August 2017 Volume 3, Issue 2

Journal of Obesity & Eating Disorders
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Souvenir

International Obesity Bariatric & Metabolic Surgery Summit and Expo

August 23-24, 2017
Toronto, Canada



Allied Academies Pte Ltd.
85 Great Portland St, Marylebone,
London W1W 7LT, United Kingdom
Toll Free: +1-800-858-2189

AGENDA

August 23, 2017

08:00-09:15 Registrations & Souvenir Distribution

Algonquin A

09:15-09:30

Opening Ceremony & Introduction

Keynote Forum

09:30-10:10

Title: A brief history of bariatric surgery to the present

Mervyn Deitel, MGB-OAGB Club, Canada

Coffee & Networking 10:10-10:30@ Algonquin foyer

10:30-11:10

Title: Pediatric vegetarian diets are healthful, nutritionally adequate, and may provide health benefits in the prevention of obesity

Joycelyn M Peterson, Oakwood University, USA

11:10-11:50

Title: Built in America: Making wellness fit for life!

Bobby Whisnand, Bobby Whisnand Fitness, USA

Group Photo

SPEAKER FORUM

Major Sessions:
Bariatric nursing | Behavioural Medicine and Counselling studies | Endocrinal Disorders and Diabetes | Exercise, Yoga and Physical Activity



Chair: Mervyn Deitel, MGB-OAGB Club, Canada

Session Introduction

11:50-12:20 **Title: Providing bariatric surgery to optimize candidacy for kidney transplantation**

Susan Brown, KentuckyOne Health, USA

12:20-12:50 **Title: Usefulness of circuit training at home for university females' students**

Yoko Takahata, Baika Women's University, Japan

Video presentation

12:50-13:10 **Title: Interplay between tumor necrosis factor-α, insulin resistance and type 2 diabetes mellitus in Chronic Hepatitis C Egyptian patients**

Mostafa Elkady, Benha University, Egypt

Panel Discussion 13:10-13:20

Lunch 13:20-14:00 @ cabinet room

Sesssion Continues	
14:00-14:30	**Title: Evolution of newer procedures for increased safety and efficacy** **Surendra Ugale,** Asian Bariatrics Hospital, India
14:30-15:00	**Title: PESO III: Physical exercise program for obesity class III - adherence and benefits** **Emilian Rejane Marcon,** Hospital de Clínicas de Porto Alegre, Brazil
15:00-15:30	**Title: Evolution of type 2 diabetes mellitus in patients undergoing vertical sleeve gastrectomy or Roux-en-Y gastric bypass** **César Antonio Martínez-Ortiz,** National Autonomous University of Mexico School of Medicine, Mexico
Panel Discussion 15:30-15:40	
SPEAKER FORUM Major Sessions: Endocrinology | Sleeve Gastrectomy | Management of weight regain after surgery | Weight loss Medication and Surgery	
	**Chair: Bobby Whisnand,** Bobby Whisnand Fitness, USA
Session Introduction	
15:40-16:10	**Title: Confusion between type 1 (t1d) and type 2 (t2d) diabetes among bariatric surgeons** **Mervyn Deitel,** MGB-OAGB Club, Canada
16:30-17:00	**Title: Moderating the enthusiasm of sleeve gastrectomy: Up to fifty percent of reflux symptoms after ten years in a consecutive series of one hundred laparoscopic sleeve gastrectomies** **Yannick Mandeville,** AZ-Delta ziekenhuis, Belgium
Special Session	
17:00-17:30	**Title: Question and Answer session on exercise, diet, and wellness** **Bobby Whisnand,** Bobby Whisnand Fitness, USA
Panel Discussion 17:30-17:40	

AGENDA

August 24, 2017

Algonquin A

Keynote Forum

09:30-10:10

Title: Bariatric surgery: Challenges, barriers and future directions in the surgical treatment of morbid obesity

Chandra Hassan, University of Illinois at Chicago, USA

Coffee & Networking 10:10-10:30

10:30-11:00

Title: Oral administration of leptin for the control of food intake and weight management

Moise Bendayan, University of Montreal, Canada

11:00-11:30

Title: Non alcoholic fatty liver disease in childhood obesity as an increasing problem

Mehmet Emre Atabek, University Faculty of Medicine, Turkey

SPEAKER FORUM

Major Sessions:
Effects of Obesity on Children and Women's Health | Current Research, Control & Prevention of Obesity Obesity | Advanced treatments for Obesity | Dietary Supplement, Nutrition & Healthy Lifestyle



Chair: Qiaozhu Su, University Of Nebraska-Lincoln, USA

Session Introduction

11:30-12:00	**Title: Lifestyle and behavioral determinants of long-term weight change in women** **Darline K El Reda,** Kuwait University, Kuwait
12:00-12:30	**Title: High amylose cornstarch improves blood glucose concentration, but does not affect satiety or food intake in healthy individuals** **Tasleem A Zafar,** Kuwait University, Kuwait
12:30-13:00	**Title: Prevention of non-alcoholic fatty liver disease (NAFLD) and increasing lipid metabolism** **Marjan Farshadi,** Toronto Liver Centre, Canada

Panel Discussion 13:00-13:10

Lunch 13:10-14:00 @ cabinet room

Workshop

14:00-15:30	**Title: The mind-body integration technique: Its impacts on obesity** **Shaweta Vasudeva,** Aerobics and Fitness Association of America, USA

Major Sessions:
Obesity | Roux-en-Y gastric bypass | Genetics of Obesity | Obesity Diet | Adjustable Gastric Banding



Chair: Chandra Hassan, University of Illinois at Chicago, USA

Session Introduction

15:30-16:00	**Title: Blood glucose pattern in type-2 diabetics and healthy individuals after consumption of parboiled rice** **Tasleem A Zafar,** Kuwait University, Kuwait
16:00-16:30	**Title: MicroRNA-378 in metabolic inflammatory stress and hepatic insulin resistance** **Qiaozhu Su,** University Of Nebraska-Lincoln, USA

Panel Discussion 16:30-16:40

Closing and Award Ceremony

Coffee & Networking 16:40-17:00@ Algonquin foyer

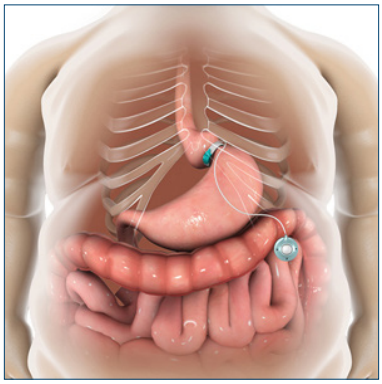
Upcoming Conferences

Obesity & Bariatric Surgery 2017









INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

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

ALLIED ACADEMIES CONFERENCES

ALTERNATIVE HEALTHCARE

8th International Conference on
Herbal & Alternative Medicine
Sep 01-02, 2017 London, UK
W: herbal.alliedacademies.com
E: herbal@alliedconference.com

BIOCHEMISTRY

2nd International Conference & Exhibition on
Biochemistry and Pharmaceutical
Nov 02-03, 2017 Chicago, USA
W: biochemistry.alliedacademies.com
E: biochemistry@alliedconference.com

CARDIOLOGY

Annual Conference on **Heart Diseases**
Sep 18-19, 2017 Toronto, Canada
W: heartdiseases.alliedacademies.com
E: heartdiseases@alliedconference.com

CHEMISTRY

2nd International Conference on
Applied Chemistry
Oct 30-Nov 01, 2017 Chicago, USA
W: appliedchemistry.alliedacademies.com
E: appliedchemistry@alliedconference.com

World Congress on
Plasma Chemistry
Nov 13-14, 2017 Vienna, Austria
W: plasmachemistry.alliedacademies.com
E: plasmachemistry@alliedconference.com

7th World Congress on **Chemistry**
Nov 13-15, 2017 Vienna, Austria
W: chemistry.alliedacademies.com
E: chemistryworld@alliedconference.com

DENTISTRY

33rd International Conference on
Dental Health
Oct 02-04, 2017 Toronto, Canada
W: dentalhealth.alliedacademies.com
E: dentalhealth@alliedconference.com

DERMATOLOGY

World Dermatologist Summit
Oct 23-25, 2017 Toronto, Canada
W: dermatologist.alliedacademies com
E: worlddermatology@alliedconference.com

DIABETES & ENDOCRINOLOGY

6th International Conference on
Endocrinology and Metabolism
Nov 06-08, 2017 New Orleans, USA
W: endocrinology.alliedacademies.com
E: endocrinology@alliedconference.com

26th International Conference on
Clinical Diabetes
Dec 14-16, 2017 Rome, Italy
W: diabetes.alliedacademies.com
E: diabetes@alliedconference.com

ENGINEERING

International Conference on
Modeling and Simulation
Sep 28-29, 2017 London, UK
W: simulation-modeling.alliedacademies.com
E: simulation@alliedconference.com

World Congress on
3D Printing & Medicine
Oct 05-06, 2017 Las Vegas, USA
W: 3dprinting-medical.alliedacademies.com
E: 3dprintmedicine@alliedconference.com

International Business Meeting on
Cloud and Internet of Things
Oct 05-06, 2017 Las Vegas, USA
W: cloud.alliedacademies.com
E: cloud@alliedconference.com

