

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

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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 Pickwickian 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

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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 $\geq 100 \text{ mg/dl}$ is defined as prediabetes, while FPG $\geq 126 \text{ mg/dl}$