

OBESITY

PP-O-01

EVALUATION OF STATIN AND OTHER LIPID-LOWERING THERAPIES AMONG PATIENTS WITH ISCHAEMIC HEART DISEASE ADMITTED TO THE HOSPITAL: TWO-YEAR FOLLOW-UP STUDY

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Ying Hui Mak,¹ Fionn Chua,² Audrey Lam,¹ Lily Mae Dacay,³ Zhong Hui Lee,¹ Vern Hsen Tan,⁴ Colin Yeo,⁴ Wann Jia Loh³

¹Department of Pharmacy, Changi General Hospital, Singapore

²Dietetics Department, Changi General Hospital, Singapore

³Department of Endocrinology, Changi General Hospital, Singapore

⁴Department of Cardiology, Changi General Hospital, Singapore

INTRODUCTION

American and European cardiovascular guidelines recommend high-intensity statin therapy in patients with ischemic heart disease (IHD) in the absence of statin intolerance. Combination therapy with ezetimibe and/or proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors should be considered in patients with suboptimal low-density lipoprotein-cholesterol (LDL-C). It remains unclear whether the current prescription of lipid-lowering therapies (LLT) in the real-world setting adheres to these recommendations. Hence, we sought to assess the prescription pattern of LLT in patients with IHD and their LDL-C goal attainment rates.

METHODOLOGY

Five hundred fifty-five patients with IHD who were admitted to the hospital were recruited. Their LLT prescriptions and corresponding LDL-C levels at baseline, and at 6, 12 and 24 months were assessed.

RESULTS

Our study participants were mostly males (82.3%), of Chinese ethnicity (48.5%) and newly diagnosed with IHD (47%). High-intensity statin prescription increased from 45.4% at hospital admission to 87.5% at discharge and remained similarly high at 80-84% at 6, 12 and 24 months. Other LLTs were concomitantly prescribed to 19.3% of patients at discharge and increased to 44.5% at 24 months. Ezetimibe was the most common second-line LLT prescribed (40.8%, n=187) followed by inclisiran (n = 5) and anti-PCSK9 monoclonal antibodies (n = 4). However, the LDL-C goal of <1.8 mmol/L was achieved in only 44% of patients at 6 and 12 months, and 47.2% at 24 months. When LDC-goal of <1.4 mmol/L was adopted, only 21-22% of patients achieved goal LDL-C targets at 6, 12 and 24 months. The highest percentage of patients achieving LDL-C <1.4 mmol/L was at 24 months (22%).

CONCLUSION

LDL-C goals were not achieved in more than half of our study cohort despite high prescription rates of high-intensity statin. The second and third line LLT are under-prescribed. More efforts should be made to improve LDL-C control in these high-risk cohorts of patients.

KEYWORDS

statin, lipid-lowering therapy, cardiovascular disease, low-density lipoprotein

PP-O-02

ASSOCIATION OF FOOD INTAKE WITH METABOLIC SYNDROME AMONG FILIPINO ADULTS IN THE 8TH PHILIPPINE NATIONAL NUTRITION AND HEALTH SURVEY (NNHeS)

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Patricia Marie Lusica and Cecilia Jimeno

College of Medicine, University of the Philippines - Philippine General Hospital, Manila, Philippines

INTRODUCTION

The prevalence of metabolic syndrome among Filipino adults was found to be 12-15%. Diet has been one of the identified modifiable risk factors targeted to prevent disease or complications. The association of each macronutrient component with metabolic syndrome remains unclear. There is no Philippine data on macronutrient intake and metabolic syndrome. The primary objective of this study is to determine the association of food intake with metabolic syndrome among Filipino adults.

METHODOLOGY

This study utilized a cross-sectional analytic design. Data was obtained from the results of the 8th Philippine NNHeS done in 2013 from the Public Use Files of the Food and Nutrition Research Institute. Filipino adults from different regions of the Philippines who consented to participate in the interview, anthropometrics, blood collection for clinical data, and other measurements were included in this study.

RESULTS

There were 8,056 adults included in the 8th NNHeS. The prevalence of metabolic syndrome was 32%. Multivariate analysis showed that increased total protein intake (OR 1.391), and daily consumption of meat and poultry (OR 1.397), and condiments and spices (OR 1.329) were associated with increased risks for metabolic syndrome. Decreased vegetable intake was also associated with an increased risk for metabolic syndrome, as well as higher socioeconomic status, female sex, and old age.