ENVIRONMENTAL SCIENCES

5th International conference on
Plastic Recycling
Sep 07-08, 2017 Paris, France
W: recycling.alliedacademies.com
E: recycling@alliedconference.com

GASTROENTEROLOGY

World Liver Conference
Nov 09-10, 2017 New Orleans, USA
W: liver.alliedacademics.com
E: liver@alliedacademics.com

GENETICS & MOLECULAR BIOLOGY

Annual Molecular biology and R&D Summit
Oct 23-25, 2017 Toronto, Canada
W: molecular.alliedacademies.com
E: molecularbiology@alliedconference.com

International Congress on
Cell Biology and Gene Therapy
Oct 25-26, 2017 Toronto, Canada
W: cellbiology.alliedacademies.com
E: cellbiology@alliedconference.com

Annual Congress on
Tissue preservation and Bio-banking
Nov 01-02, 2017 Toronto, Canada
W: biobanking.alliedacademies.com
E: biobanking@alliedconference.com

8th International Conference on
Genomics and Pharmacogenomics
Nov 02-03, 2017 Toronto, Canada
W: genomics.alliedacademies.com
E: genomics@alliedconference.com

4th World Congress on
Medical Genetics and Genomics
Dec 14-16, 2017 Rome, Italy
W: genetics-genomics.alliedacademies.com
E: medicalgenetics.alliedconference.com

HEMATOLOGY

The Blood Congress and Expo
Oct 23-24, 2017 Toronto, Canada
W: blood.alliedacademies.com
E: bloodcancer@alliedconference.com

IMMUNOLOGY

8th International Conference on
Clinical and Cellular Immunology
Oct 02-03, 2017 Toronto, Canada
W: immunology.alliedacademies.com
E: immunology@alliedconference.com

Annual Immunology Congress
Oct 23-25, 2017 Paris, France
W: immunologycongress.alliedacademies.com
E: immunologycongress@alliedconference.com

INFECTIOUS DISEASES

5th World Congress on **Bacteriology**
Oct 16-17, 2017 Rome, Italy
W: bacteriologycongress.alliedacademies.com
E: bacteriologycongress@alliedconference.com

8th International Conference on
Infectious and Inflammatory Diseases
Sep 07-08, 2017 Edinburgh, Scotland
W: inflammatory.alliedacademies.com
E: inflammatorydiseases@alliedconference.com

International conference on
Bacteriology, Infectious Diseases & Control
Sep 18-19, 2017 Dallas, USA
W: bacteriology.alliedacademies.com
E: bacteriology@alliedconference.com

International Conference on
Infectious Diseases, Therapies and Control
Nov 01-02, 2017 Toronto, Canada
W: infectious.alliedacademies.com
E: Infections@alliedconferences.org

2nd International Conference on
Worldwide Infectious Diseases
Nov 06-07, 2017 New Orleans, USA
W: infectious-diseases.alliedacademies.com
E: infectiousdisease@alliedconferences.org

MATERIALS SCIENCE

13th Annual Conference on
Materials Science, Metal and Manufacturing
Oct 26-27, 2017 Paris, France
W: materials-metals.alliedacademies.com
E: materials-metals@alliedconference.com

MICROBIOLOGY

38th Annual Congress on
Microbes and Infection
Sep 28-30, 2017 London, UK
W: microbe-infection.alliedacademies.com
E: microbe@alliedconference.com

ALLIED ACADEMIES CONFERENCES

NANOTECHNOLOGY

International Conference on
Advanced Nanotechnology
Sep 11-13, 2017 Amsterdam, Netherlands
W: nanotechnology. alliedacademies.com
E: nanotechnology@alliedconference.com

World Conference on
Nano Medicine and Advancements
Nov 06-08, 2017 New Orleans, USA
W: nanomedicine.alliedacademies.com
E: nanomedicine@alliedconference.com

NEUROSCIENCE

International Conference on
Neuro Infectious Disorders
Sep 18-20, 2017 Dallas, USA
W: neuro.alliedacademies.com
E: neuroinfection@alliedconference.com

International Conference on
Neuro Pharmaceutics and Neuro Pharmacology
Oct 10-11, 2017 London, UK
W: neuropharmaceutics.alliedacademies.com
E: neuropharma@alliedconference.com

International Conference on
Neurology & Neurological Sciences
Oct 19-21, 2017 Toronto, Canada
W: neurology.alliedacademies.com
E: neurology@alliedconference.com

International Conference on
Sleep Disorders and Medicine
Nov 02-03, 2017 Chicago, USA
W: sleep.alliedacademies.com
E: sleep@alliedconference.com

International Conference on
Parkinson's Disease
Nov 02-03, 2017 Chicago, USA
W: parkinsons.alliedacademies.com
E: parkinsons@alliedconference.com

World Congress on **Dementia**
Dec 06-07, 2017 Atlanta, USA
W: dementia.alliedacademies.com
E: dementia@alliedconference.com

NURSING & HEALTHCARE

International Conference on
Tropical Medicine and Global Health
Sep 07-09, 2017 Edinburgh, Scotland
W: tropicalmedicine.alliedacademies.com
E: tropicalmedicine@alliedconference.com

8th European Breast Congress
Oct 19-20, 2017 Budapest, Hungery
W: breastimaging.alliedacademies.com
E: breastcongress@alliedconference.com

43rd World Nursing Education Conference
Nov 09-10, 2017 New Orleans, USA
W: worldnursing.alliedacademies.com
E: worldnursingcongress@alliedconference.com

5th International Congress on
Primary Health Care & Family Medicine
Nov 06-07, 2017 Madrid, Spain
W: primaryhealthcare.alliedacademies.com
E: primaryhealthcare@alliedconference.com

NUTRITION

World Congress on
Advances in Nutrition, Food Science & Technology
Sep 11-12, 2017 Edinburgh, Scotland
W: nutrition-foodtechnology.alliedacademies.com
E: nutritionworld@alliedconference.com

International Vitamins Summit
Sep 18-19, 2017 Dallas, USA
W: vitamins.alliedacademies.com
E: vitamins@alliedconference.com

International Malnutrition Summit
Sep 18-19, 2017 Dallas, USA
W: nutrition.alliedacademies.com
E: malnutrition@alliedconference.com

International Obesity Summit
Oct 19-21, 2017 Toronto, Canada
W: obesity.alliedacademies.com
E: obesity@alliedconference.com

ONCOLOGY & CANCER

International Conference on
Cancer Biology and Therapeutics
Sep 21-22, 2017 Dallas, USA
W: cancertherapeutics.alliedacademies.com
E: cancerbiology@alliedconference.com

Gynecologic Oncology Congress
Oct 05-06, 2017 Las Vegas, USA
W: gynecologic.alliedacademies.com
E: gynecologiconcology@alliedconference.com

World Congress on
Preventive Oncology
Oct 05-06, 2017 Las Vegas, USA
W: preventiveoncology.alliedacademies.com
E: preventiveoncology@alliedconference.com

World Cancer & Immuno Therapeutics
Sep 27-28, 2017 Chicago, USA
W: worldcancer.alliedacademies.com
E: worldcancer@alliedconference.com

International Obstetricians and Gynaecologists Summit
Oct 19-21, 2017 Toronto, Canada
W: obstetricians.alliedacademies.com
E: obstetricians@alliedconference.com

International Conference on
Onclogy and Therapeutics
Oct 30-Nov 01, 2017 Chicago, USA
W: onclogytherapeutics.alliedacademies.com
E: onclogy@alliedconference.com

OPHTHALMOLOGY

International Conference on
Ocular Pharmacology
Dec 07-08, 2017 Madrid, Spain
W: ocularpharmacology.alliedacademies.com
E: ocularpharmacology@alliedconference.com

PATHOLOGY

World Conference on
Veterinary Pathology
Oct 16-17, 2017 Toronto, Canada
W: veterinary.alliedacademies.com
E: veterinarypathology@alliedconference.com

PEDIATRICS

10th American Pediatric Healthcare Congress
Sep 20-22, 2017 Toronto, Canada
W: pediatrichealthcare.alliedacademies.com
E: pediatricshealth@alliedconference.com

2nd Pediatric Infectious Diseases Congress
Sep 20-22, 2017 Toronto, Canada
W: pediatricinfections.alliedacademies.com
E: pediatricinfections@alliedconference.com

Global Pediatric Oncology Congress
Nov 06-07, 2017 New Orleans, USA
W: pediatriconcology.alliedacademies.com
E: pediatriconcology@alliedconference.com

PETROLEUM

Annual Congress on
Petroleum Refinery and Safety
Sep 28-29, 2017 London, UK
W: petroleumsafety.alliedacademies.com
E: petroleumsafety@alliedconference.com

6th International Conference on
Petroleum Geology and Petroleum Industry
Nov 13-14, 2017 Vienna, Austria
W: petroleumindustry.alliedacademies.com
E: petroleumindustry@alliedconference.com

PHARMACEUTICAL SCIENCES

Global Neuropharmacology and Neurochemistry Congress
Oct 02-04, 2017 Las Vegas, USA
W: neuropharmacology.alliedacademies.com
E: neuropharmacology@alliedconference.com

International Conference on
Chemistry
Oct 02-04, 2017 Las Vegas, USA
W: chemistryconference.alliedacademies.com
E: chemistryconference@alliedconference.com

