PEERS ALLEY MEDIA

WHO SHOULD ATTEND

Diabetes Educators, Physical Therapists, Industry Professionals, Medical Colleges, Health Promoters, Public Health Professionals, Pharmacists, Drugs & R & D Medical Devices Manufacturing Companies, Basic Clinical Research Scientists & Students, Metabolic & Bariatric Surgeons, Physicians, Integrated, Health Professionals, Registered Dieticians & Nutritionists, Yoga & Fitness Professionals, Obesity & Endocrinology Associations and Societies, Business Entrepreneurs, BMI Training Institutes

EURO CLINICAL OBESITY CONGRESS

MARCH 23-24, 2020 | PARIS, FRANCE

Venue

Mercure Paris Charles De Gaulle Airport & Convention

BP 20248 -Roissypôle Ouest -Route de la commune -95713 Roissy CDG Cedex

2 DAYS WITH MORE THAN 45 SESSIONS, KEYNOTES & TALKS

12+ INNOVATIVE FEATURED SPEAKERS

20+ HOURS OF NETWORKING EVENTS

60+ INTERNATIONAL SPEAKERS

125+ EDUCATIONAL SESSIONS

PRESENTATION FORUM

KEYNOTE FORUM / MINI-PLENARY SESSIONS

Presentations under Keynote Forum or Mini-Plenary Sessions includes abstracts with remarkable research value selected by the program committee. These significant speeches are delivered by globally recognized honorable speakers and it is open to all registrants.

DISTINGUISHED SPEAKERS FORUM (ORAL ABSTRACT SESSIONS)

In this forum, speakers and experts of the research field gets an opportunity to showcase their noble research work that involves comprehensive research findings. These formal oral presentations include a wide range of talks covering basic research to advanced research findings in accordance to the theme and scientific sessions of the conference.

STUDENT FORUM

POSTER SESSION

This session is particularly introduced to encourage more number of student participation at international conferences, however it is not restricted only to students since it is also available for the participants with language barrier. There are specific guidelines to be followed to prepare the poster. Poster topic should be selected only from relevant scientific sessions with in-depth technical details.

YOUNG INVESTIGATORS FORUM

An exclusive opportunity for students and young investigators to present their research work through a formal oral presentation. Young Investigators Forum provides a global platform for young researchers and scholars to showcase their valuable contribution to the scientific world and to get acknowledged by the global scientific community of experts. It is an excellent opportunity to recognize young scientific assets with promising research ideas. These oral presentations are of shorter time duration with 10-15 minutes of informative and precise presentations in relevant scientific sessions.

TIME TO **CONNECT** WITH YOUR **PEERS**

Register & Participate in

EURO CLINICAL OBESITY **2020**

TYPES OF ACADEMIC REGISTRATIONS

SPEAKER REGISTRATION
COMBO A (Registration + 2 night's accommodation)
COMBO B (Registration + 3 night's accommodation)
DELEGATE REGISTRATION

SUBMIT YOUR ABSTRACT CLICK HERE

NO SECRET IS SAFE SHARE YOUR RESEARCH

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EDUCATIONAL WORKSHOPS/ RESEARCH WORKSHOPS/CORPORATE WORKSHOPS/MINI- SYMPOSIA

With an aim of transferring knowledge among the participants, workshops are introduced as a part of international conferences. These interactive and occasionally practical sessions gives an opportunity for participants to engage in detail discussion. Workshops are mostly scheduled for 60 to 90-minutes. It may range from learning about a specific topic relevant to international education, products and research which sometimes involves practical demonstration. It helps in enhancing skills, knowledge and understanding of the research field in depth through interactive discussions.

HIGHLIGHTS OF THE DAY SESSIONS

"Highlights of the Day Sessions" is introduced to discuss and focus a ray upon previous day ORAL ABSTRACT presentations by experts to summarise the key findings. It helps in getting better insights into the various dimensions of the topic.

EDUCATIONAL SESSIONS/ TRAINING PROGRAMS

Educational Sessions or training programs are specifically designed for a better understanding of the latest findings and technologies. These are generally 45-minute sessions that gives an exposure to the multidisciplinary field, that provides in-depth learning experiences and address educational needs.

MEET THE PROFESSOR @ NETWORKING SESSIONS

This session involves open discussion between the experts and session attendees, it gives enough time for getting answers to specific questions and doubts. It is an opportunity for attendees to increase their professional networking, sometimes also leads to an excellent collaboration opportunity.

SCIENTIFIC TRACKS/ SESSIONS

Obesity | Obesity Causes | Genetics of obesity | Childhood Obesity | Obesity in women | Obesity and Cancer | Obesity and Nutrition | Obesity and diabetes | Advanced Treatment for Obesity | Current Research on Obesity | Diet and Health | Obesity cardiovascular diseases | Anti-Obesity Drugs | Prevention Control of Obesity | Traditional Chinese Medicine and Acupuncture | Liposuction | Adrenal disorders | Obesity Psychiatric Disorder | Bariatric Surgeries and its Types | Non-surgical Treatments for Obesity

TYPES OF BUSINESS REGISTRATIONS

SPEAKER REGISTRATION
COMBO A (Registration + 2 night's accommodation)
COMBO B (Registration + 3 night's accommodation)
DELEGATE REGISTRATION

TYPES OF STUDENT REGISTRATIONS

REGISTRATION
YIF
COMBO A (Registration + 2 night's accommodation)
COMBO B (Registration + 3 night's accommodation)
POSTERS

TYPES OF ADDITIONAL REGISTRATIONS

Accompanying Person
E-Poster
Virtual Presentation
Workshops
Start-Ups

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Concurrent Educational Sessions

