

abdominal adiposity markers (WC and AbF) were significantly associated with anaerobic performance after control for both weight and BF.

Conclusion: Our results suggest that regional adiposity markers influenced anaerobic performance negatively, which was independent of the effect of BF and weight.

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Prevalence of obesity, by specialty, amongst inpatients in the South of England

Ambrose T¹, Cullen S², Baker G², Smith M³, Elia M⁴, Leach R³, de Silva A¹

¹Royal Berkshire Hospital, Reading, United Kingdom, ²Wycombe Hospital, High Wycombe, United Kingdom, ³St Thomas' Hospital, London, United Kingdom, ⁴Institute of Human Nutrition, Southampton, United Kingdom

Introduction: Rates of obesity, defined by Body Mass Index (BMI) $\geq 30 \text{ kg/m}^2$, are rising in the United Kingdom. The prevalence, by specialty, of obesity amongst inpatients has not been well studied.

Methods: A multicentre, hospital-wide audit across three Trusts in the South of England was performed on a single day. Patients were classified by specialty (medical, surgical, orthopaedic, intensive care) and allocated a BMI category based on guidelines (1).

Results: 1163 patients were audited (575 male). 778 were medical patients, 222 surgical, 130 orthopaedic, and 33 intensive care. Mean age was 69.3 with a significant mean age difference between specialties (medical > surgical > orthopaedic > intensive care) and independent of the hospital studied. 260 patients (22%) had a BMI $\geq 30 \text{ kg/m}^2$, of which 103 (9%) had a BMI $\geq 35 \text{ kg/m}^2$. A significant difference in this latter group was observed between specialties (orthopaedic 18%, intensive care 9%, surgical 9%, medical 7% ($p < 0.001$)). No effect of gender was observed but there was an independent effect of increasing age and higher BMI.

Conclusion: Approximately one quarter of inpatients in our multicentre audit were obese according to BMI criteria with 9% significantly obese (BMI $\geq 35 \text{ kg/m}^2$). Higher BMI were observed in orthopaedic and intensive care specialties than in medical and surgical. Doctors, nurses and managers should be aware of this variation for training and resource allocation purposes.

Reference

Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children. National Institute for Health and Clinical Excellence. December 2006.

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Betel nut chewing is inversely associated with weight change in male Chinese-Taichung Community Health Study

Lin WY^{1,2,4}, Liu CS^{1,2}, Tsai SL⁴, Li CI^{1,2}, Li TC^{1,2,3}, Huang KC^{2,4}, Lin CC^{1,2,3}

¹China Medical University Hospital, Taichung, Taiwan (Province of China), ²China Medical University, Taichung, Taiwan (Province of China), ³Asia University, Taichung, Taiwan (Province of China), ⁴National Taiwan University Hospital, Taipei, Taiwan (Province of China)

Introduction: Betel nut chewing has been reported to increase the risk of cardiovascular disease and all-cause mortality. The reason is unclear. In this study, we investigated the association between betel nut chewing and future weight/waist circumference change in male Chinese.

Methods: A total of 1049 male subjects, aged 40 years and above, were recruited from Taichung city in Taiwan in 2004. Among these, 739 subjects were followed up with a mean 2.8 years. The relationships between betel nut chewing and weight (body mass index (BMI)/waist circumference (WC)) change were analyzed by multiple logistic regres-

sion analyses. Weight change was categorized as weight gain and weight loss. Betel nut chewing status was divided as none, low, and high according to their cumulative quids/years of betel nut chewing at baseline.

Results: The mean follow-up duration is 2.8 years. Adjusted for baseline age, calorie intake, smoking, alcohol drinking, and physical activity level, the relative risks (95% CIs) of weight change (BMI, weight gain vs. weight loss) and WC change (WC increase vs. WC decrease) among the lower consumption of betel nut chewers were 0.53(0.29, 0.96) and 0.61(0.34, 1.07), respectively, compared to 0.63(0.35, 1.12) and 0.04(0.55, 0.97), respectively among higher consumption chewers compared to individuals who had never chewed betel.

Conclusion: Betel nut chewing is inversely associated with weight change in male Chinese.

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Reviews on sugar-sweetened beverage and body weight: Determinants of their quality and conclusions

Massougbdji J¹, Le Bodo Y², Fratu F², De Wals P^{1,2}

¹Department of Social and Preventive Medicine, Laval University, Québec, Canada, ²Québec Heart and Lung Institute Research Center, Québec, Canada

Background: The role of sugar-sweetened beverages (SSBs) on the increasing prevalence of obesity is a matter of great interest. In recent years, reviews have been published on this topic with very different conclusions.

Objectives: To identify which characteristics of reviews were associated with the authors' position on evidence supporting a causal relationship between SSBs and body weight.

Methods: A systematic search of reviews published in English in peer-reviewed journals during the 2006-2011 period was performed. Their methodological quality was assessed by two judges using two scoring systems: A Measurement Tool to Assess Systematic Reviews (AMSTAR) and the American Dietetic Association Quality Criteria Checklist (ADA-QCC). The authors' final position was blindly assessed by 11 experts using a Likert scale ranging from 0='no evidence of a causal relationship' to 5='strong evidence of a causal relationship'.

Results: A total of 17 reviews were identified: 3 meta-analyses, 3 qualitative systematic reviews and 11 qualitative non-systematic reviews. Four reviews were funded by the food industry. Quality scores were not correlated with the source of funding. However, reviews funded by the industry concluded that evidence supporting a causal relationship was weak (mean position score = 1.78) whereas evidence was generally considered to be well founded in the other reviews (mean position score = 3.29; $p = 0.01$).

Conclusion: Results support the hypothesis of master plan developed by the food industry to instil doubt regarding the adverse effects of SBB and to prevent the implementation of public health interventions and policies aiming to reduce their consumption