International Clinical Trials Congress
Oct 16-18, 2017 Toronto, Canada
W: clinicaltrials.alliedacademies.com
E: clinicaltrials@alliedconference.com

ALLIED ACADEMIES CONFERENCES

International Congress on
Drug Discovery and Development
Oct 19-21, 2017 Phoenix, USA
W: drugdiscovery.alliedacademies.com
E: drugdiscovery@alliedconference.com

6th International Conference and Exhibition on
Pharmacology and Ethnopharmacology
Nov 16-17, 2017 Vienna, Austria
W: ethnopharmacology.alliedacademies.com
E: ethanopharmacology@alliedconference.com

7th World Congress on
Hospital ad Clinical Pharmacy
Dec 14-16, 2017 Rome, Italy
W: hospital-clinicalpharmacy.alliedacademies.com
E: clinicalpharmacy@alliedconference.com

PHYSICAL THERAPY REHABILITATION

4th Euro-Global Physiotherapy Congress
Dec 14-15, 2017 Rome, Italy
W: physiotherapy.alliedacademies.com
E: europhysiotherapy@alliedconference.com

PHYSICS

International Conference on
Magnetism and Magnetic Materials
Oct 10-11, 2017 London, UK
W: magneticmaterials.alliedacademies.com
E: magneticmaterials@alliedconference.com

International Conference on
Lasers, Optics & Photonics
Sep 20-22, 2017 Toronto, Canada
W: optics.alliedacademies.com
E: optics@alliedconference.com

PSYCHIATRY

International Conference on
Psychopharmacology
Sep 04-05, 2017 Paris, France
W: psychopharmacology.alliedacademies.com
E: psychopharmacology@alliedconference.com

International Conference on
Mental Health and Primary Care
Oct 16-17, 2017 Toronto, Canada
W: mentalhealth.alliedacademies.com
E: mentalhealth@alliedconference.com

World Congress on
Psychiatry and Psychiatric Disorders
Nov 02-03, 2017 Chicago, USA
W: psychiatricdisorders.alliedacademies.com
E: psychiatricdisorders@alliedconference.com

SURGERY

7th International Conference and Expo on
Cosmetology, Trichology & Aesthetic Practices
Oct 26-27, 2017 Paris, France
W: cosmetology.alliedacademies.com
E: cosmetology@alliedconference.com

TOXICOLOGY

International Conference on
Toxicology and Clinical Pharmacology
Dec 14-16, 2017 Rome, Italy
W: clinicalpharmacology.alliedacademies.com
E: clinicalpharmacology@alliedconference.com

International Conference on
Toxicology and Pharmacology
Nov 01-02, 2017 Toronto, Canada
W: toxicology-pharmacology.alliedacademies.com
E: toxicology@alliedconference.com

VACCINES

Global Vaccines & Vaccination Summit
Oct 02-04, 2017 Vancouver, Canada
W: vaccines.alliedacademies.com
E: gvv@alliedconference.com

World Congress and Exhibition on
Vaccines, Vaccination & Immunization
Nov 16-17, 2017 Vienna, Austria
W: vaccinesworld.alliedacademies.com
E: vaccinesworld@alliedconference.com

ZOOLOGY

International Conference on
Applied Zoology
Sep 18-19, 2017 Toronto, Canada
W: appliedzoology.alliedacademies.com
E: appliedzoology@alliedconference.com

International Conference on
Embryology
Nov 02-03, 2017 Chicago, USA
W: embryology.alliedacademies.com
E: embryology@alliedconference.com

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Associated Journals

Journal of Obesity & Eating Disorders | Journal of Nutrition and Human Health

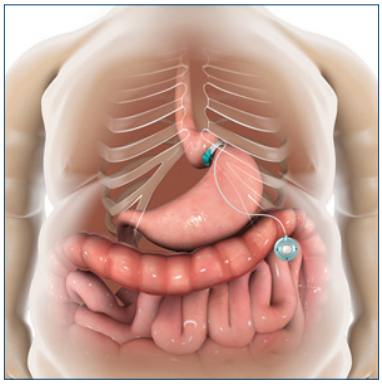
Archives of Digestive Disorders

Obesity & Bariatric Surgery 2017









INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

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

Toronto, Canada

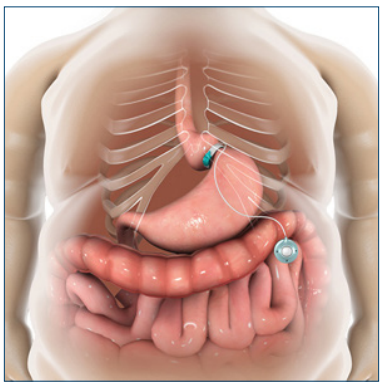
Keynote Forum
August 23, 2017

Obesity & Bariatric Surgery 2017









INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

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

Mervyn Deitel, J Obes Eat Disord, 3:2
DOI: 10.21767/2471-8203-C1-001

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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada



Mervyn Deitel

Director of MGB-OAGB Club, Canada

A brief history of bariatric surgery to the present

Massive obesity results in serious diseases. Surgery has frequently been the only means to achieve and sustain significant weight loss and resolve co-morbidities. Thus, operations providing weight loss by gastric restriction with early satiety and especially by intestinal bypass with controlled malabsorption have evolved over the past 50 years. A brief history of bariatric operations is given, including their major complications, management and potential nutritional sequelae. The bypass operations are now being used to resolve diabetes mellitus type-2 in patients with lesser obesity. Oral supplementation is necessary postoperatively for vitamin D_3, calcium, iron, B_{12} and folate. Currently, the MGB and OAGB are being performed, which are fairly rapid and simple with excellent resolution of co-morbidities, durable weight loss and ease of reversal.

Speaker Biography

Mervyn Deitel was graduated in Medicine from the University of Toronto in 1961 and trained in Surgery at Beth Israel, Bellevue and N.Y. University Hospitals in New York, Roswell Park Cancer Institute in Buffalo and Trauma at Parkland Memorial in Dallas. He has started I.V. Hyperalimentation (TPN) in 1967 in Canada and started Bariatric Surgery in Canada in 1970 with JI-bypass, later gastroplasties and RYGB. He was a Past Professor of Surgery and of Nutritional Sciences, University of Toronto and was Founding Member of the ASBS in Iowa 1983. He was the President of ASBS 1994-1995 and was awarded the Outstanding Achievement Award of the ASMBS Foundation in 2004. He has founded the Obesity Surgery Journal in 1991 and was the Editor-in-Chief from 1991-2008. He was awarded the IFSO Golden Pin in 1997 and IFSO Honorary Life Membership in 2003. He has 202 papers in PubMed and wrote 5 textbooks on nutrition and on bariatric surgery, 21 invited book chapters and has made >500 invited presentations. He served on the Editorial Board of *Journal of American College of Nutrition*, and is an advisor in nutrition to the *American Journal of Family Practice*. He is Chief Advisor of the International Bariatric Club.

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Notes:

Joycelyn M Peterson, J Obes Eat Disord, 3:2
DOI: 10.21767/2471-8203-C1-001

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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada



Joycelyn M Peterson

Oakwood University, USA

Pediatric vegetarian diets are healthful, nutritionally adequate, and may provide health benefits in the prevention of obesity

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

Vegetarian Diets in Perspective: A vegetarian is a person who eats all plant foods, does not eat meat, including fowl or seafood, or products containing these foods. The eating patterns of vegetarians may vary considerably. There are basically three types of vegetarian diets: The lacto-ovo-vegetarian eating pattern, the most common type is based on grains, vegetables, fruits, legumes, nuts, seeds, dairy products, and eggs, lacto-vegetarian diet includes milk with plant foods but excludes any other foods from animals such as eggs and total vegetarian or plant based diet is made of grains, fruits, vegetables, legumes, nuts, seeds, excludes the use of all animal products. Vegan means no animal products excluding the wearing of leather products.

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

Speaker Biography

Joycelyn M Peterson has completed Nutrition and Dietetics degrees at Loma Linda University and Johns Hopkins University (Post-master's studies in international nutrition). She is Professor and Chairperson of Nutrition and Dietetics Department at Oakwood University, Alabama, USA. She has recently published her dissertation in the Annuals of Nutrition Metabolism 8/2011, and is a contributing Writer for newspapers and health magazines and has also published two vegetarian cookbooks. Her professional experience includes vegetarian nutrition consultant, public health speaker, and program planner for international and state-wide public health nutrition initiatives, conducting research at the undergraduate and graduate levels.

e: jpeterson@oakwood.edu

Notes:

Bobby Whisnand, J Obes Eat Disord, 3:2
DOI: 10.21767/2471-8203-C1-001



Bobby Whisnand

Bobby Whisnand Fitness, USA

Built in America: Making wellness fit for life!

Bobby Whisnand rewrites the book on wellness by delivering an eye-opening keynote presentation on the state of wellness in the United States. Bobby turns heads as he clearly shows the medical industry, health associations, companies and individuals what's missing in their ways of wellness. With topics like "The Fitness Industry is Out of Shape", "The Perfect Pair of Genes", "Lucky #23" and "Living Your Life in Dog Years", Bobby opens the eyes and hearts of his audience by showing his turnkey solutions for a much healthier and accountable exercise industry, a clearer path to a nation of healthier eating and a more practical and effective way for the medical industry to show their patients the true way to health. Bobby helps his audiences to see wellness in an entirely new light and paves the way to a much healthier and longer living nation.