MONDAY, MARCH 23, 2020

OBESITY
- Prevalence
- Awareness

OBESITY CAUSES
- Food addiction
- Insulin resistance
- Sedentary life
- Gut bacteria
- PCOS in women

GENETICS OF OBESITY
- Prader–Willi syndrome
- Bardet–Biedl syndrome
- Cohen syndrome
- MOMO syndrome
- Alstrom syndrome
- Carpenter syndrome
- Rubinstein-Taybi syndrome

CHILDHOOD OBESITY
- Depression
- High cholesterol
- Eating and physical activity behaviors
- Health education
- Sports programs

GROUP PHOTO | COFFEE BREAK

OBESITY IN WOMEN
- Gestational diabetes
- Preeclampsia
- Sleep apnea

OBESITY AND CANCER
- Endometrial cancer
- Esophageal adenocarcinoma
- Gastric cardia cancer
- Liver cancer
- Kidney cancer
- Multiple myeloma
- Meningioma
- Pancreatic cancer
- Colorectal cancer
- Gallbladder cancer
- Breast cancer
- Ovarian cancer
- Thyroid cancer

OBESITY AND NUTRITION
- Fat burning foods
- Fibre intake
- Low glycaemic index foods
- Metabolic disorder
- Metabolic disease therapy
- Cardiometabolic disease

OBESITY AND DIABETES
- Type 1 diabetes mellitus
- Type 2 diabetes mellitus

LUNCH BREAK

ADVANCED TREATMENT FOR OBESITY
- Morbid Obesity Treatment
- Combination Therapy for the Treatment Of Obesity
- Weight loss using Kinesiology
- Advanced Inch Loss therapy
- Clinical protocols
- Ketogenic Diet
- Protein rich diets

CURRENT RESEARCH ON OBESITY
- Drug treatments and devices for Obesity
- Nutritional Genomics
- Probiotics for human health

DIET AND HEALTH
- Heart disease
- Diabetes
- Hyperlipidemia
- Stroke
- Cancer
- Osteoporosis and bone fractures
- Dental disease

OBESITY & CARDIOVASCULAR DISEASES
- Dyslipidemia
- Glucose intolerance
- Coronary heart disease
- Heart failure
- Cardiac Stroke
- Myocardial infarction
- Hypertension
- Probiotics for human health

COFFEE BREAK

ANTI – OBESITY DRUGS
- Anti-obesity agents
- Obesity
- Safety

PREVENTION & CONTROL OF OBESITY
- Weight loss programs
- Clinical protocols
- Ketogenic Diet
- Protein rich diets

TRADITIONAL CHINESE MEDICINE AND ACUPUNCTURE
- Chinese herbal medicine
- Tui-na
- Food therapy
- Qi-gong
- Tai-chi

LIPOSUCTION
- Liposuction procedure
- Liposuction techniques
- Risks involved in liposuction
- Cool sculpting technique
- Zerona method
- Trusculpt method

Concurrent Educational Sessions

TUESDAY, MARCH 24, 2020

ADRENAL DISORDERS

- insomnia
- heart palpitation
- anxiety & depression
- heart conditions
- emotion instability
- fibromyalgia

OBESITY & PSYCHIATRIC DISORDER

- Personality disorder
- Eating disorder
- ADHD
- Alcohol use
- Mood Disorder
- Depression
- Anxiety Disorder
- Substance use Disorder

BARIATRIC SURGERIES AND ITS TYPES

- Gastric by-pass
- Laparoscopic adjustable gastric banding
- Sleeve gastrostomy
- Duodenal switch with biliopancreatic diversion

NON-SURGICAL TREATMENTS FOR OBESITY

- Dietary Changes
- Physical Activity
- Behavior Modification
- Therapy to Eating Disorders

GROUP PHOTO | COFFEE BREAK

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PEERS ALLEY MEDIA

Title: Prebiotic effects of Jerusalem artichoke reduce liver steatosis induced by a Western diet in young rats

David H. St-Pierre | University of Quebec in Montreal, Canada

Abstract:

The gut microbiota is a key mediator of metabolic functions. Alterations in its microbial ecology are closely associated to obesity and ensuing disorders. The present study was designed to investigate the beneficial effects of whole Jerusalem artichoke powder (JA; enriched in inulin prebiotic fibers) in a rodent model of diet-induced obesity. Young rats (3 weeks old) were submitted to: 1) a Western diet (WD); 2) a WD supplemented with whole JA powder (10 %); or 3) a conventional CHOW diet for 8 weeks. Body weight, food consumption, fecal energy content and glucose disposal were measured. Muscle, liver and fat pads were weighted, intra-organ fat accumulation was analysed in liver and muscles, and triglycerides and cholesterol levels were quantified in plasma. Fecal short chain fatty acid (SCFA) production and metataxonomic analysis were also performed. As expected, body weight, fat accumulation (intra-organ and fat pads), plasma triglycerides and cholesterol concentrations were higher ($p<0.05$) in WD-fed rats vs. CHOW-fed rats. Energy intake and fecal energy excretion were not different in WD vs. JA animals. On the other hand, plasma triglyceride levels and intra-organ fat accumulation were significantly reduced in JA-supplemented rats. SCFA profiles were modified and the microbial production of propionate was increased in feces of the JA group ($p <0.05$). Such an upregulation of propionate synthesis was associated to potent changes in gut microbial ecology. Metataxonomic analysis showed that the treatment with JA significantly increased numbers of organisms from the Verrucomicrobiales and Bifidobacteriales orders. Therefore, the present results highlight the promising prebiotic potential of JA. This further supports the importance to consider JA for food-based interventions against obesity and the onset of metabolic disorders.

