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anthropometric characteristics, and pharmacology. The statistical evaluation was conducted using the chi-square test, t-test, Mann-Whitney U test.

Results

98 patients were evaluated, 52% undergoing gastric bypass, 79.6% having a preoperative BMI ≥ 40 kg/m². The prevalence of cardiovascular comorbidities was: 50% hypertension, 51% dyslipidemia and 24.5% diabetes mellitus. Postoperative follow-up was conducted for up to 60 months in 55.1% of the patients. At the nadir weight, TWL was $31.9 \pm 8.6\%$, and EWL was $63.6 \pm 18.8\%$. Insufficient weight loss occurred in 11.2 to 18.4% of patients, and weight regain occurred in 34.7%, median increase of 13.6 (10; 22.6) kg. The following relationships were observed: IWL and dyslipidemia ($P=0.03$), type of surgery ($P=0.017$), and use of antiepileptics ($P=0.001$); WR with preoperative BMI ($P=0.005$), diagnosis of psychiatric disease ($P=0.020$), use of antidepressants ($P=0.007$), and use of antiepileptics ($P=0.005$). The relationship between the initial suboptimal clinical response and the remission of comorbidities in the postoperative period was assessed. A lower remission rate of diabetes in patients with IWL relationship was observed ($P=0.037$).

Conclusions

The initial suboptimal clinical response was found to be influenced by the type of surgery, the preexistence of a dyslipidemia diagnosis, and the use of antiepileptic medications. On the other hand, late postoperative clinical deterioration was mainly influenced by psychiatric disease and the use of antidepressants and antiepileptic medications. It was also observed that the occurrence of an initial suboptimal clinical response may impact the rate of remission of diabetes, reinforcing the importance of weight loss in the course of metabolic diseases.

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EP670

Weight variation in diabetic women during and after pregnancy

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Background

According to several previous studies, breastfeeding offers mothers an opportunity to lose weight and improve their metabolic profiles. The aim of the present study was to investigate weight variation in a population of postpartum diabetic women.

Methods

We conducted a prospective descriptive study in pregnant women treated for pregestational diabetes and followed at the Department of Nutritional Diseases «D» of the National Institute of Nutrition of Tunis. Women's weight was monitored during pregnancy and two months postpartum. A dietary survey was carried out by the department's dietician. Women who had an abortion or had been lost to follow-up were excluded from the study.

Results

We collected 51 diabetic patients with a mean age of 35.4 ± 4 years [ext:23-44]. Most patients had type 2 diabetes (80%). Before pregnancy, the average body mass index (BMI) was 28.3 ± 4.7 kg/m². Pre-pregnancy obesity and pre-obesity affected 26% and 48% of the population, respectively. The average weight gain during pregnancy was 9.6 ± 3.5 kg [ext:5-20]. This weight gain was 27.7 ± 3.6 kg/m²; for exclusive breastfeeding, 28 ± 5.2 kg/m²; for partial breastfeeding and 30.9 ± 6.6 kg/m²; for formula feeding. We noted that weight loss was correlated with breastfeeding pattern ($P=0.015$). When asked about their knowledge of the nutritional needs of breastfeeding women, 48% of patients had no idea of the nutritional requirements of breastfeeding women. By analyzing patients' dietary intake, women who exclusively breastfed their babies had a more high-calorie energy intake (63% of cases) than women who did not breastfed (38% of cases) or who partially breastfed (2% of cases) their babies ($P<0.001$). In addition, all patients were not physically active during pregnancy or after childbirth.

Conclusion

We can conclude that breastfeeding is associated with weight loss, but this remains modest in our sedentary diabetic patients. Nutrition education is the cornerstone of care for postpartum patients.

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EP671

Perceived obesity among patients with type 2 diabetes in albania

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Background

This study seeks to assess the precision of obesity perception among patients diagnosed with type 2 diabetes (DMT2), acknowledging obesity as a pivotal modifiable risk factor crucial for diabetes prevention. Furthermore, it is important to unveil and analyze the factors that contribute to the misperceptions of obesity within DM patients.

Methods

This study aims to investigate a cohort of consecutive patients treated at the Endocrinology Unit of Mother Teresa University Hospital Center in Tirana during the period from September to November 2023. A questionnaire was used to collect subjective information as weight perception, lifestyle factors, and glycemic knowledge. Complementary objective measures were extracted from medical records, such as Body Mass Index (BMI), Hemoglobin A1c (HbA1c) levels, High-Density Lipoprotein (HDL), Low-Density Lipoprotein (LDL), and Triglyceride levels.

Results

In our cohort of 59 participants, 59.32% had diabetes. 74.30% of the DM patients had a misperception of their weight classification. The mean age was 56.2 ± 15 years. Among patients with misperception, 65.3% perceive themselves as overweight but were obese, 19.23% perceive themselves as normal weight but were overweight or obese, and 15.38% perceive themselves as underweight but were normal weight. Despite this misperception, a strong correlation exists between their self-reported weight and the real weight. DM patients with misperception mainly attribute the cause of their obesity to the administration of multiple medications (31.71%), followed by lack of movement (27.23%), diabetes (22.76%), overeating (13.62%), and genetic factors (4.66%). In contrast, patients with accurate perceptions primarily attribute obesity to overeating (65.75%).

Conclusions

The study reveals a notable prevalence of body misperceptions (74.30%) regarding weight classification among DM patients, emphasizing the need for targeted interventions to improve awareness. Various factors identifying as the causes of obesity among patients with DM underscore the importance of tailored education and counseling for effective diabetes management.

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EP672

Impact of caket syndrome and UTI on pediatric BMI

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Background

Several recent studies suggest that continuous low-dose antibiotics prophylaxis used in VUR may affect the growth of children. Guidos P.J. *et al.* (2018) found a significant increase in BMI in children who had prior antibiotic usage. CAKUT syndrome involves both the kidney and urinary tract and generally is associated with antibiotic therapy among pediatric patients and metabolism of waste products.

Aim

We aimed to evaluate the impact of congenital genitourinary defects (CAKUT syndrome) on BMI in pediatric patients compared to patients without structural pathology.

Materials and methods

We prospectively enrolled 49 pediatric patients admitted to the surgical and nephrological departments from June 1 to November 31, 2023. All patients were divided into two groups: study group ($n=27$) – CAKUT syndrome (VUR, PKD, horseshoe kidney, renal agenesis/hypoplasia, etc.) and prior/current episodes of CAP; control group ($n=22$) – UTI, without CAKUT (proved by US, VCUG or CT). All patients underwent complete work-up including clinical examination, evaluation of BMI according to WHO standards (underweight, healthy weight, overweight, obese, renal function tests (creatinine, urine, GFR), and imaging studies (US and/or VCUG/CT). Written informed consent was obtained from the parents. $P<0.05$ was considered significant.

Results

In the study group, 7.4% of patients were obese; 14.8% - overweight; 51.8% - healthy weight; 26% - underweight. BMI distribution in the control group: 4.5% - obese; 4.5% - overweight, 72.7% - healthy weight; 18.3% - underweight. We observed no significant risk of obesity (OR = 1.68; 95% CI 0.1422 to 19.8541; $P=0.06805$), being overweight (OR = 3.6522; 95% CI 0.3774 to 35.3435; $P=0.2633$) or underweight (OR = 1.575; 95% CI = 0.3948 to 6.2839; $P=0.5199$) among children with CAKUT syndrome comparing to their peers without congenital defects of urinary system.

Conclusion

CAKUT syndrome does not affect pediatric BMI. There is the same risk of being obese, overweight, or underweight among children with and without congenital defects of urinary system and UTI.

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