CONCLUSION

Increased total protein intake, daily consumption of meat, poultry, condiments and spices, and decreased vegetable intake are associated with an increased risk for metabolic syndrome.

KEYWORDS

metabolic syndrome, food intake

PP-O-03

FETAL ABDOMINAL OBESITY AND ADVERSE PERINATAL OUTCOMES IN OLDER AND OBESE PREGNANT WOMEN WITH NORMAL GLUCOSE TOLERANCE

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Dr. Wonjin Kim

CHA Gangnam Medical Center, CHA University, Seoul, Republic of Korea

INTRODUCTION

We previously observed an increased prevalence of fetal abdominal obesity (FAO) in older with/without obese women with gestational diabetes mellitus. We investigated whether the increased risk of FAO was also present in older with/without obese women with normal glucose tolerance (NGT).

METHODOLOGY

We retrospectively reviewed 6,721 individuals with NGT, diagnosed by 50-g glucose challenge test (GCT) <140 mg/dL or normal subsequent 100-g oral glucose tolerance test if GCT ≥140 mg/dL. FAO was investigated ultrasonographically using ratios of gestational age with abdominal circumference, biparietal diameter, and femur length. The NGT subjects were divided into group 1 (age <35 years and pre-pregnant body mass index (BMI) <25 kg/m²), group 2 (age <35 & BMI ≥25), group 3 (age ≥35 and BMI <25), and group 4 (age ≥35 and ≥25).

RESULTS

FAO ratios of groups 3 and 4 were significantly higher than group 1. Relative to group 1, the adjusted odds ratio for FAO in group 3 was 1.42 (95% CI; 1.17-1.73, *p* <0.05), and in group 4 was 1.90 (1.15-3.15, *p* <0.05). The odds ratio for large gestational age (LGA) at birth, relative to group 1, were 3.06 (1.96-4.77, *p* <0.005), 1.47 (1.16-1.86, *p* <0.005), and 2.82 (1.64-4.84, *p* <0.005) in group 2, 3 and 4, respectively. The odds ratio for primary cesarean delivery in group 3 was 1.33 (1.18-1.51, *p* <0.005).

CONCLUSION

Increased risk of FAO at 24-28 GW and the ensuing adverse perinatal outcomes of LGA and primary cesarean delivery were observed in the older with/without obesity but not in the younger/non-obese NGT women.

KEYWORDS

normal glucose tolerance, fetal abdominal obesity, macrosomia, pregnancy, high-risk

PP-O-04

WEIGHT BIAS AMONG MEDICAL STUDENTS IN A SOUTHEAST ASIAN MEDICAL SCHOOL

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Lim Quan Hziung,¹ Tan Wooi Hang,¹ Leong Van Jet,¹ Na Yun Ling,¹ Nicholas Hee Ken Yong,² Tharsini Sarvanandan,² Sharmila Sunita Paramasivam,¹ Jeyakantha Ratnasingam,¹ Lim Lee Ling,¹ Shireene Ratna Vethakkan, Chan Siew Pheng

¹Department of Medicine, Faculty of Medicine, University of Malaya, Malaysia

²University Malaya Medical Centre, Malaysia

INTRODUCTION

Weight bias is a preconceived negative notion towards individuals who are overweight and obese. These biases can be explicit, which are negative attitudes consciously held and outwardly expressed; or implicit, which may be covert and subconscious. Both implicit and explicit weight biases have been documented to be prevalent among medical students in multiple countries and may potentially persist into their professional careers and compromise healthcare delivery to patients who are overweight and obese.

METHODOLOGY

In this cross-sectional study carried out from July to August 2023, undergraduate medical students at various stages of training from the University of Malaya were recruited using systematic stratified sampling and invited to complete a questionnaire. After demographic data including age, race, sex, body mass index, and stage of training were collected, they were required to complete an online Implicit Association Test, a computerized image-word association task to elicit any implicit weight bias. This was followed by a questionnaire comprising the Attitudes Towards Obese Persons (ATOP) scale and Anti-fat Attitudes (AFA) questionnaire, to document their explicit weight biases. The ATOP scale is a 20-item Likert rating scale, which requires respondents to indicate the extent to which they agree or disagree with statements regarding people who are overweight/obese, with a total score ranging from 0 to 120. Higher ATOP scores reflect more positive attitudes towards individuals with obesity. The AFA questionnaire