

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

<https://doi.org/10.15605/jafes.038.AFES.134>

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

<https://doi.org/10.15605/jafes.038.AFES.135>

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