T5:PS.157
Obesity and asthma in schoolchildren

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Background: Asthma and obesity are major public health problems in childhood, but controversy remains regarding the mechanisms underlying this relationship. The aim of this study was to evaluate the association between asthma and obesity risk in schoolchildren.

Participants and methods: The study was performed using a convenience sample of 1962 Portuguese school children (49.8% girls), 5-10-year-old. Height and weight were measured according to international standards, and body mass index (BMI) was calculated. The definition of obesity was based on average centiles according to the International Obesity Task Force cut-offs. Children’s parents completed a self-administered questionnaire, which provided information on general background characteristics, children’s dietary intake (using a semi-quantitative food frequency questionnaire) and asthma (based on the following question: “Have you ever been told by any doctor that your son had asthma?”). Unconditional logistic regression models were fitted to estimate the magnitude of the association between asthma and obesity in children, adjusting for confounders (age and energy intake).

Results: The prevalence of obesity was 11.0% in girls and 14.0% in boys and the prevalence of asthma was 7.3% in girls and 11.0% in boys. Girls reporting asthma presented a two-fold risk for being obese (OR = 2.07, 95% CI 1.06–4.05, p trend = 0.05). In boys, no association was found between asthma and obesity.

Conclusion: Asthma was positively associated with obesity in girls.

T5:PS.158
Obesity remains underdiagnosed in English hospital in-patients

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Organised medical management of obesity in England remains poorly developed, hospitals are required as a performance standard to have reporting systems in place to identify in-patients with a BMI ≥ 27 with a co-morbidity or BMI ≥ 30. We have audited compliance with this performance standard in two hospitals. Notes and clinical records of all patients were inspected on sample medical, surgical and acute admission wards. Data on height, weight, BMI, waist circumference, clinical statement about body habitus, and current prescription of drugs for cardiovascular or metabolic disease were recorded. Where height was not recorded, an estimated BMI was calculated using ‘average’ height for men (1.75m) and women (1.61m).

Under-reporting of BMI is common. Length of stay impacted upon weight records: weight was recorded in no patients with <2 days and only 80% with 28 days admission. Paradoxically, those with CV or diabetes-related conditions were less likely to have a weight recorded. Waist circumference was not recorded on any patient. Recognition of overweight and obesity (and also presumably underweight) remains poor in English hospitals.

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Effects of exercise on risk factors, exercise capacity and body composition in obese individuals, class I-III

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The effects of different exercise intensities in severely obese individuals (mean BMI= 42.1; range 33.3-64.8) were explored. Subjects were randomised into two groups and exercise performed for 16 weeks. Tests were performed prior and after the exercise period.

Both groups performed supervised exercise 3 times a week. A high intensity group (HI, n=51) exercised for 1 hour, and a low intensity group (LI, n=43) for ½ hour, on each occasion. The LI group also performed non-supervised exercise at least 3 times a week.

Abstracts
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