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PROS AND CONS TO ESTABLISH A POLITICAL ACTION COMMITTEE (PAC) TO INFLUENCE OBESITY PREVENTION AND TREATMENT SERVICES

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Political Action Committees or PACs provide a legal mechanism whereby corporations as well as not-for-profit associations and others may participate in federal and state politics. A PAC may offer an opportunity for not-for-profit obesity-related organizations to participate and have their voice heard during federal election campaigns, as well as after the elections. The Federal Election Campaign Act regulates how corporations, not-for-profit associations and other organizations can legally participate in federal election activities. The Act includes a number of restrictions on which not-for-profit associations can form a PAC, how much money a PAC may contribute to candidates seeking public office, who a PAC may solicit for contributions as well as how much money individual members of an association may contribute to a PAC. During this session we will provide an overview of the basic rules to establish a PAC associated with a not-for-profit association and the impact a PAC can have in furthering obesity prevention and treatment services.

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MULTIVITAMINS SUPPLEMENTATION IN PATIENTS AFTER BARIATRIC SURGERY AT THE MAIN PUBLIC CENTER OF BARIATRIC SURGERY IN MEXICO

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Background: Nutrient deficiencies are the most common secondary effect after bariatric surgery. No ideal bariatric supplement regimen or consensus is available in Mexico. Multidisciplinary team follow up is essential to achieve an adequate supplementation in order to avoid malnutrition.

Methods: A cross-sectional study to evaluate nutritional supplementation was performed in patients who underwent either Gastric Bypass or Sleeve Gastrectomy from November 2010 to April 2014 at CLIO. Sample size was calculated with 95% confidence level and 5% confidence interval. Demographic variables, supplementation of Multivitamin (MV), Calcium (Ca), Iron (Fe) and Vitamin B12 (VB12) and consumption of pill and related symptoms were obtained through a direct blinded questionnaire. Data analysis was performed using SPSS v20, T student test was used in the analysis of variables considering $p \leq 0.05$ as significant.

Results: Questionnaires were applied to 258 consecutive patients. 81% patients were female, with an age 39.2+10.2 years. Supplementation schemes observed were: MV/Ca/Fe in 14.7%, MV/Fe in 22.9%, MV/Ca in 38.4%, MV in 15.5% and no supplements in 6.2% patients. Addition of VB12 (after 6 months) was used in 4.3% patients. The supplements were consumed as: whole pill (75%), crushed (9.7%), half a pill (3.5%), diluted (2.8%) and chewed (2.1%). 24.4% patients referred 1 symptom (4.9% pain, 4.7% stocked; 9.3% bad taste) whereas 5.4% had >1 symptom.

Conclusions: Our report shows that patients maintain the MV supplementation however; consumption of Ca, Fe VB12 is compromised. Possible reasons could be an elaborated regimen with multiple pills and the presence of symptoms. There is a need for an easier and standardized scheme to promote ideal supplementation.

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PREVALENCE OF NONALCOHOLIC FATTY LIVER DISEASE IN 750 MORBILY OBESE PATIENTS

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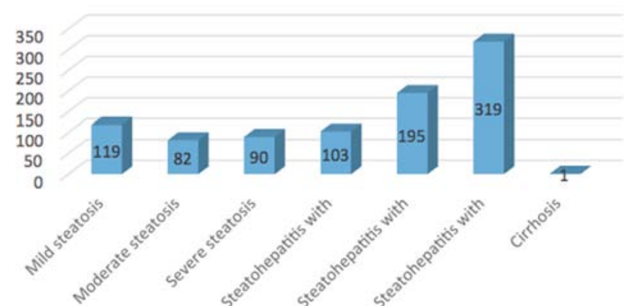
Background: Nonalcoholic fatty liver disease (NAFLD) is the most frequent liver disease in the Western world and it is highly related to obesity. NAFLD is not correlated with increased morbidity or mortality, but its progression to Nonalcoholic Steatohepatitis (NASH) increases the risks of cirrhosis, liver failure and hepatocellular carcinoma. Therefore, it's important to know the prevalence of NAFLD in morbid obese patients.

Methods: We analyzed data of 750 patients, BMI $\geq$ 40Kg/m^2 who were submitted to surgery for morbid obesity at Centro de Obesidade e Síndrome Metabólica do Hospital São Lucas da PUCRS, Brazil. Liver biopsies made by fine needle aspirations at the beginning of the surgery were analyzed during the period 2011-2013. Were evaluated gender, BMI, waist, age and comorbidities. The patients' informed consents were obtained preoperatively.