Speaker Biography

Bobby Whisnand is a keynote speaker, personal trainer, exercise therapist, and author holding a BS in Psychology from Midwestern State University. He is certified through the International Sports Science Association as a Specialist in Exercise Therapy, Specialist in Sports Nutrition, and as an Elite Trainer. He is also a Cooper Aerobics Institute certified personal trainer. Over his 27 years in the fitness industry, he has designed fitness programs for over 7,000 patients, of which over 5,000 were weight loss surgery patients. He has received endorsements from many doctors and surgeons from many areas of medicine and has represented the American Heart Association as a fitness expert at many events. He has also written several articles on heart health for the Polar Heart Rate Company which were selected for global publication. One of Bobby's favorite things to do is speak, and he has given over 500 presentations on fitness, heart health, and motivation to a wide array of audiences.

e: Bobby@bobbywhisnand.com

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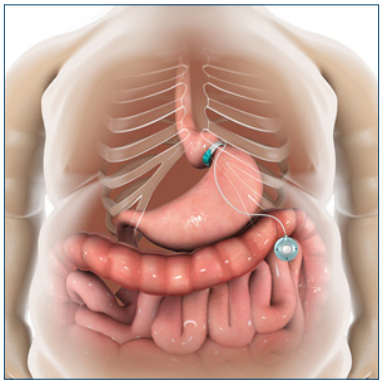
Scientific Tracks & Abstracts
August 23, 2017

Obesity & Bariatric Surgery 2017





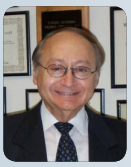




INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

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

Bariatric nursing | Behavioural Medicine and Counselling studies | Endocrinal Disorders and Diabetes |Exercise, Yoga and Physical Activity



Chair
Mervyn Deitel
MGB-OAGB Club, Canada

Session Introduction

Title: Providing bariatric surgery to optimize candidacy for kidney transplantation
Susan Brown, Kentucky One Health, USA

Title: Usefulness of circuit training at home for university females' students
Yoko Takahata, Baika Women's University, Japan

Title: Evolution of newer procedures for increased safety and efficacy
Surendra Ugale, Asian Bariatrics Hospital, India

Title: PESO III: Physical exercise program for obesity class iii - adherence and benefits
Emilian Rejane Marcon, Hospital de Clínicas de Porto Alegre, Brazil

Title: Evolution of type 2 diabetes mellitus in patients undergoing vertical sleeve gastrectomy or Roux-en-Y gastric bypass
César Antonio Martínez-Ortiz, National Autonomous University of Mexico School of Medicine, Mexico

Susan Brown, J Obes Eat Disord, 3:2
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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada

Providing bariatric surgery to optimize candidacy for kidney transplantation

Susan Brown
KentuckyOne Health, USA

Introduction: Vitreoretinal Bariatric surgery has proven to be a necessary adjunctive surgery to improve patient's eligibility for successful kidney transplantation by reducing their BMI to within acceptable limits. In practice, however, the path of a potential kidney patient is different than a typical bariatric patient. Identification of potential patients, pre-operative work up, post-operative follow up and planning between multi-disciplinary teams including bariatric, hospital, transplantation and nephrology, demands strict communication and planning. Pre and post procedural protocol must be outlined and managed to maintain a safe and efficacious environment for bariatric/transplant patients.

Speaker Biography

Susan Brown has completed her Bachelor's degree in Nursing and has been working as Nurse since 23 years. She has experience directly with transplantation and bariatric operations as a Surgery Nurse and is currently a Certified Bariatric Nurse in the office setting. She is the Bariatric Coordinator for the West Market for KentuckyOne Health.

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Yoko Takahata, J Obes Eat Disord, 3:2
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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada

Usefulness of circuit training at home for university female students

Yoko Takahata
Baika Women's University, Japan

Statement of the Problem: Students of university tend to decrease the amount of exercise compared to their previous years and start to drink alcohol at a certain age. It may turn out to be a problem in their later years when they start to decrease the metabolic rate and be the cause of the lifestyle related diseases. It is known to promote basal metabolism is important to prevent obesity. Researchers have reported that the expansion of lung capacity by exercise, giving impetus to brown adipocyte, increasing muscles, choosing the specific food to consume and so on are important for promoting basal metabolism. However, it is not clear if the circuit training at home has an impact on increasing muscles effectively while decreasing fat. The purpose of this study is to show what kind of exercise will affect university females' health including gaining muscles and boning density.

Methodology: Forty one females were recruited with a mean age of 18.5 (range- 18 to 20 years). The follow-up after the intervention was conducted 2 months and 3 months later. The circuit training structured by each subject in choosing the type of exercise from the list researcher made and asked them to do it for 15 minutes at least 3 times in a week. Those subjects were divided into 2 groups of the subjects who had exercise as ordered and the others.

Findings: People in both the groups have increased "stiffness scores" representing bone mass at 2 months and 3 months later but the changes in other factors were different. The muscle mass was gained in the performed training group and the body fat percentage was gained in the other group.

Conclusion: Even a small amount of exercise affects the health of the university female students and it will be related to the health at their later lives.

Speaker Biography

Yoko Takahata had been working as a Public Health Nurse to prevent diseases and promote the health of resident in a town in Japan. She has been training students in the Nursing Department of the university. Her research is also focused on preventing diseases and promotes health, especially in the younger generation.

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Surendra Ugale, J Obes Eat Disord, 3:2
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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada

Evolution of newer procedures for increased safety and efficacy

Surendra Ugale
Asian Bariatrics Hospital, India

Even after 60 years of bariatric surgery, we still do not have any permanent or perfect solutions for long-term control of obesity. The dilemma still remains, whether to use the least invasive or non-invasive procedures and accept lesser gains or use complex procedures giving greater benefits, along with its accompanying disadvantages. With the gastric band getting abandoned in many centers (68% during its peak in 2008 to 10% in 2013), along with gradual reduction in usage of gastric bypass (52% in 2008 to 32% by 2014), the sleeve as a standalone procedure has garnered a greater following worldwide (0 to 37% of the world total from 2003 to 2013). Many studies and clinical practices have established that in the mid-term, many sleeve patients have regained weight with recurrence of some comorbidities. This led to a search for procedures more effective than the sleeve with much lesser side effects of the duodenal switch (<1.5 % of all bariatric procedures worldwide). Newer procedures like sleeve gastrectomy with transit bipartition or ileal interposition, mini-gastric bypass and gastric plication are being increasingly used worldwide, especially in South America and Asia, with fewer centers in Europe and North America. These have simpler techniques and/or greater safety and efficacy. Sleeve with bipartition allows ileal stimulation with normal duodenal access; mini-gastric bypass is a technically simpler bypass with fewer complications but more malabsorption, while plication being modestly effective has the advantage of reversibility. Individualization of procedures would make these most effective.

Speaker Biography

Surendra Ugale is the Chief of Bariatric & Metabolic Surgery at Asian Bariatrics Hospital, India and Visiting Professor of Surgery at KLE University, India. He has been passionate about laparoscopic surgery since 1991 and helped in spreading it to many parts of India and abroad. His team is the 2nd in the world to start Laparoscopic Ileal Interposition for Type-2 Diabetes in 2008 and he has introduced a new scoring system, diabetes severity and remission score. His work is now especially focused on metabolic surgery for diabetes & obesity and he is a Proctor at national and international centers.

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Emilian Rejane Marcon, J Obes Eat Disord, 3:2
DOI: 10.21767/2471-8203-C1-002

PESO III: Physical exercise program for obesity class III - adherence and benefits

Emilian Rejane Marcon
Hospital de Clínicas de Porto Alegre, Brazil

In obese individuals, the exercise provides metabolic, neuromuscular, anthropometric and psychological benefits. It is an important preventive factor and reduces the effects of obesity and promotes a protective effect against the development of cardiovascular disease (CVD). PESO III is a program of physical exercises performed in a public hospital in Brazil that included aerobic and stretching exercises performed in two weekly sessions of up to 60 minutes each, and patients are encouraged to increase the number of steps walked daily. Participants performed the exercise sessions according to their physical condition. They were instructed to perform the exercise within the scheduled time frame, but were permitted to stop it at any time as necessary. Patients participating in this program achieved a significant reduction in body weight, pain and an improvement in functional capacity. This model, we evaluated in a clinical trial with objective to investigate the effect of an exercise program with and without cognitive-behavioral therapy, compared to a control group, on weight, functional capacity, and cardiometabolic profile of morbidly obese individuals in pre bariatric surgery. In this research, we observed that, in 4-month, twice-weekly supervised program of low-intensity physical activity that encourages individuals to adopt more active lifestyle can positively interfere in evaluated parameters with and without the aid of group sessions. We will discuss about how to motivate and prescribe exercises for morbidly obese individuals and to assess the importance of exercise in pre and post bariatric surgery is fundamental.