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Title: A Screening Study of Potential Carcinogen Biomarkers After Surgical Treatment of Obesity

Ferraz, Alvaro Antônio Bandeira | **Federal University of Pernambuco, Recife, Brazil**

Abstract:

BACKGROUND:

Obesity has been associated with the development of various types of cancer. Biomarker studies may provide molecular level knowledge of the factors involved in this association, improving clinical practice through new methods of prevention and treatment.

PURPOSE:

The present study aimed to analyze proteins found in the plasma of obese patients prior to and 6 months after bariatric surgery, using body mass index (BMI) and percentage total weight loss (%TWL) to evaluate, in a prospective manner, the effects of weight loss on the regulation of proteins related to the appearance of tumors.

MATERIAL AND METHODS:

This was a cohort study designed to compare parameters before and after intervention. A total of 40 patients were divided into two groups: control (n = 10) and obese (n = 30). The latter group was stratified according to surgical technique used (Roux-en-Y gastric bypass (RYGB) n = 11 and sleeve gastrectomy (SG) n = 19) to remove confounding variables. Blood samples were collected for plasma protein studies using two-dimensional electrophoresis.

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PEERS ALLEY MEDIA

Title: Micronutrient deficiencies following bariatric surgery: a comparative analysis between sleeve gastrectomy and Roux-en-Y gastric bypass

Ferraz, Alvaro Antônio Bandeira | **Federal University of Pernambuco, Recife, Brazil**

Abstract:

OBJECTIVE:

To compare the prevalence of micronutrient deficiencies in patients submitted to sleeve gastrectomy (SG) and Roux- en-Y gastric bypass (RYGB).

METHODS:

This is a comparative study of 576 patients submitted to bariatric surgery, 338 to SG and 238 to RYGB, and evaluated for hemoglobin, iron, ferritin, zinc and vitamin B12 serum levels. We performed these dosages in the preoperative period and at three, six, 12 and 24 months after surgery, for analysis and comparison of micronutrient deficiencies among the techniques.

RESULTS:

The SG group consisted of 48 men and 290 women, with a mean BMI of 39.4±2.6kg/m2, and a mean of age of 37.2±11 years; the group RYGB consisted of 77 men and 161 women, with mean BMI 42.7±5.9kg/m2, and a mean age of 41.9±11.1 years. After 24 months, hemoglobin deficiency was present in 24.4% of the patients submitted to SG and in 40% of the RYGB individuals (p=0.054); iron deficiency was present in 6,6% of SG patients and in 15% of RYGB ones (p=0.127); ferritin deficiency occurred in 17.8% of the SG group and in 23.7% of RYGB one (p=0.399); the Zinc deficiency incidence was 6.6% in SG and 30% in RYGB (p=0.002); and B12 deficiency took place in 6.6% the SG patients and in 8.7% of RYGB ones (p=0.844).

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PEERS ALLEY MEDIA

Title: Antibiotic prophylaxis in bariatric surgery with continuous infusion of cefazolin: determination of concentration in adipose tissue

Ferraz, Alvaro Antônio Bandeira | **Federal University of Pernambuco, Recife, Brazil**

Abstract:

BACKGROUND:

The aim of this study was to evaluate the concentration of cefazolin in adipose tissue of patients undergoing bariatric surgery.

METHODS:

Eighteen patients undergoing bariatric surgery were evaluated during the period from October 2011 to May 2012. All patients had a dosage schedule of antibiotic prophylaxis with cefazolin administered as follows: first, 2 g in anesthetic induction, followed by continuous infusion of 1 g diluted in 250 ml of saline solution. Adipose samples, collected soon after the incision (initial) and before the skin synthesis (final), were analyzed using reverse phase high-pressure liquid chromatography. The level of significance adopted was 5 %.

RESULTS:

The cefazolin concentration in the adipose tissue samples at the beginning of surgery was an average of 6.66 ± 2.56 ug/ml. The mean concentration before the skin synthesis was 7.93 ± 2.54 ug/ml. Patients with BMI < 40 kg/m(2) had higher initial and final sample concentrations of cefazolin than patients with BMI ≥ 40 kg/m(2). There was no surgical site infection (SSI) in any of the patients.

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Title: Sex Hormone-Binding Globulin: Regulation and Role in Obesity

David M. Selva | **Autonomous University of Barcelona and CIBERDEM (ISCIII), Spain**

Abstract:

Human sex hormone-binding globulin (SHBG) is produced by the liver and secreted it into the circulation where it binds androgens and estrogens with high affinity. Therefore, SHBG acts as a carrier of these sex steroids and regulates their bioavailability. Low plasma SHBG levels are associated with obesity, fatty liver disease, abdominal adiposity and metabolic syndrome, and predict the development of type 2 diabetes. In addition, an inverse relationship between plasma SHBG levels and risk of cardiovascular disease has been reported.

The SHBG gene has changed its tissue expression and therefore its function during the evolution. Rodents express the SHBG gene in the Sertoli cells of the testis. While in humans, the SHBG gene is expressed in the liver and in the germ cells of the testis. This change of function and tissue expression can be explained by the appearance during evolution of new footprinted regions in the human promoter and an alternative promoter. The generation of different transgenic mice expressing the human SHBG gene has allowed us to study the SHBG expression and regulation in vivo. We have used these mice, HepG2 cells and human samples to provide evidences that SHBG expression is regulated by thyroid hormone, proinflammatory cytokines (TNFα and IL1β), adiponectin, monosaccharides, olive oil and resveratrol (red wine). We have described the underlying molecular mechanisms by which all these factors regulate SHBG gene expression that involve the regulation of several transcription factors, such as HNF4α, PPARγ and CAR. These findings give an explanation of why diseases such as obesity, type 2 diabetes, hyperthyroidism, fatty liver disease and inflammatory disease (rheumatoid arthritis) have altered plasma SHBG levels.