Results: Most patients were female (74.4%) with a mean age of 37.9 $\pm$ 10.4 years old. The mean BMI was 48.6$\pm$7.4 Kg/m^2, and the mean waist was 134.7$\pm$14.5cm. 419 (55.9%) had systemic arterial hipertension, 355 (47.3%) dyslipidemia, 165 (22%) T2DM. All liver biopsies had 6 or more portal fields. The prevalence of NAFLD was 100% in the patients analyzed. 31.1% had only steatosis; 12.9% mild, 9.3% moderate, 8.8% severe and 68.9% had steatohepatitis; 10.8% with mild steatosis, 22.4% with moderate steatosis, and 35.6% with severe steatosis. Only one patient (0.1%) had cirrhosis.



Conclusion: The study shows a high prevalence of NAFLD between morbid obese patients, especially in the most severe form.

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IMPACT OF THE IMPLEMENTATION OF AN EDUCATIONAL CURRICULUM AND ASSESSMENT TOOL IN A SIX-MONTH INSURANCE MANDATED BARIATRIC PRE-OPERATIVE WEIGHT LOSS PROGRAM

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Introduction and Objectives: Insurance companies may require that a patient complete 3 to 6 consecutive months of a pre-operative weight loss (POWL) program prior to bariatric surgery. No standardized curricula for POWL exists, and the impact of POWL on patients has had mixed results when the magnitude of pre-operative weight loss is used as a predictor of post-operative outcomes.[1-4] However, the impact of pre-operative education, independent of weight loss, on post-operative outcomes is largely unknown. Hence, the present study was undertaken to assess whether knowledge gained through a curriculum designed to improve patient understanding of bariatric nutritional and behavioral concepts has an impact on pre-operative weight loss and ultimately on post-operative outcomes.
Participants: 40 Adult patients with a BMI > 35 kg/m^2 seeking bariatric surgery required to attend six months of insurance-mandated POWL classes agreed to participate in this project.
Study Design: An 11-point quiz was provided (n=40) at the first and last POWL class, in a series of 6 monthly classes. Patient knowledge of strategies associated with positive changes in eating behaviors, dietary intake, and reduced post-operative complications was tested. Weight was at each monthly POWL class.
Procedures: The POWL curriculum emphasizes nutrition and behavior concepts linked to positive long-term post-operative outcomes including hydration, protein needs, post-operative complications, and general weight loss strategies. Classes were taught by a bariatric clinician: registered dietitian, physician assistant, or psychologist. Weight was measured in pounds to the first decimal place at each monthly class. A 0.5% increase or decrease from the initial weight obtained at the first POWL visit was defined as a change in weight.
Results: There was a significant difference between the measured pre-POWL weight (M=301.9, SD=83.9) and the post-POWL weight (M=295.0, SD=82.1); t(39)= 2.67, p=0.01). Seventy percent (28/40) of patients lost weight (**Table 1**). **Table 1. Average Percent Weight Change by Weight Change Classification (see attached)** There was a significant difference between the pre-POWL quiz score (M=5.9, SD=2.1) and post-POWL quiz scores (M=9.1, SD=1.9); t(39)=-11.7, $p < 0.001$. Ninety-five percent (38/40) of patients' scores improved post-POWL (Table 2). **Table 2. Quiz Score Classification of Study Population (see attached)** There was no significant correlation between the post-POWL quiz score and change in weight (r = -0.073, p=0.7), nor between the change in POWL quiz score and change in weight (r = 0.22, p=0.2).
Conclusions: Overall, the curriculum was effective in improving patient knowledge of important nutritional and behavioral concepts. While there was a significant difference in pre- and post-POWL weight, and the majority of patients lost weight during the 6-month period, the average weight loss was modest, at less than 5%. In addition, there was not a significant correlation between POWL quiz score and weight loss. Further validation of the POWL quiz may be undertaken in order to better utilize this tool in the pre-operative bariatric population. Lastly, further research may gather post-operative outcomes.

Table 1. Average Percent Weight Change by Weight Change Classification

Weight Change Classification	N	%	Average % Weight Change (SD)
Gained weight	10	25.0%	2.5% (1.52)
Lost weight	28	70.0%	4.0% (4.91)
Maintained weight	2	5.0%	0.03 % (0.18)

Table 2. Quiz Score Classification of Study Population

Quiz Score Classification	N	%
Decreased score	1	2.5%
Increased score	38	95.0%
Same Score	1	2.5%

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DETERMINATION OF PREDICTIVE VARIABLES ASSOCIATED TO DIFFICULT TRACHEAL INTUBATION IN A COHORT OF OBESE PATIENTS WHO UNDERWENT BARIATRIC SURGERY

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Background: About 35% of the airway problems at induction in anesthesia occur in obese patients. BMI is not a risk factor for difficult tracheal intubation, however other conditions associated with obesity, such as OSA and an increased neck circumference, have been demonstrated as risk factors for difficult tracheal intubation. Airway management in the obese patient remains a challenge for the anesthesiologist. The aim of this study was to determine the risk factors potentially associated to difficult tracheal intubation in obese patients who underwent bariatric surgery.
Patients and methods: All obese patients who underwent bariatric surgery between 2005 and 2013 were included. For the analysis,