Speaker Biography

Emilian Rejane Marcon, Physical Educator, is a Specialist in Sports Training and has completed her Master's degree in Health Sciences: Cardiology and PhD degree of Medicine in Surgical Sciences. She works at the Hospital de Clínicas of Porto Alegre, which is a university hospital in the southern region of Brazil. She is a member of the staff of Bariatric Surgery of this hospital and is a Students' Adviser at the University for required and non-required internships at Federal University of Rio Grande do Sul. She coordinates an exercise program for patients with morbid obesity before and after bariatric surgery (PESO III) and works as a Researcher in this area. She is the President of the Nucleus of Physical Health and Rehabilitation of the Brazilian Society of Bariatric Surgery (SBCBM).

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César Antonio Martínez-Ortiz, J Obes Eat Disord, 3:2
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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada

Evolution of type 2 diabetes mellitus in patients undergoing vertical sleeve gastrectomy or Roux-en-Y gastric bypass

César Antonio Martínez-Ortiz
Mexican Social Security Institute, Mexico
National Autonomous University of Mexico School of Medicine, Mexico

Introduction: Diabetes is common in obese patients in Mexico. Risk factors affecting the distribution and frequency of type 2 diabetes mellitus (T2DM) and their complications are well known. It is often associated with overweight or obesity, which in turn can cause insulin resistance and elevated blood glucose levels.

Objective: The objective of the study is to determine if there is remission of T2DM in patients undergoing vertical sleeve gastrectomy (VSG) or Roux-en-Y gastric bypass (RYGB) and, if so, after which one is greater.

Methods: Descriptive, observational, longitudinal and retrospective analysis of data from 33 patients with T2DM and obesity who underwent vertical sleeve gastrectomy or Roux-en-Y gastric bypass, preoperatively and at 12-month follow-up was done. Diabetes remission was defined as glucose below the diagnostic thresholds for T2DM (HbA1c < 6%, fasting glucose < 100 mg/dl if HbA1c was not available) and abscense of active hypoglycemic medication.

Results: Thirty-three patients with diagnosis of obesity and T2DM were divided into two groups: 8 patients, 1 man (3.03 %) and 7 women (21.21 %), VSG; and 25 patients, 6 men (18.18 %) and 19 women (57.50 %), RYGB. After 1 year of follow-up, there was remission in 7 (21.21 %) of 8 patients in the VSG group and in 24 (72.72 %) in 25 (93.93 %) patients in the RYGB group.

Conclusion: Bariatric/metabolic surgery can reverse or improve T2DM in obese patients, and is more effective than medical interventions and lifestyle modifications for weight loss, glycemic control, remission of T2DM, improvements in other cardiovascular risk factors and the decrease of cardiovascular diseases.

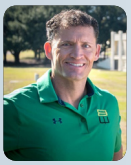
Speaker Biography

César Antonio Martínez-Ortiz attended the MD program at National Autonomous University of Mexico School of Medicine, and both the General Surgery Residency Program and Bariatric/Metabolic Surgery Fellowship at the National Medical Center of the Mexican Social Security Institute, where he is currently Senior Surgeon and Professor both in the Department of Surgery and in the Obesity and Metabolic Diseases Clinic. He also obtained the Master's degree in Health Directive Management at the University of the Valley of Mexico, Laureate International Universities. He is a young Surgeon, interested in clinical and surgical practice, education and research, and hopes to stand out internationally.

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Notes:

Endocrinology | Sleeve Gastrectomy | Management of weight regain after surgery | Weight loss Medication and Surgery



Chair
Bobby Whisnand
Bobby Whisnand Fitness, USA

Session Introduction

Title: Confusion between type 1 (T1D) and type 2 (T2D) diabetes among bariatric surgeons

Mervyn Deitel, MGB-OAGB Club, Canada

Title: Moderating the enthusiasm of sleeve gastrectomy: Up to fifty percent of reflux symptoms after ten years in a consecutive series of one hundred laparoscopic sleeve gastrectomies

Yannick Mandeville, AZ-Delta ziekenhuis, Belgium

Mervyn Deitel, J Obes Eat Disord, 3:2
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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada

Confusion between type 1 (T1D) and type 2 (T2D) diabetes among bariatric surgeons

Mervyn Deitel
MGB-OAGB Club, Canada

Introduction: Type 1 diabetes (T1D) is an auto-immune disorder with permanent destruction of the insulin-secreting beta cells.

Methods: This is a literature review.

Results & Description: In juvenile T1D, no insulin is present, and thus glucose cannot enter cells; thus, metabolism switches to oxidation of fatty acids, which can lead to diabetic keto-acidosis. Adult-onset T1D, called LADA (Latent Autoimmune Diabetes in the Adult), has onset between ages 30–55 and makes up 9-25% of diabetes in adults. LADA may be detected by anti-GAD, anti-insulin and/or anti-islet cell antibodies. Endogenous insulin (from pancreatic beta cells) disappears when there is an extremely low C-peptide (connecting peptide, normally split off from pro-insulin). LADA progresses to no surviving beta cells. T1D has vascular complications (retinal, renal, leg) if insulin replacement is inadequate and permits glucose to remain elevated, but generally does not develop metabolic syndrome. Obesity can occur in T1D if the patient takes excessive insulin, gets hypoglycemia, which leads to more intake of food (a vicious cycle). This can be controlled by dietary surveillance; if not, bariatric surgery for obese T1D can decrease weight, HbA1c and amount of exogenous insulin needed (and can lead to episodes of hypoglycemia), but the T1D patient will always require insulin.

Conclusions: In normal-weight T1D, bariatric surgery has no indication (GLP-1 from the lower bowel has no beta cells to act upon). T1D requires caloric control, which may be difficult after a bariatric operation. T2D is a different disease. Initially, the obese T2D patient has both elevated plasma insulin and insulin resistance. However, in longstanding uncontrolled T2D, muscle and fat cells (starved for glucose) continually signal a compensatory increase in insulin production; this leads to beta-cell apoptosis, ultimately requiring exogenous insulin. Bariatric surgery, and especially the MGB-OAGB, results in cure of T2D in a very high percentage of cases.

Speaker Biography

Mervyn Deitel has completed his graduation in Medicine from the University of Toronto in 1961 and trained in Surgery at Beth Israel, Bellevue and NY University Hospitals in New York, Roswell Park Cancer Institute in Buffalo and Trauma at Parkland Memorial in Dallas. He has started IV Hyperalimentation (TPN) in 1967 in Canada and started Bariatric Surgery in Canada in 1970 with JI-bypass, later gastroplasties and RYGB. He was a Past Professor of Surgery and of Nutritional Sciences at University of Toronto and was Founding Member of the ASBS in Iowa 1983. He was the President of ASBS 1994-1995 and was awarded the Outstanding Achievement Award of the ASMBS Foundation in 2004. He has founded the Obesity Surgery journal in 1991 and was the Editor-in-Chief from 1991-2008. He was awarded the IFSO Golden Pin in 1997 and IFSO Honorary Life Membership in 2003. He has 202 papers in PubMed and wrote 5 textbooks on Nutrition and on Bariatric Surgery, 21 invited book chapters and has made >500 invited presentations. He served on the Editorial Board of *Journal of American College of Nutrition*, and is an Advisor in Nutrition to the *American Journal of Family Practice*. He is Chief Advisor of the International Bariatric Club.

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Bart Smet et al., J Obes Eat Disord, 3:2
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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada

Moderating the enthusiasm of sleeve gastrectomy: Up to fifty percent of reflux symptoms after ten years in a consecutive series of one hundred laparoscopic sleeve gastrectomies

Bart Smet, Yannick Mandeville, Ruth Van Looveren, Peter Jan Vancoillie, Xander Verbeke, Katrien Vandendriessche, Patrick Vuylsteke and **Paul Pattyn**
AZ-Delta ziekenhuis, Belgium

Objectives: Laparoscopic sleeve gastrectomy (LSG) has become a popular one-stage bariatric procedure with a proven efficacy on weight loss. However, the relationship between LSG and gastroesophageal reflux disease (GERD) remains a subject of debate. The objective is to determine the long-term effect of LSG on weight loss and reflux disease.

Methods: A retrospective analysis of 100 consecutive patients who underwent a LSG between January 2005 and March 2009 was performed. The effect of LSG on weight evolution and the relationship between pre-operative and post-operative GERD symptoms and PPI dependency was analysed.

Results: A mean follow-up of 8.48 years (range 6.1-10.3) was achieved. We observed a long-term % excess weight loss (%EWL) of 60%. A significant increase in reflux symptoms and use of PPIs was seen. Seventeen percent suffered from reflux disease preoperatively, versus 50% at the end of the postoperative follow-up (RR=2.5882, 95% CI [1.6161-4.1452], p-value=0.0001). The chance of developing *de novo* reflux after LSG was 47.8% (32/67). Reflux disease was present in 7 of the 26 patients who underwent a secondary Roux-en-Y gastric bypass (RYGB). In 4 of these 7 patients, reflux disease disappeared completely after the secondary RYGB (57.1%).

Conclusions: A satisfactory long-term effect on weight loss was achieved. However, a significant increase in GERD and PPI dependency after LSG was noted. New onset GERD was seen in more than 40% of the study population. Conversion to RYGB is a good option in patients with refractory reflux disease after LSG.