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PEERS ALLEY MEDIA

Title: The lifetime costs of overweight and obesity in childhood and adolescence: a systematic review

D. Hamilton | **National University of Ireland, Galway**

Abstract:

Background: Research into lifetime costs of obesity in childhood is growing. This review synthesizes that knowledge.

Methodology: A computerized search of the international literature since 2000 was conducted. Mean total lifetime healthcare and productivity costs were estimated and inflated to 2014 Irish euros.

Results: This resulted in 13 published articles. The methodology used in these studies varied widely, and only one study estimated both healthcare and productivity costs. Cognizant of this heterogeneity, the mean total lifetime cost of a child or adolescent with obesity was €149,206 (range, €129,410 to €178,933) for a boy and €148,196 (range, €136,576 to €173,842) for a girl. This was divided into an average of €16,229 (range, €6,580 to €35,810) in healthcare costs and €132,977 (range, €122,830 to €143,123) in productivity losses for boys and €19,636 (range, €8,016 to €45,283) and €128,560, respectively, for girls. Income penalty accounted for the greater part of productivity costs, amounting to €97,118 (range, €86,971 to €107,264) per male adolescent with obesity and €126,108 per female adolescent.

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PEERS ALLEY MEDIA

Title: Culinary medicine skills help rural families address the double burden of food insecurity and obesity while building connectedness and societal relationships around the table

Jacque Nyenhuis | **University of Central Florida College of Medicine, USA**

Abstract:

Background:

The double burden of food insecurity and obesity contributes to increased risk of preventable chronic diseases. Formal nutrition education, one on one counseling and online programs to reduce preventable diseases has been well documented. This study purpose was to highlight an understudied area of everyday culinary medicine education taking place in family settings and its impact on societal relationships, connectedness and food choices leading to better health.

Methods:

This was a mixed-methods social ecological examination of food, nutrition and cooking issues among rural families featuring a convergent parallel design incorporating surveys focus groups, key respondent interviews and kitchen observations across the US and six countries. Convergent parallel design is a mixed methods study design using concurrent qualitative and quantitative data throughout the research process. Both types of research were prioritized equally but maintained separately in the data analysis and only combined in the results and overall data interpretation. The data elicited a comprehensive understanding of culinary medicine, obesity related behaviors and the global attitudes towards nutrition education through culinary medicine.

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Title: “Sex-specific lipid molecular signatures in obesity-associated metabolic disorders revealed by lipidomic characterization in ob/ob mouse”

Marion Korach-Andre | **Karolinska Institutet – a medical institute, Sweden**

Abstract:

There are substantial evidences that females and males differ in their basic metabolic physiology and in their susceptibility to develop obesity-associated metabolic diseases including insulin resistance and liver steatosis. Indeed, the response to overfeeding is sex-dependent and metabolic syndrome is more likely associated to obesity in men or postmenopausal women than in young fertile women. These changes over the lifespan or as a function of lifestyle make these sex-differences even more complex and difficult to treat. A better understanding of the sex differences in body composition would help to anticipate these changes and may prevent the development of associated metabolic diseases. We, thus, hypothesized that obesity-induced metabolic syndrome is sex-dependent due to a sex-specific regulation of the lipid synthesis pathways in liver and white adipose depots. We aimed to characterize the lipid species and genes related to fat partitioning in female and male metabolic tissues in obesity. Liver, perigonadal visceral and inguinal adipose tissue was collected for lipidomic analysis. Males had less total body fat but lower subcutaneous on visceral fat ratio together with higher liver weight and, higher liver and serum triglyceride (TG) levels and were insulin resistant compared to females. Fatty acid (FA) and TG profiles differed between sexes in both fat pads, with longer chains FAs and TGs in males compared to females. Remarkably, hepatic phospholipid composition was sex-dependent with more abundant lipotoxic FAs in males than females. This may be a key contributor to the sexual dimorphism in response to obesity towards more metaflammation in males. Our work presents an exhaustive novel description of a sex-specific lipid signature in the pathophysiology of metabolic disorders associated with obesity. These data could settle the basis for future pharmacological treatment of obesity.

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PEERS ALLEY MEDIA

Title: The association between the serum uric acid to creatinine ratio and metabolic syndrome, liver function, and alcohol intake in healthy Japanese subjects

Kengo Moriyama | Tokai University School of Medicine,Japan

Abstract:

Background: In patients with diabetes mellitus, the serum uric acid (UA) to creatinine (Cr) ratio (UA/Cr) has been reported to be associated with a higher risk of metabolic syndrome (MetS). In healthy subjects, however, this relationship and a possible association with pathological conditions remain undetermined.

Methods: In total, 9104 Japanese subjects who had undergone an annual health examination and who were not receiving medication were divided into four groups based on UA/Cr values, and various markers were compared.

Results: Anthropometric measures, blood pressure, glycemic state, lipids (except high-density lipoprotein cholesterol [HDL-C]), renal function, transaminases, and numbers of MetS components increased, according to UA/Cr quartiles, as the UA/Cr increased. In contrast, HDL-C and Cr decreased as the UA/Cr increased. UA/Cr values increased as the number of MetS increased. When UA/Cr values within each alcohol consumption group were investigated, the overall metabolic profile was the worst in subjects who consumed ≥75 g ethanol a day with a UA/Cr of ≥6.8, except for fasting immunoreactive insulin (FIRI), homeostasis model assessment of insulin resistance (HOMA-IR), low-density lipoprotein cholesterol (LDL-C), and HDL-C values. Subjects who did not consume alcohol with a UA/Cr of ≥6.8 showed the highest FIRI, HOMA-IR, and LDL-C values.

