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Assessment of biochemical status, blood pressure and heart pulse in obese children 2010

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Background: Considering the increasing of obesity and non-communicable diseases that are the threat of the health of next generations, so this study was conducted to identify lifestyle status in elementary schoolchildren of Tehran, Iran in 2010.

Materials and methods: In this cross-sectional study, 151 obese children with 7 year-old were assessed for blood pressure, heart pulse, lipid profile, fasting blood sugar and hepatic enzymes.

Results & findings: Mean of systolic and diastolic blood pressure and heart pulse were 99.5 ± 11.0 (mmHg), 62.1 ± 9.6 (mmHg) and 97.3 ± 14.6 (number per minute) respectively. Investigation of biochemical indicator based on of standards showed that 4% of children had blood glucose above 100 mg/dl. The mean HOMA index was calculated 3.4 ± 2.32 SD. 64% boys and 25% girls had abnormal triglyceride levels. In boys, 35% and in girls, 26% were reported blood cholesterol levels higher than Standard values. Only 6% boys and 5% girls were with HDL-C levels Less than normal range, while 99% of them have normal LDL-C level. 10% and 24% SGOT and also 5.6% and 8.9% SGPT were showed upper than standard values in boys and girls, respectively.

Conclusion: This study has shown that in comparison to girls, boys have out of standards lipid profiles. also considering the increasing prevalence of obesity in children, it's complications and thus economic costs of community, there for intervention programs is highly recommended.

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Prevalent and socioeconomic determinants of adult obesity in Antalya

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Introduction: Although prevalent of obesity has been rapidly increasing particularly as results of per capita income growth, rapid urbanization, employment pattern of population and infrastructure development for last two decades and reached serious level, so far the problem has not been studied by economics and economist has not contribution to policy design in Turkey. Statistical data on obesity was first time collected in 2008 by TurkStat through Health Survey Research, unfortunately so far TurkStat has not provided micro data of the survey to researchers.

Methods: BMI for adults are calculated using survey data which obtained from 496 household in Antalya province centre in 2009. BMI is regressed on socioeconomic variables including adult equivalent household income, education level, household car owner, and marital status, sex, and age, health security owned and interaction of income-education level of person. Regression is repeated as taking dependent variable includes only overweight and obese persons. It is further repeated by logistic regression taking dependent variable as categorical ($D = 1$ BMI ≥ 25 $D = 0$ otherwise).

Results: Results of all regression indicate that socio economic variables are statistically significant and affecting BMI. However, it is found that income, car owner and age variable has positive impact on BMI while interaction variable has negative, particularly at higher level of education. It is also found that prevalent of obesity and diabetes is highly correlated.

Conclusion: It can be said that per capita income growth without improvement of education level of society will further increase obesity and overweight prevalent.

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Adolescents perception of parents and peers diet and physical exercise behaviour and stimulus

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It has been well documented that parents and peers behaviour influence children and adolescents, namely regarding physical activity and eating behaviours. It is fundamental to understand how adolescents perceive their parents and peers behaviour and stimulus to adolescents own behaviour.

This research aimed to study the perception Portuguese adolescents have about their parents and peers behaviour and the stimulus to adolescents own physical activity and eating behaviour.

A questionnaire about adolescents' perception of parents and peers behavior and stimulus was design specially for this research.

Data from a 748 sample, mean age 16.7 years (SD = 2.0) show that most adolescents perceive that both parents have always/almost always healthy diets (92.2% mothers; 83.6% fathers) and are always/almost always physically active (53.7% mothers; 63.4% fathers). Adolescents also perceive parents to encourage them to have healthy diets always/almost always (93.9% mothers; 88.0% fathers) and to be physically active always/almost always (86.3% mothers; 88.8% fathers).

A Cohen's kappa moderate consistency among perception of fathers and mothers stimulus was found either to healthy diet (0.47; $P < 0.001$), and physical activity (0.42; $P < 0.001$); and between perception of peers stimulus and behaviour (0.45; $P < 0.001$). A low agreement was found between perception of parents encouragement and own behaviour.

These results suggest that the low consistency between the perception of parents behaviour and stimulus to adolescents behaviour is possibly one of the reasons way adolescent's continue to have poor diets and physical activity levels. Future interventions must consider involving parents and reinforce the importance of changing to a healthier way their lifestyles.

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Using BMI, weight for age, waist circumference and triceps skin fold thickness as indices to assess the nutritional status for a sample of UAE school children: do they differ?

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Introduction: Obesity can be defined by different methods. The objectives of this study are (i) to assess the nutritional status for a sample of schoolchildren using: Body Mass Index (BMI), Weight-for-age (W/A), Waist circumference (WC), Waist-hip-ratio (WHR) and triceps skin fold thickness (TSF), and (ii) to check any differences and/or any correlation between these indices, and (iii) prediction of anthropometric cut-offs for assessing the nutritional status of the UAE schoolchildren.

Methods: A cross-sectional sample of 1182 Emirati students at high primary school level had been chosen, by a multi-stage stratified random sampling technique. The main outcome measures: weight, height, circumferences of waist and hip and TSF.

Results: According to BMI and W/A percentiles, the overall prevalence of: (i) obesity was 13.8%, 14%, (ii) overweight: 12.4%, 11.0%, and (iii) underweight: 15.9%, 11.1%. When using TSF percentiles, 14.5% of children were Obese and 0.9% were underweight. No statistical differences were found between the prevalence of obe-