



## PP-D-27

### ASSESSMENT OF DIETARY INTAKE IN 400 WOMEN WITH GESTATIONAL DIABETES

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#### OBJECTIVE

Gestational diabetes (GD) is one of the most common complications in pregnancy, affecting nearly 14% of pregnancies. Obesity in the mother-to-be, usually related to hypercaloric diet, is an important risk factor. Evaluation of the correlation between caloric intake and maternal-fetal complications.

#### METHODOLOGY

Retrospective study, concerning 400 pregnant patients with GD: fasting blood glucose or OGTT, between 2017 and 2019. Dietary intake was assessed by expert dietitians.

#### RESULTS

The mean age was  $34.54 \pm 5.51$  years [19 -46]. A history of personal gestational diabetes was found in 16.8% of which 23% were complicated by macrosomia. Among the patients, 33.3% were obese before conception.

Dietary survey: the average caloric intake was  $2732.17 \pm 605.87$  calories with a diet considered hypercaloric: 60.9%.

The average fat content was  $34.35 \pm 4.5\%$  and protein  $11.25 \pm 3.35\%$ . The average carbohydrate content was  $54 \pm 4.7\%$  [39-69%] with a high-carbohydrate diet in 50.5% of patients.

A high-calorie diet at the time of diagnosis was significantly correlated with the occurrence of obstetric complications ( $p=0.043$ ) but not with fetal complications, including macrosomia ( $p=0.407$ ).

#### CONCLUSIONS

Carbohydrates are an important source of energy for the mother and her fetus; it is recommended that all pregnant women have at least 175 g of carbohydrates per day. During gestational diabetes, it is essential to pay attention to the quantity (less than 35-45% of daily caloric intake) and type of carbohydrate: low glycemic index and slow digestion, to promote glycemic control and prevent maternal-fetal complications.

## PP-D-28

### RETROSPECTIVE EVALUATION OF WEIGHT LOSS TREATMENT IN OVERWEIGHT AND OBESE PERSONS WITH DIABETES IN CLINICS IN LAGOS, NIGERIA

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#### OBJECTIVES

Attainment of ideal weight in diabetes is vital. This retrospective study aims to evaluate how much weight patients were able to lose and the determinants of successful weight loss.

#### METHODOLOGY

Records of obese (BMI  $>30$  kg/m<sup>2</sup>) type 2 patients of two clinics in Lagos (public and private) were retrieved and biodata and weight records were perused. Drugs used to ensure weight loss were also extracted.

#### RESULTS

We studied 152 patient records. Their mean height was 1.65 m and their mean weight was 108 kg (mean BMI of 39.7 kg/m<sup>2</sup>). Weight loss management included non-structured dietary counsel given to all the patients, 1-3 weight-reducing drugs including orlistat, topiramate, SGLT-2 inhibitors, and GLP-1RAs. The mean weight loss was 4.96 kg (range -30 to + 28 kg) for those managed with weight loss drugs. The weight loss in 108 (71.4%) was over a period of 1-3 years. Sustained weight loss of range 1-30 kg was observed with a mean weight loss of 12.4 kg in this group. The 28.6% who did not lose weight gained 1-28 kg, a mean weight gain of 4.16 kg over the same period. Those who experienced the greatest weight loss were on dual, triple, or quadruple therapy in addition to the diet. Only 3 patients had bariatric surgery for weight loss which was beneficial in one (lost 31 kg), equivocal in one (only transient weight loss and regained most of the weight), and not measurable in the 3rd (lost to follow-up).

#### CONCLUSION

Obese DM patients require active and aggressive combination/multidisciplinary care for improved metabolic and obesity control.