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Title: Therapeutic ketosis and the broad field of applications for the ketogenic diet: Ketone ester applications & clinical updates

Raffaele Pilla | **St. John of God Hospital – Fatebenefratelli, Italy**

Abstract:

It has been recently shown that nutritional ketosis is effective against seizure disorders and various acute/chronic neurological disorders. Physiologically, glucose is the primary metabolic fuel for cells. However, many neurodegenerative disorders have been associated with impaired glucose transport/metabolism and with mitochondrial dysfunction, such as Alzheimer's/Parkinson's disease, general seizure disorders, and traumatic brain injury. Ketone bodies and tricarboxylic acid cycle intermediates represent alternative fuels for the brain and can bypass the ratelimiting steps associated with impaired neuronal glucose metabolism. Therefore, therapeutic ketosis can be considered as a metabolic therapy by providing alternative energy substrates. It has been estimated that the brain derives over 60% of its total energy from ketones when glucose availability is limited. In fact, after prolonged periods of fasting or ketogenic diet (KD), the body utilizes energy obtained from free fatty acids (FFAs) released from adipose tissue. Because the brain is unable to derive significant energy from FFAs, hepatic ketogenesis converts FFAs into ketone bodies-hydroxybutyrate (BHB) and acetoacetate (AcAc)-while a percentage of AcAc spontaneously decarboxylates to acetone. Large quantities of ketone bodies accumulate in the blood through this mechanism. This represents a state of normal physiological ketosis and can be therapeutic. Ketone bodies are transported across the blood-brain barrier by monocarboxylic acid transporters to fuel brain function. Starvation or nutritional ketosis is an essential survival mechanism that ensures metabolic flexibility during prolonged fasting or lack of carbohydrate ingestion. In this work, the author reports a number of successful case reports treated through metabolic ketosis.

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PEERS ALLEY MEDIA

Title: Effectiveness of sibutramine in obese patients with controlled arterial hypertension

E.N. Yushchuk | **Moscow State University of Medicine and Dentistry, Russia**

Abstract:

Objective: Obesity is a common metabolic disorder that becomes epidemic. Most obese patients belong to a metabolically active phenotype with a visceral distribution of adipose tissue. Visceral adiposity increases the risk of arterial hypertension, diabetes mellitus and other comorbidities. According to this, the main aim of obesity treatment is not only a weight loss but also a decrease of the risk of comorbidities.

Scope: to evaluate the influence of sibutramine on weight loss and epicardial fat thickness in obese patients with controlled arterial hypertension.

Methods: 57 patients aged 35-60 with obesity and controlled arterial hypertension were included in the study. All patients at the beginning and after 7 months of follow-up underwent complex examination including anthropometric measurement, ECG, office and ambulatory blood pressure measurement, echocardiography. During the first month of follow-up patients were given general weight loss recommendations. Then sibutramine was added. Control visits to assess efficiency and safety of drug treatment were held after 1 and 6 months of follow-up.

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PEERS ALLEY MEDIA

Title: Ultrasonic predictors of macrosomia in gestational diabetes mellitus

Anton E. Panov | **Moscow Regional Research Institute of Obstetrics and Gynecology, Russia**

Abstract:

Background: The basis of early ultrasound (US) diagnosis of diabetic fetopathy (DF) in pregnant with gestational diabetes mellitus (GDM) is the forehanded detection of macrosomia, especially its asymmetric forms. In pregnant with GDM on a diet therapy, the detection of macrosomia may be an indication for starting the insulin therapy. In pregnant with hyperglycemia due to mutation in the glucokinase gene (GCK), US fetal growth dynamics helps to assume the fetal genotype, as well as to stratify the risks of insulin therapy.

Aim: To determine the prognostic significance of asymmetric form of macrosomia and the value of the coefficients of proportionality for the diagnosis of DF in pregnant with GDM, including hyperglycemia due to mutation in the GCK gene.

Materials and methods: US fetometry was performed in 95 pregnant with GDM (including 22 pregnant with hyperglycemia caused by mutation in the GCK gene) (main group) and 427 healthy pregnant women (control group). Estimated fetal weight, standard fetometric indicators and coefficients of proportionality were evaluated. Retrospective analysis of US predictors of macrosomia was carried out after evaluating the weight of the newborn and clarifying the signs of DF.

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PEERS ALLEY MEDIA

Title: IMPLICATIONS OF NUTRITION TRANSITION: A CASE OF KENYA

BEATRICE KIAGE MOKUA | **University of Agriculture and Technology**

Abstract:

Nutrition transition is characterized by the consumption of high-calorie, nutrient-poor foods high in fats and sweeteners. The nutrition transition is implicated in the rapid rise of obesity and diet-related chronic diseases and is rapidly being experienced in the developing countries. Kenya as a middle-income country with increasing economic stability, this is affecting the nature of the food supply chain, thereby altering the quantity, type, cost, and desirability of foods available for consumption. When this is coupled with physical inactivity and urbanization, the result is increasing rates of overweight and obesity culminating into chronic diseases such as diabetes, cardiovascular diseases, and various cancers. Understanding the links between nutrition transition and some of these chronic conditions can thus help policy makers develop policies, including food policies, for addressing the burden of chronic disease in middle income economies such as Kenya. This case study explores the causes of nutrition transition in Kenya, central mechanisms that can be used to mitigate the nutrition transition, and how to integrate these mechanisms at the marketplace so that they can positively impact food consumption trends in the context of the nutrition transition. As high-income groups in Kenya accrue the benefits of a more dynamic marketplace, lower-income groups such as those in the slums may well experience convergence toward poor-quality obesogenic diets, as observed in Western countries. Therefore, policy makers should pay greater attention to especially urbanization policies in order to address some of the structural causes of obesity and diet-related chronic diseases, especially among low socioeconomic status groups. The benefit of leveraging policies designed to integrate global food markets to encourage healthy diets is that relatively small changes at a macro-scale can have relatively large population-wide impacts and thus address the problem of nutrition transition in Kenya.

