved using the LighterLife Total VLCD and weight-management programme in male and female patients over a 12-week period. **Method** Mean start weight and BMI were recorded at baseline and after 12 weeks on LighterLife's client data system. Mean weight loss and BMI reduction were determined in a random sample (n \geq 3000) of male and female patients completing 12 weeks of the LighterLife Total VLCD in 2008-2011. **Results** Year Mean start weight Mean start BMI Mean weight after 12 weeks Mean BMI after 12 weeks Mean weight loss Mean BMI reduction 2008 102.4kg 37.6 82.7kg 30.4 19.6kg 7.2 2009 103.5kg 37.8 83.9kg 30.7 19.6kg 7.1 2010 103.9kg 38.0 84.5kg 30.9 19.4kg 7.1 2011 105.3kg 38.2 85.8kg 31.2 19.5kg 7.0 **Conclusion** Reproducible weight-loss results are demonstrably achievable with the LighterLife Total VLCD and weight-management programme, irrespective of participants. The behavioural-modification work provided alongside the LighterLife Total VLCD may be a factor in the reproducibility of results.

Conflict of Interest:

Funding:

T5:PS3 - Motivational, Behavioural and Cognitive Approaches in Treatment

703 accepted poster

A 6-MONTH WEIGHT-REDUCTION PROGRAM (DIET MODULATION AND BEHAVIORAL LIFE STYLE INTERVENTIONS) HAS A POSITIVE EFFECT ON C-REACTIVE PROTEIN, BODY COMPOSITION AND REST ENERGY EXPENDITURE IN UNCOMPLICATED OVERWEIGHT WOMEN

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Abstract Text: INTRODUCTION: Obesity is primarily considered to be a disorder of energy balance, and it has recently been suggested that some forms of obesity are associated with chronic low-grade inflammation. C-reactive protein is one of the markers of persistent, low-grade inflammation and independent predictor of several chronic diseases and all-cause mortality. Last findings shown the influence of diet-modulation on biomarker of inflammation, body composition and the rest energy expenditure in obese persons. We assessed correlations between these factors before and after our weight-reduction program and revealed the significance of its influence C-reactive protein, metabolism and weight-loss. The intention of this study was to assess correlations between biomarkers of chronic inflammation, metabolism, body composition (percentage of fat) and determine the effects of 6-month weight-reduction program on these factors. **METHODS:** Fifty six (> or = 42 y), overweight [body mass index (in kg/m²) > or = 28], women were assigned to behavioral weight loss treatment: healthy lifestyle control and diet-induced weight loss. The weight-loss intervention consisted of a weekly session with a registered dietician to provide education, support for lowering energy intake and improve physical activity and monthly behavioral group therapy. **RESULTS:** The diet-induced weight-loss intervention resulted in significantly greater reductions in concentration of C-reactive protein (P = 0.01), decrease free-fat percentage compared with did no weight-loss treatment. Despite a significantly (P < 0.001) greater loss of fat mass (-8.7 +/- 4.1 kg) compared with fat-free mass (-2.8 +/- 2.2 kg), energy expenditure at rest decreased by 9% following the intervention. Changes in C-reactive protein and free-fat percentage correlated with changes in body weight. **CONCLUSIONS:** These findings provide evidence that a dietary intervention designed to elicit weight loss and healthy life style reduces the concentration of inflammatory marker C-reactive protein and improve metabolism.

Conflict of Interest:

Funding:

704 accepted poster

A NEW STRATEGY FOR THE RESIDENT FACULTY DEVELOPMENT OF PATIENT EDUCATION OF BODY WEIGHT REDUCTION

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Abstract Text: Objectives The Department of Medical Education at National Taiwan University Hospital (NTUH) developed the "Residents as Teachers for Patient Education of Body Weight Reduction" training program in 2011. Instead of the traditional didactic method, we employed new teaching strategies including audio-visual technique, role-play, feedback and small group discussion in the training program. This study was designed to exam the benefit of new strategies offered in the patient education of weight control. **Methods** 168 resident doctors from 1st year to 5th year were recruited from internal medicine, surgery, gynecology, pediatrics, and emergency medicine departments to participate in the training program. During the four-hour training program, five video clips were shown followed by small group discussion, role-play, video replay and feedback. The participants filled out a questionnaire rating the importance and confidence of patient education skill. **Results** The workshop was effective as the pre- and post-test results demonstrated increased confidence in patient education skills. The participating residents found the new strategy more engaging. Participants' professional knowledge (F = 35.36, p < .001, η^2 = .044) and patient health education skills (F = 17.33, p < .001, η^2 = .024) were significantly higher than those before the workshop. As for the overall self-assessment of patient education