Speaker Biography

Bart Smet has completed his graduation as General Surgeon with special interest in Bariatric Surgery in 1998 from Leuven University. Currently, he is working in a regional hospital in Roeselare, Belgium as Consultant. The department is performing about 450 bariatric procedures, covering the full spectrum from bypass over sleeve to malabsorptive procedures and redo surgery. He has presented bariatric topics on several national and international meetings and was faculty member of multiple bariatric masterclasses and expert meetings. Clinical immersion, live surgery by tele mentoring and proctoring abroad are regularly organized within his department.

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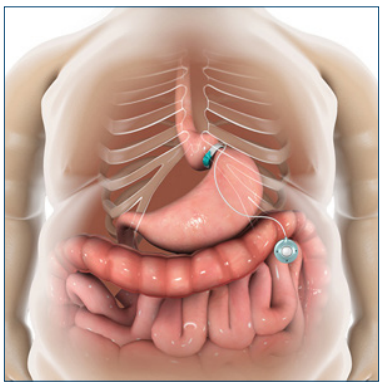
Video Presentaions
August 23, 2017

Obesity & Bariatric Surgery 2017









INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

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Mostafa S Elkady, J Obes Eat Disord, 3:2
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A dramatic response to albendazole in a case of a large hepatic focal lesion mimicking hepatocellular carcinoma

Mostafa S Elkady
Benha University, Egypt

A 81 years old lady, presented with anorexia and severe epigastric pain for 2 weeks. It was of gradual onset and slowly progressive course, dull aching in character, and was associated with vomiting and jaundice. There was no GI.bleeding or change in bowl hobbits. There was no history of ascites, or any other abdominal swellings, Inaddition , there was no constitutional manifestations like night sweat, night fever, Her HBA1C was 5.8%. At presentation ECG revealed no abnormalities however Abdominal ultrasound was done and revealed mild bright hepatomegaly with hypoechoic left lobe hepatic focal lesion at segment II, about (7x6.8cm) with multiple calcifications (hydatid disease??) and chronic calcular cholecystitis with normal spleen and no ascites. Subsequently, AFP and hydatid serology was requested and the results were 1.11 mg/ml and 1/80 respectively. Triphasic CT was also done and revealed a left hepatic lobe segment II hypodense focal lesion (8x7 cm) with no contrast enhanced at all phases of study and calcular gall bladder. The patient received Albendazole and UDCA t.d.s for 4 weeks then follow up ultrasound was done and revealed a hypoechoic hepatic focal lesion (10x8.6 cm) with calcifications suggesting hydatid diseases with normal spleen and no ascites, one month latter follow up ultrasound was done revealed the same left lobe hepatic focal lesion but measuring (8x6 cm). The patient continued the same treatment and ultrasound revealed decreasing size of the hepatic focal lesion to (7x5 cm) and later on after 6 weeks, it reached (2x2 cm) with decreasing ESR and hydatid serology was negative.The patients in now symptom free and kept on follow up.

Speaker Biography

Mostafa Mostafa Elkady , M.D is currently a Professor and Chairman of Gastroenterology Department, Faculty of medicine, Benha University, Egypt, in addition to Research and Clinical Fellow in Gastroenterology Division TTH, University of Toronto, Canada (1994-1995), He is a Member of EASD NAFLD Group, Member of Colleague of Physician and Surgeons of Ontario, Member of the Royal Society of Tropical Medicine and Hygiene. And Currently he is a Consultant of Gastroenterology and Diabetology at Police Hospital Cairo Egypt. He is also a reviewer for Digestive Disease and Science.

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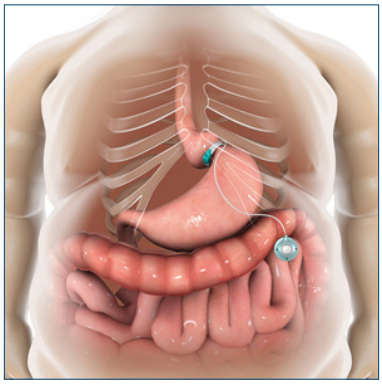
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August 24, 2017

Obesity & Bariatric Surgery 2017









INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Holiday Inn Toronto International Airport
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Chandra Hassan, J Obes Eat Disord, 3:2
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Chandra Hassan

University of Illinois at Chicago, USA

Bariatric surgery: Challenges, barriers and future directions in the surgical treatment of morbid obesity

Bariatric surgery is the most effective long-term treatment for morbid obesity. Despite this fact, currently, only 1% of individuals who are morbidly obese-that is, 1 in 100 people- undergo bariatric surgery. There are numerous current challenges with the surgical treatment of morbid obesity such as the low post-surgical follow-up rates with only 30% of patients following-up after one year. There is also significant weight regain or insufficient weight loss post-bariatric surgery, which may be an additional reason for the lack of post-surgical follow-up. In addition, there are several novel procedures for the treatment of obesity which do not necessarily lead to significant improvement in weight loss. Most of all, surgical and medical approaches to obesity do not typically address the underlying causes of obesity (e.g., unhealthy diets, physical inactivity, etc.). There are also numerous barriers to the surgical treatment of obesity, including the selection criteria, the costs associated with bariatric surgery and the fact that certain ethnic minority groups are not seeking bariatric surgery at the same rate as other ethnic groups. The aim of this presentation is threefold: First, to describe the current state of the bariatric surgery care and outcomes; second, to describe the current challenges and barriers to seeking pre- and post-bariatric care and third to describe the process of the comprehensive structuring of our pre- and post-surgical treatment of obesity program in order to improve outcomes. The overall goal is to issue a call to action to develop strategic plans to improve post-surgical weight loss and medical and psychosocial outcomes in order to enhance the overall management of the surgical treatment of obesity.

Speaker Biography

Chandra Hassan has completed his MD degree and post-graduate work in Surgery from Stanley Medical College, University of Madras, India. He has then received a Fellowship from the Royal College of Surgeons of England. He has completed his Internship and Residency at Bronx-Lebanon Hospital Center at Yeshiva University and Albert Einstein School of Medicine, Bronx, NY and completed Bariatric Surgery Fellowship at Danbury Hospital at Yale University, USA. He is currently an Assistant Professor of Surgery and the Director of Bariatric Surgery at both the University of Illinois at Chicago, Division of General, Minimally Invasive and Robotic Surgery and at Mount Sinai Hospital in Chicago, Illinois. He is also a Fellow of the American College of Surgeons.

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Moise Bendayan, J Obes Eat Disord, 3:2
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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada



Moise Bendayan

University of Montreal, Canada

Oral administration of leptin for the control of food intake and weight management

Leptin plays fundamental roles regulating appetite and energy expenditure. Originally discovered as an adipokine, it is also secreted by the gastric chief cells in an exocrine regulated fashion. To overcome the harsh conditions of the gastric juice it is complexed to a chaperon, the soluble isoform of its receptor. The released leptin-leptin receptor complex is channeled towards the intestinal lumen. Leptin is then internalized by the duodenal enterocytes, transcytosed and released towards circulation to reach target cells. The physiological presence of leptin in the gastric juice led us to put forward the proposal of an oral administration of leptin. Oral leptin administered in an appropriate vehicle that protects from early degradation by gastric and pancreatic juices and promotes internalization by the intestinal cells, led to its rapid appearance in circulation. Once administered to normal and obese mice, oral leptin decreased food intake by 60% and significantly reduced body weight. The effects were proportional to the administered amounts. By adjusting these, we were able to reduce and stabilize body weight in ob/ob obese mice for long periods of time. Studies with dogs using an oral tablet containing leptin with the different components that protect and promote leptin internalization, has shown its efficiency in reducing food intake. Further studies demonstrated that oral leptin stimulated brown adipose tissue. It activates UCP1 and other mitochondrial enzymes for lipid oxidation, lipolysis and decreases in fat synthesis, leading to rapid reduction of body weight and adiposity. Taken together these results demonstrate that oral leptin reaches blood circulation and target cells very efficiently. Besides acting as a satiety hormone reducing appetite and decreasing food intake, oral leptin triggers lipolysis for the overall major loss of body weight.

Speaker Biography

Moise Bendayan Full Professor Department of Pathology & Cell Biology, Faculty of Medicine Université de Montréal, Montreal Quenbec Canada 1976: Ph.D. Anatomy University of Montreal (Drs Rasio & Sandborn) 1976-1979 Post-doctoral training, Département de Morphologie Université de Genève (Dr Orci) 1981-1982 Institut de la recherche sur le cancer Villejuif France (Dr Puvion) 1987 and 2006 Sabbatical at the Diabetes Unit, Hadassah Hospital Hebrew University Jerusalem, 1979-Assistant Professor University of Montreal 1988- now Full Professor 1990-98 Chair Department of Anatomy-Cell biology Membre du Montreal Diabetes Center Research grants from: CRM, IRSC, FRSQ, Heart Fondation, Juvenile Diabetes Foundation, NIH, Diabete Quebec and others Average 150,000-200,000$/year + millions in equipment Publications by December 2016. 21 book chapters 290 original articles in peer reviewed journals (Nature, Science, Journal of Cell Science) 291 Congress Abstracts. Administration :Chairman of the Department Member of many Scientific Associations among which : President of the American Histochemical Society , Vice President of the Canadian Anatomists ,President and Member of the CIHR, FRSQ. Diabete Quebec…research committees Research on Endocrinology, Diabetes, Obesity, Cell and Molecular Biology since 1972

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Mehmet Emre Atabek, J Obes Eat Disord, 3:2
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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada



Mehmet Emre Atabek

Necmettin Erbakan University, Turkey

Non-alcoholic fatty liver disease in childhood obesity as an increasing problem

Pediatric liver disease is a serious complication of childhood obesity. The growing obesity epidemic is believed to be a main character of the rising prevalence of nonalcoholic fatty liver disease (NAFLD) in children. NAFLD refers to a spectrum of hepatic pathologies ranges from simple steatosis to steatohepatitis, fibrosis and cirrhosis of the liver. It is generally related with obesity and associated with generally metabolic syndrome and type 2 diabetes mellitus, dyslipidemia, hypertension, a cardiovascular disease risk. In this presentation, we discuss the current status of non-alcoholic fatty liver disease in childhood obesity.