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Title: Identification of the genetic and molecular basis of human susceptibility, inherited and transmissible, to suffer obesity

Melero-Valverde, R | **University of Valencia, Valencia, Spain**

Abstract:

Obesity is a complex phenotypical character associated with a wide range of clinical entities, which underlying etiology are conformed by behavioral and heritable causes. The heritability molecular causes of obesity are calculated between the 40 and 70%, being accepted the existence of monogenic and/or polygenic susceptibility profiles.

Monogenic forms of obesity result from single and rare genetic alterations, accounting around 5% of the severe obese population. Exhibiting Mendelian inheritance patterns, can be found among syndromic and non-syndromic patients. We have mainly focused our research on the study of the genetic variants found in the LEPR and MC4R genes, to determine their possible causal association with non-syndromic obesity. Whole genome sequencing was in addition completed in the most extreme obese phenotypes included in our series.

Syndromic forms of obesity cases occur when overweight is associated to mental retardation or organ-specific developmental abnormalities. Representing a population frequency of less than 2%, corresponds to 7% of cases of genetic obesity. The rest of syndromic obesity patients could be carriers of non-syndromic form of obesity, from rare (high risk alleles) to relatively common combined profiles (low risk alleles) genetic susceptibility. This series were analyzed by whole genome hybridization with SNPs/CNVs array, corroborating that the copy number variations (CNV) in a concrete regions of chromosome 16p, affects on body weight in patients with intellectual disability.

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Title: Risk of diabetes according to the metabolic health status and degree of obesity

Mohsen Janghorbani | **Isfahan University of Medical Sciences**

Abstract:

AIM: To determine the progression rates from metabolically healthy or unhealthy normal weight, overweight and obese phenotype to type 2 diabetes (T2D) in a non-diabetic high risk population in Isfahan, Iran.

METHODS: T2D incidence during a mean (SD) follow-up of 10.1 (2.3) years was examined among 1,982 non-diabetic first-degree relatives (FDR) of patients with T2D 30-70 years old. Participants were divided into 6 groups based on body mass index and metabolic syndrome component, except waist circumference, at baseline: metabolically healthy normal weight (MHNW), metabolically healthy overweight (MHOW), metabolically healthy obese (MHO), metabolically unhealthy normal weight (MUNW), metabolically unhealthy overweight (MUOW) and metabolically unhealthy obese (MUO).

RESULTS: The MHO, MUOW, and MUO individuals at baseline were associated with incidence of T2D, independently of age and gender. MHO were 3 times (OR 2.96; 95% CI 1.07, 8.24) and MUOW were 2.75 times (95% CI 1.17, 6.45) more likely to develop T2D than those with MHNW. There was excess risk in MUO than MHO (OR 3.86; 95% CI 1.64, 9.11).

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Title: Vasorelaxant Effect of Matricaria pubescens (Desf.) Aqueous Extract on Rat Aortic Rings

Mohamed Eddouks | **Moulay Ismail University**

Abstract:

Matricaria pubescens (Desf.) is an aromatic and medicinal plant found in North Africa specifically in Morocco and Algeria. This plant is widely used in alternative medicine as a remedy against rheumatism, inflammation and diabetes. The aim of the study was to evaluate vasodilator activity of the aqueous extract of Matricaria pubescens (AEMP). For the assessment of this activity, isolated thoracic aortic rings were suspended in a tissue bath and the tension changes were recorded to a data acquisition system. The results indicated that AEMP exhibited a vasorelaxing capacity mediated through vascular cyclooxygenase pathway, the opening of K+ channels and sGC-cGMP induction pathway. In conclusion, the study illustrates the beneficial action of M. pubescens (Desf.) as a vasorelaxant and antihypertensive agent.

Keywords: Cardiovascular, hypertension, aortic ring. L-NAME, medicinal plant.

Funding: this work was supported by the CNRST under grant N° PPR/2015/35.

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PEERS ALLEY MEDIA

Title: Association between sleep duration, food consumption pattern, and obesity among adolescents in Qatar

Abdelhamid Kerkadi | **Qatar University, College of Health Sciences**

Abstract:

Background: Recent research suggests that sleep duration contributes towards developing unhealthy dietary habits, which can lead to obesity. Further study in this field can provide a new direction in addressing this epidemic.

Objective: To examine the association between sleep duration, food consumption pattern, and obesity in adolescents in Qatar.

Methods: This is a cross-sectional, descriptive and analytical study including 1161 adolescents aged 14-19 years from a representative sample of independent secondary schools in the State of Qatar. Validated questionnaire was used to collect data on sleep duration and frequency of intake of foods. Sleep duration was classified as short (< 6 hrs), sufficient (7-8 hrs) and long (> 9 hrs). Anthropometric indicators included body weight, height and waist circumference (WC) that were measured using standardized procedures. General obesity was defined according to International Obesity Task Force (IOTF) age- and gender-specific body mass index (BMI) reference values. Age-specific cutoff values for WC were used to define abdominal obesity. Factor loading matrix was used to categorize healthy and unhealthy foods. The association between the study variables was assessed using multiple regression analysis.

