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/m^2), 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
[1]*Department of Medicine, Faculty of Medicine, University of Malaya, Malaysia*
[2]*University 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

consists of 3 subscales, dislike, fear of fat, and willpower, and also uses a Likert-type response format from 0 to 9. Higher scores indicate stronger anti-fat attitudes.

RESULTS

A total of 200 medical students from pre-clinical and clinical years completed the survey. The respondents were predominantly female (58.40%), with a median age of 22.0 years. A majority (72.5%) of respondents had an implicit preference towards thin people. Overall, students identifying as female held more positive attitudes (77.56 ± 13.37) compared to students identifying as male (73.27 ± 13.61) (p <0.05) on the ATOP scale. There was a positive correlation (R = 0.214) between Body Mass Index (BMI) and more positive attitudes towards obese persons (p <0.05). Overall, the respondents scored highest for AFA-Fear (11.79 ± 8.82) followed by AFA-Willpower (10.08 ± 5.61) and AFA-Dislike (9.50 ± 8.82). There was a positive correlation between BMI and AFA-Fear scores (p <0.01). There were no significant gender differences in the AFA scores. Age, ethnicity, stage of medical training, and hometown of origin were not significantly associated with implicit or explicit biases.

CONCLUSION

The study demonstrates the high prevalence of implicit weight bias and the extent of explicit weight biases among medical students at the University of Malaya. BMI and gender were important factors associated with these biases. The phenomenon of weight bias must be highlighted in medical education to prevent it from negatively affecting healthcare delivery in the future.

KEYWORDS

obesity, overweight, weight bias, stigma, medical students

PP-O-05

PICWICKIAN SYNDROME, A RARE CASE AND DREADFUL COMPLICATION IN MORBID OBESITY: A CASE SERIES

https://doi.org/10.15605/jafes.038.AFES.136

Irma Febrina, Nanny Soetedjo, Maya Kusumawati, Ervita Ritonga, Hikmat Permana

Padjajaran University/Dr. Hasan Sadikin Hospital, Bandung, Indonesia

CASE

Picwickian Syndrome or Obesity hypoventilation syndrome (OHS) is a respiratory consequence of morbid obesity that is characterized by alveolar hypoventilation during sleep and wakefulness. The disorder involves a complex interaction between impaired respiratory mechanics, ventilatory drive, and sleep-disordered breathing. The first case: A 65-year-old female, from West Java Indonesia, with a BMI of 62.5 kg/m^2, presented to the hospital with unconsciousness and respiratory distress. On admission, she was noted to have multiorgan dysfunction including respiratory failure and renal failure. She was diagnosed with Sepsis et causa Community-Acquired Pneumonia with MODS encephalopathy, morbid obesity with Picwickian syndrome, and tuberculosis. The second case: A 27-year-old male, from West Java Indonesia, with a BMI of 50.6 kg/m^2. He came to the hospital with respiratory distress. He was diagnosed with Sepsis due to hospital-acquired pneumonia with MODS, respiratory failure, encephalopathy, morbid obesity with Pickwickian syndrome, hypokalemia, and exit site infection.

KEYWORDS

Pickwickian syndrome, obesity hypoventilation syndrome, morbid obesity, obese, body mass index

PP-O-06

CORRELATION OF VISCERAL ADIPOSITY INDEX AND TRIGLYCERIDE INDEX WITH TRADITIONAL RISK FACTORS OF CARDIOVASCULAR DISEASE AMONG URBAN POPULATIONS: A CROSS-SECTIONAL STUDY

https://doi.org/10.15605/jafes.038.AFES.137

Fabiola Adam,[1] Fergie Runtu,[2] Andreas Kevin,[2] John Adam,[1] A Makbul Aman,[1] Jordy Sitorus[3]

[1]*Hasanuddin, Makassar, Indonesia*
[2]*Faculty of Medicine, Universitas Indonesia, Jakarta, Indonesia*
[3]*Faculty of Medicine, Universitas Sam Ratulangi, Manado, Indonesia*

INTRODUCTION

Metabolic syndrome (MetS) and its components are important risk factors for cardiovascular diseases (CVDs). The early detection of individuals at risk of developing metabolic syndrome can prevent the development of CVD. The visceral adiposity index (VAI) is a non-imaging marker of visceral adiposity and is reportedly beneficial in predicting MetS and CVDs. The triglyceride-glucose (TyG) index has been identified as a reliable alternative biomarker of insulin resistance (IR) and is associated with the development of cardiovascular disease (CVD). This study aimed to determine the correlation of VAI and TyG index with risk factors of CVD and MetS.

METHODOLOGY

Subjects were taken from Lipid and Diabetes Study data in Makassar, South of Sulawesi, aged 18-70 y.o that met inclusion criteria. Anthropometric measurements were recorded. Triglyceride, HDL-C, LDL-C, total cholesterol, and FPG were examined. Fasting plasma glucose ≥100 mg/dl is defined as prediabetes, while FPG ≥126 mg/dl