Speaker Biography

Mehmet Emre Atabek has completed his Ph.D from Erciyes University and Post-doctoral studies from Selcuk University School of Meram Medicine. He is the Director of Pediatric Endocrinology, a premier pediatric endocrinolgy and diabetology service organization. He has published more than 120 papers in reputed journals and has been serving as an Editorial Board Member of repute. He has been interested in searching metabolic problems of obese children in most of his articles. His articles have been cited more than 1100 citations by another article in Web of Science so far. He continues to work as Head of the Department of Pediatric Endocrinology, Necmettin Erbakan University.

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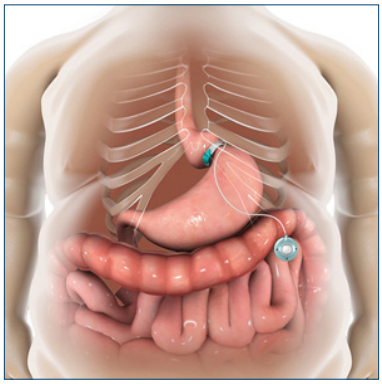
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August 24, 2017

Obesity & Bariatric Surgery 2017









INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

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

Effects of Obesity on Children and Women's Health | Current Research, Control & Prevention of Obesity | Obesity | Advanced treatments for Obesity | Dietary Supplement, Nutrition & Healthy Lifestyle



Chair
Qiaozhu Su
University Of Nebraska-Lincoln, USA

Session Introduction

Title: Title: Lifestyle and behavioral determinants of long-term weight change in women

Darline K. El Reda, Kuwait University, Kuwait

Title: Title: High amylose cornstarch improves blood glucose concentration, but does not affect satiety or food intake in healthy individuals

Tasleem A. Zafar, Kuwait University, Kuwait

Title: Title: Prevention of non-alcoholic fatty liver disease (NAFLD) and increasing lipid metabolism

Marjan Farshadi, Toronto Liver Centre, Canada

Darline K. El Reda, J Obes Eat Disord, 3:2
DOI: 10.21767/2471-8203-C1-002

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INTERNATIONAL OBESITY, BARIATRIC AND METABOLIC SURGERY SUMMIT AND EXPO

August 23-24, 2017 | Toronto, Canada

Lifestyle and behavioral determinants of long-term weight change in women

Darline K. El Reda
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Objective: To describe the determinants of 12-year weight change among a cohort of middle-aged women.

Methods: In 1991/1992, 49,259 women across Sweden were recruited into a cohort. In 2003, 34,402 (73%) completed a follow-up survey. Demographic, lifestyle and health characteristics, including weight were collected using baseline and follow-up surveys and twelve-year weight change and substantial weight gain (≥+5.0 kilogram [kg]) were calculated; association between baseline characteristics and odds ratios (OR) with 95% confidence intervals (CI) of substantial weight gain were estimated.

Results: The majority (81%) of women experienced weight gain during the twelve-year follow-up. Being above average weight (64.5 kg) at baseline [OR =1.20, 95% CI: 1.14, 1.26] and smoking 1-9 [OR=1.10, 95% CI: 1.01, 1.20], 10-19 [OR=1.30, 95% CI: 1.21, 1.39], or ≥20 cigarettes daily [OR=1.17, 95% CI: 1.04, 1.32] increased a woman's odds of experiencing substantial weight gain. However, risk of substantial weight gain was reduced among women 45-50 years of age [OR=0.79, 95% CI: 0.73, 0.85], women reporting high alcohol consumption [OR=0.90, 95% CI: 0.83, 0.98], and those with medium [OR=0.93, 95% CI: 0.87, 1.00] or high [OR 0.83, 95% CI: 0.77, 0.90] physical activity levels. Smoking cessation (OR=1.88, 95% CI: 1.68, 2.11) and decreasing physical activity (OR=1.58, 95% CI: 1.48, 1.68) were associated with increased odds of substantial weight gain as compared to women who reported no smoking at baseline and follow-up and women who reported no changes in physical activity, respectively.

Conclusions: The majority of women experienced weight gain during middle-age. Women who start middle-age at an above average weight or as a cigarette smoker may be uniquely challenged in their weight management efforts, highlighting the value of population-specific determinants of weight gain in guiding obesity prevention efforts in women.

Speaker Biography

Dr. El Reda has over 15 years of experience in public health practice across a variety of settings, such as city, county, state, federal, and private sector in the United States. Most recently, she has been focused on the application of epidemiologic and statistical principles in the assessment of primary care practice delivery for 4.5 million insured patients in Michigan using health insurance claims data. In addition, she has been an Adjunct Assistant Professor with Michigan State University's College of Human Medicine teaching graduate courses in epidemiology, biostatistics, and health informatics since 2012. She is an alumni of the Centers for Disease Control and Prevention's Epidemic Intelligence Service and has published on the topics of maternal and child health, primary care practice transformation, disease prevention programs, and infectious disease outbreaks. She is currently an Assistant Professor with the faculty of Public Health at Kuwait University.

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Tasleem A. Zafar, J Obes Eat Disord, 3:2
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August 23-24, 2017 | Toronto, Canada

High amylose cornstarch improves blood glucose concentration, but does not affect satiety or food intake in healthy individuals

Tasleem A. Zafar
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Statement of the Problem: High fiber diets are known to promote satiety and sustain normal blood glucose through delayed digestion and gradual glucose absorption (1). The impact of high fiber diets on body weight regulation is thought to be due to their low energy density (2). Starches that resist digestion in the small intestine are known as resistant starches (RS) and contribute to the total fiber load. Because of the epidemic prevalence of overweight, and obesity worldwide (3-4), RS is considered to incorporate in commercial food products to curtail body weight gain. High-Amylose (5). Cornstarch (HAMS) is classified as a high fiber food due to its high RS content. However, the role of HAMS on energy intake is unclear. The aim of the present study was to explore if the consumption of RS will lead to higher satiety and lower food intake (FI) or will it promote more FI to compensate for the energy dilution of the RS. Methodology of the study included four test drinks administered to healthy volunteers as 75 g glucose (G) or amylose (A), 75 g 50:50 glucose-amylose (G-A) and artificially sweetened water control (C) after an overnight fast once a week. Pizza meal was served after blood glucose and appetite measurement were recorded at 0, 15, 30, 45, 60, 90 and 120 minutes by using a portable glucometer and visual analogue questionnaire.

Findings: both glycemic response and blood glucose area under the curve were lower in the order as G > G-A > A=C ($p<0.0001$). However, FI and satiety were unaffected by the test treatments ($p > 0.05$). No association was found between blood glucose and FI

Conclusion: HAMS improves blood glucose response but it's no effect on satiety and FI demands a careful interpretation of the dietary fibers specifically resistant starches on body weight management. The research was funded by the Research Office of Kuwait University, Grant # FF01/16.

Speaker Biography

Tasleem A. Zafar, Associate Professor, earned her Ph.D. degree in Foods and Nutrition at Purdue University, USA. She obtained a substantial research experience as Research Associate at Purdue, and University of Toronto, Canada. She has a vast experience of more than 30 years of teaching graduate and undergraduate students and guiding research. Her focal research interests concentrate on to explore a breakthrough for the epidemics of obesity and diabetes through functional food ingredients. She has published more than 20 original research articles in peer-reviewed journals and contributed chapters to four scholarly books published by Wiley-Blackwell Publishing Co., New York, USA and by IGI Global, USA. She has given invited talks, oral presentations and chaired several sessions at international conferences. She is an honorary editor of the Paki Journal of Home-Economics (PJHE) and has served as an honorary reviewer for many prestigious journals.

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Marjan Farshadi, J Obes Eat Disord, 3:2
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August 23-24, 2017 | Toronto, Canada

Prevention of Non-Alcoholic Fatty Liver Disease (NAFLD) and increasing lipid metabolism

Marjan Farshadi
Toronto Liver Centre, Canada

As a chronic disease, non-alcoholic fatty liver disease (NAFLD) is recognised to be the hepatic manifestation of obesity and metabolic syndrome, extending from simple steatosis to more severe nonalcoholic steatohepatitis (NASH), involving inflammation and apoptosis with or without fibrosis and cirrhosis. NAFLD is the most frequent hepatic condition in developed countries and can lead to steatohepatitis, cirrhosis and even liver cancer. Thus, managing NAFLD is one of the issues that need to be considered in the treatment of obesity. The exact mechanism of the onset and development of NAFLD is not clear although some possible role players have been identified: oxidative stress, increased fatty acid syntheses, and inflammation. Up to the present time, conventional and modern medications used to treat NAFLD are not adequate and may lead to serious adverse effects. The perennial herb Curcuma longa L., with tha common name of Java turmeric, has been used as a traditional therapeutic plant to decrease the sensitivity of the liver to lipid peroxidation, as well as beneficial properties against cancer, abnormally reduced fatty acid levels, and inflammatory disorders in adipose tissue. Studies have shown that consuming turmeric supplements improves serum glucose indices and leptin levels in patients with NAFLD. Ginger is another dietary supplement that might be effective in improving NAFLD-related metabolic diseases.