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PEERS ALLEY MEDIA

Title: Three years follow up (cohort) study via Population based intervention on adolescent and childhood obesity and overweight at schools setting

Hamid Yahya Hussein | **Dubai Health Authority**

Abstract:

Background: Obesity and overweight are recognized as major global public health phenomena. Its long term consequences are many of wide variety of chronic conditions including high blood pressure, type 2 diabetes, stroke, cardiovascular disease, and certain forms of cancer; which in turn are primary drivers of healthcare spending, disability, and deaths , childhood obesity is complex and multidimensional, which has been identified as a public health priority It is also recognized that obesity decreases the quality of life and life expectancy considerably

Objectives: To assess population based childhood obesity intervention over three year at school population in Dubai , To examine the childhood obesity intervention outcome

Methodology: About 2600000 students age range (5-18) years grade(1 –12) over about 180 private schools in Dubai over three consequence academic years 2014-2015,2015-2016 and 2016-2017 , BMI measurement as per CDC criteria and chart , WHO (mean + - SD) centile Body weight at the beginning of each academic year (September) , wide variety of interventions been designed an applied e.g. health promotion , school Nutritional education activities , Food labelling , happy schools initiatives , 10/10 initiative physical activity platform , parents awareness, students health file initiative , City Makers (blue team initiative), community participation (private –public partnership , Governmental stockholders intersect oral collaborations school cantin policy and guideline , BMI and other age and gender based BMI and centile measurement done at the end of academic year (June) for (3) successive academic years

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Title: THE MORE YOU EAT, THE LESS YOUR WEIGHT.

NUTRITIONAL BASIS FOR TREATMENT OF OBESITY

Emil Mukhamejanov | **Medical University named after S.Asfendiarov, Almaty 050000 st Tole Bi**

Abstract:

Obesity is an energy imbalance, which can be associated not only with a simple imbalance between consumption of calories and their burning on physical activity, but also as a result of an imbalance in the processes of energy production and utilization. Body weight is an important element of our health, therefore both regulatory (neuro-hormonal) and metabolic systems are involved in the regulation of its homeostasis. In the present report discusses the metabolic systems of energy homeostasis regulating: protein synthesis process, heat production and gluconeogenesis process. They are involved in energy balance maintaining which allow body weight saving on a wide balance of incoming calories. 3 ATP molecules are consumed for the synthesis of a peptide bond, and when it is hydrolyzed, only 1 ATP is recovered (a deficiency of 2 ATP for each peptide bond). Heat production is just the energy dispersion in the heat form and the more active it is, the more there is a blank combustion of food calories. With gluconeogenesis, 6 ATP molecules are expended on one glucose molecule synthesis, by glycolysis (the inverse conversion of glucose to pyruvate), only 2 ATP is released (4 ATP deficiency). Therefore, the more intensively these processes, the higher the energy deficiency and the less stored food calories. In other words, the better ensure the operation of these systems with substrates and co-factors for its activity, the higher the energy deficiency, the other way the

Key Worlds: obesity, energy imbalance, nutrition

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PEERS ALLEY MEDIA

Title: The ARUBA Project, a road map for population approach to combating obesity

Richard Visser | **VERA Health, Netherlands**

Abstract:

Obesity as a disease has reached historical, maximal peak values, with nearly one-third of the world's population suffering from obesity and obesity-related conditions. We are now witnessing the impact of this epidemic upon the global health status, with non-communicable diseases on the rise. We have also witnessed the shortcomings and failures of past actions taken when obesity is already present. In Aruba, a prevalence of 36% of childhood obesity was found in 2005, with a tendency to increase as compared to the data prior to 2000. Actions to improve heathy eating habits, reduce sedentary lifestyle and enable a social environment to prevent obesity were carried out in a systematic plan in the period from 2009 – 2013 and a positive change was observed in the incidence of obesity compatible with complete deceleration of the epidemic and improvement in health indicators. Through the lessons learned from the project as executed in Aruba, we demonstrate how a specific road map can be developed, implemented and highly successful in addressing the obesity epidemic. The roadmap includes the following steps: a population al basisline study, an awareness campaign, an approved action plan by the stakeholders and Government, changes in infrastructure, the creation of an institute to promote a healthy lifestyle, an introduction to the Exercise is Medicine initiative, and a study of progress with ongoing monitoring.

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Title: Long term effects of Abuse and Violence on the Children's behaviour

Maria Lourdes de Vera | **Nurse and Psychologist Manila, Philippines**

Abstract:

Abuse and Violence are a serious health threat among children. It carries the potential of producing long and debilitating mental health problems that includes maladaptive behaviors, anxiety disorders, personality or relational issues. Abuse and violence in all forms is a serious global health problem affecting children. It is not an isolated case. It is cause for alarm and concern.

This health issue requires equal importance as any other physiologic and physical disorder. It advocates the use of client centered or person-centered therapy. The child's right to be respected for his views is necessary in the treatment and healing process.

Every child is a human being having similar rights as any adults have. It includes their right to association with both parents, human identity, the provision of the basic needs for physical protection, food, universal state-paid education, health care, and criminal laws appropriate for the age and development of the child, equal protection of the child's civil rights, and freedom. Prevention of a disruptive home environment is better than a whole system of cure. Abuse, whatever the nature is; physical, psychological or sexual according to Mullen and Fleming (1998) reveals a significant connection between a history of child abuse and a range of adverse outcomes both in childhood and adulthood. The important role of the family and community where the child is raised is stressed. This study describes coping mechanism, mental health wellbeing and functioning of an abused child.

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PEERS ALLEY MEDIA

Title: OBESITY MANAGEMENT: A MULTIFACETED APPROACH ABSTRACT

ORLANDO V. GONZALEZ | **FOUNDER LIFE*MOD, USA.**

Abstract:

INTRODUCTION: Obesity is a worldwide epidemic that has proven difficult to treat.In the United States, over 70% of Americans are considered overweight. Using a multifaceted psychosocial approach appears to have higher impact than traditional obesity management in combating obesity rates and decreasing dependence on medication for chronic morbidities due to obesity.