Speaker Biography

Marjan Farshadi has her expertise in science-based natural remedies. After years of experience in research, natural health, medicine and pharmaceuticals, she established a research-based company to continue in-depth research and development of natural health products based on scientific evidences. She is working in Toronto Liver Centre studying liver diseases, mainly fatty liver disease

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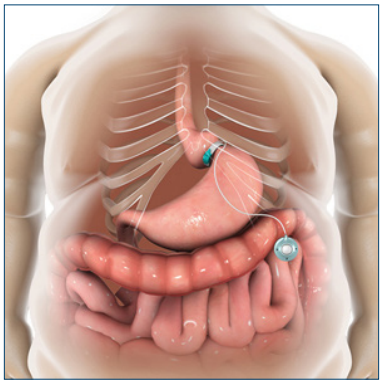
Workshop
August 24, 2017

Obesity & Bariatric Surgery 2017









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August 23-24, 2017 | Holiday Inn Toronto International Airport
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Shaweta "Shay" Vasudeva, J Obes Eat Disord, 3:2
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Shaweta "Shay" Vasudeva

Shaythecoach, USA

The mind-body integration technique for obesity

This workshop is a hands-on, interactive experience supporting the research of Malkina-Pykh, IG (2012) and the works of authors Wilder, Kris (2007), Kelly, Michael (2001), McCarthy, Patrick (1995) and Milne, Hugh (1995). Their works cover associations between the Mind-Body Connection and the importance of integrating a holistic approach to reach optimal levels of fitness, thereby impacting levels of obesity in individuals. Focus is placed on a health based movement practice within the scope of the client's abilities. The workshop will cover breathing techniques, beginning and simple movement, and the promotion of a positive and nonjudgmental support system. The methods will be taken from personal experience of teaching movement based practices since 2004 successfully with elementary to college aged students. The combination of the three allows for awareness of the human body and how truly interconnected it is. When we as people eat, we put food into the human body. When we breathe and move, we train the human body. When we connect with other like-minded people, we are connecting to other human bodies. Through this awareness, practice and connection students can start to have a sense of belonging and thereby impacting levels of obesity.

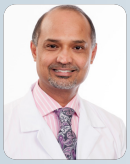
Speaker Biography

Shaweta "Shay" Vasudeva is a Certified Personal Fitness Trainer, Certified Nutritional Therapist and Black Belt Karate and Tai Chi Instructor for Shaythecoach, a company she founded as a result of her passion to help others become the best version of "SELF." She does this by offering Personal Fitness Training and Nutritional Programs, Karate and Tai Chi classes. She has earned a Bachelor of Arts and Master of Arts in Psychology and has had a very successful career as a Substance Abuse Counselor.

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Notes:

Obesity | Roux-en-Y gastric bypass | Genetics of Obesity | Obesity Diet | Adjustable Gastric Banding



Chair
Chandra Hassan
University of Illinois at Chicago, USA

Session Introduction

Title: Blood glucose pattern in type-2 diabetics and healthy individuals after consumption of parboiled rice

Tasleem A. Zafar, Kuwait University, Kuwait

Title: MicroRNA-378 in metabolic inflammatory stress and hepatic insulin resistance

Qiaozhu Su, University of Nebraska-Lincoln, USA

Tasleem A. Zafar et al., J Obes Eat Disord, 3:2
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Blood glucose pattern in type-2 diabetics and healthy individuals after consumption of parboiled rice

Tasleem A. Zafar, Samar Hamad and **Jiwan Sidhu**
Kuwait University, Kuwait

Statement of the Problem: The type of starch in the carbohydrate ingested foods influences the postprandial blood glucose concentration (1-2). The alteration of the physicochemical nature of the starch granule can modify its effect on the postprandial glycemia (2). Rice, a highly consumed staple grain falls in the high glycemic index foods category (3-4). A relatively high incidence of diabetes is reported in rice-consuming countries (5). Not much information is available on its pre-absorptive physiological handling by the type-2 diabetic individuals. The aim of this study was to compare the blood glucose patterns in type-2 diabetic and healthy individuals after parboiled rice (PBR) to white (WR) or brown rice (BR).

Methodology: Both diabetic and healthy subjects (n=35) were fed the three cooked rice samples in a portion of 50g of available carbohydrates on three separate days with a washout period of one week. Blood sugar level were tested at 0, 15, 30, 45, 60, 90, and 120 min after completely ingesting the rice samples.

Findings: The post-prandial blood glucose response of PBR in healthy subjects was significantly lower both in the absorptive period such as at 15, 30, and 45 min as well as in the glucose disposal period of 60, 90 and 120 min compared to WR or BR. The blood glucose concentration for the diabetic subjects was, however, significantly lower only in the glucose disposal period and not in the glucose absorptive period after the PBR (Figure1).

Conclusion and significance: Parboiled rice significantly reduced glycemic response in both study populations. Furthermore, differences were observed between the two groups in the pre-absorptive rice metabolism. Both white and brown rice produced similarly high blood glucose concentration among both groups of subjects at all time point of testing. Parboiled rice consumption is recommended a better alternative to WR or BR for diabetic people.

Speaker Biography

Tasleem A. Zafar, Associate Professor, earned her Ph.D. degree in Foods and Nutrition at Purdue University, USA. She obtained a substantial research experience as Research Associate at Purdue, and University of Toronto, Canada. She has a vast experience of more than 30 years of teaching graduate and undergraduate students and guiding research. Her focal research interests concentrate on to explore a breakthrough for the epidemics of obesity and diabetes through functional food ingredients. She has published more than 20 original research articles in peer-reviewed journals and contributed chapters to four scholarly books published by Wiley-Blackwell Publishing Co., New York, USA and by IGI Global, USA. She has given invited talks, oral presentations and chaired several sessions at international conferences. She is an honorary editor of the Paki Journal of Home-Economics (PJHE) and has served as an honorary reviewer for many prestigious journals.

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MicroRNA-378 in metabolic inflammatory stress and hepatic insulin resistance

Xiao Cheng, Yongyan Song, Neetu Sud and Qiaozhu Su
University of Nebraska-Lincoln, USA

Statement of the Problem: MicroRNAs (miRNAs) are non-coding RNAs with a length of 19 to 25 nt that are involved in posttranscriptional gene regulation by binding to the 3'-untranslated regions (3'-UTR) of targeted mRNA and impacting diverse cellular processes, including cell differentiation, energy metabolism and chronic inflammation. MicroRNA-378a (miR-378a) has been reported to regulate adipose tissue browning and cancer development. However, its role in cellular stress signaling and hepatic insulin resistance has not yet been investigated. Findings: Here we reported that expression of hepatic miR-378a was upregulated by metabolic inflammatory inducers, such as high fructose feeding, bacterial lipopolysaccharide (LPS) and inflammatory cytokine TNF□. The elevated miR-378a subsequently targeted the 3'-UTR of PPAR□□which compromised mitochondrial fatty acid □-oxidation and induced mitochondrial and ER stress. miR-378a was further found to directly interact with the dsRNA binding motifs within the dsRNA activated protein kinase PKR and activated the kinase to sustain the inflammatory stress and blunt the insulin signaling in the liver. Genetic depletion of miR-378a rescued hepatocytes from mitochondrial and ER stress, systemic inflammation and insulin resistance induced by fructose and LPS. Conclusion & Significance: This study, for the first time, demonstrates that miR-378a is a mediator in metabolic inflammatory stress and contributes to the onset of insulin resistance. It further unveils that certain miRNA is capable of directly interacting with and activating protein kinase PKR to sustain the stress signaling between mitochondria and ER. This discovery greatly broadens the physiological function of miRNAs by demonstrating that, in addition to target genes on the mRNA level, miRNAs are able to interact with RNA binding protein(s) and directly exert its regulatory effect on the protein levels. Results from this study may provide rationale for using miR-378a as a pharmaceutical target in the prevention and treatment of insulin resistance and related metabolic syndrome.

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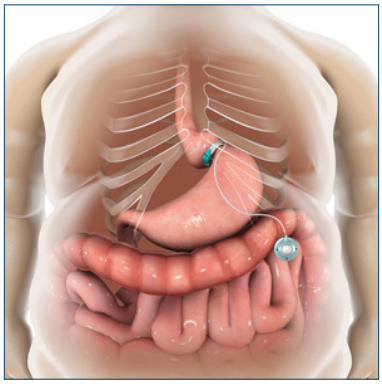
Accepted Abstracts

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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

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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

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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?

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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

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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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Function preserving metabolic surgery for low BMI type-2 diabetes

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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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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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