OBJECTIVES: In this Prospective Observational Study we aimed to employ specific multifaceted approaches to decreasing weight in overweight individuals and follow their progress.

METHODS: This was an observational case series study that is on-going. Our primary endpoint was to employ different methods, including lifestyle questionnaire, body composition analysis, dietary journaling, nutritional consultation, physical therapy evaluation, blood specimen analysis and motivational coaching, by various professionals including physicians, nutritionists, physical trainers and therapists andlife coaches. Our goal here was to see if using this multifaceted approach actually increased weight management compliance.

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PEERS ALLEY MEDIA

Title: Evaluation of type 2 diabetes prevention through diet modification in people with impaired glucose regulation: A population-based study

Mykola D. Khalangot | **Shupyk National Medical Academy of Postgraduate Education**

Abstract:

Purpose: A few interventional studies to date have specifically assessed the association between dairy products and/or sugar consumption and the risk of type 2 diabetes mellitus (T2D) incidence. The aim of this study was to assess the effectiveness of diet modification in people with impaired glucose regulation (IGR) as defined by a glucose tolerance test (GTT).

Methods: A quasi-experimental study design was used for this study. A total of 318 randomly selected 18-year-old or older participants from the rural area of the Kyiv region of Ukraine who had not been registered as T2D patients before underwent GTT between Jun 2013 and Jun 2017. For those who had been diagnosed with IGR, World Health Organization (WHO)/International Diabetes Federation criteria were used. Of 318 participants screened for T2D, 123 (74% of them females) were diagnosed with IGR. They were aged 18 to 79 years old with a median (QI – QIII) age of 62 (52–68) years. They were repeatedly tested during the study and completed a questionnaire on average 2.8 (1.1) years (standard deviation [SD]), after they had received their lifestyle-based T2D prevention recommendations. In addition to basic recommendations, they were advised to consume approximately 200 g of low-fat dairy products and less than 25 g of sugar daily. Cases of screen-detected diabetes mellitus (SDDM) were diagnosed and reported as an outcome variable if a fast capillary blood glucose level reached 6.1 mmol / L and above. To define the association between implementation of recommendations and the risk of SDDM, the Cox proportional-hazards regression analysis was used.

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PEERS ALLEY MEDIA

Title: Healthy Weights Initiative and Healthy Kids Initiative

Mark Lemstra | **Alliance Health medical clinics, Canada**

Abstract:

The Healthy Weights Initiative (adults) and the Healthy Kids Initiative (youth) occur in three cities in Saskatchewan, Canada for overweight or obese individuals. The programs include 60 supervised exercise therapy sessions, 12 dietary sessions, 12 cognitive behaviour therapy sessions and significant social support (community, clinicians, family and friends) over a 12- week period. Support includes attending with a “buddy” and three signed social support contracts. Numerous objective and valid outcomes are measured at 12 weeks, 24 weeks and 52 weeks including body mass index, body fat percentage, waist and hip circumference, blood pressure, blood glucose, blood cholesterol, aerobic fitness, aerobic activity, physical activity, dietary consumption, self-report health, health care utilization, smoking status, depressed mood and health related quality of life.

To date, 2,000 adults (92.3% completion rate) and 1,465 youth (91.6% completion rate) have completed the program. At 52 weeks, the two variables associated with non-completion in adults are not having a spouse/partner supporting the program (Odds Ratio 2.01; 95% confidence interval 1.81 - 2.22) and having a medical comorbidity (Odds Ratio 1.22; 95% confidence interval 1.03 - 1.49)

At 12 weeks, modest weight losses are observed (ex. 12.7 pounds in adults) but significant health outcomes are attained. For example, the prevalence of depressed mood (measured by Beck Depression Inventory-2) is reduced from 49.0% to 13.0% ($p = 0.000$) in adults and 59.4% to 24.0% in youth ($p = 0.000$).

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PEERS ALLEY MEDIA

Title: BODY WEIGHT REDUCTION RELATIONSHIP TO DIET PLAN AND INSULIN RESISTANCE

Panovska S | **Clinic of endocrinology, diabetes and metabolic disorders, Macedonia.**

Abstract:

Introduction: Obesity is characterized with insulin resistance and positive influence of the body weight reduction on the insulin sensitivity. The aim of this study was to discover the influence of not significant body weight reduction on insulin sensitivity with continuous diet plan.

Materials and methods: The examinees were 28 women with mean age 26.14±7.29yr. The mean values of the following parameters were determined: body weight (BW), BMI, waist circumference (W), blood glucose (G), insulin levels (I) and HOMA index=G*I/22.5 (H), before and 1 year after the continuous diet regimen.

Results: Mean BW values were 103.29±18.64kg, and reduced to 93.07±18.33kg. The difference of 10.21±6.24kg showed mean 9.91±6.07% reduction of the BW. Mean BMI values were 38.57±6.9kg/m2 and reduced to 35.09±6.8 kg/m2. The difference was 3.47±2.17 kg/m2 and indicated 9.05±5.74% BMI reduction. W reduced from 112.86±14.23cm to 104.21±14.13cm. The difference was 8.64±4.4cm and indicated 7.66±4% W reduction. BW, BMI and W changes were not significant ($p>0.05$). G levels reduced from 5.96±1.05mmol/l to 5.06±0.7mmol/l, with mean reduction of 1.01±0.09mmol/l (13.79±15.1%) of the start value ($p<0.013$). I values 31.44±12.18μU/ml were reduced to 16.68±6.5μU/ml, with difference of 14.76±16.32μU/ml (44.03±20.85%) of the start value and H value 8.34±3.33 reduced to 3.77±1.55, for the difference of 4.57±3.08, 51.84±20.32% of the pretreatment value ($p<0.0001$).

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