

# 5<sup>th</sup> Asian Obesity Specialists & Endocrinologists Annual Meeting

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## Adiponectin, obesity and atherosclerosis in type-2 diabetes

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Adiponectin is known to be associated with anti-atherosclerotic mechanisms. Carotid intima-media thickness (IMT) has been shown to correlate well with general atherosclerotic status. It also reflects the cardiovascular risk in type 2 diabetes. Plasma adiponectin levels were found to be lower in patients with atherosclerotic arterial disease. Decreased plasma adiponectin levels have also been reported in type 2 diabetes and were inversely related to insulin resistance. Some studies have also reported a negatively-significant correlation between adiponectin and carotid IMT, as a marker of atherosclerosis, in patients with type-2 diabetes and suggested that increased carotid IMT in those patients may, in part, be explained by lower plasma adiponectin. But these studies included obese and non-obese patients in the study group and it is not clear to what extent the relationship between plasma adiponectin and carotid IMT could be explained by other risk factors associated with obesity and metabolic syndrome. A group of 112 non-obese Egyptian patients with type 2 diabetes in addition to 40 age, sex and weight matched normal Egyptian subjects had assessment of their plasma adiponectin and carotid IMT. A non-significant inverse correlation was found between plasma adiponectin and carotid IMT in the study group. Multiple regression analysis revealed that plasma adiponectin was not a determinant of carotid IMT in those patients. These results point to the fact that the previously-reported inverse relation between plasma adiponectin and carotid IMT in type 2 diabetes could be explained, at least partially, by obesity.

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## Experimental learning by nutrition education- Preparing dental students for diet-related behavior change

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**Objective:** To explore the impact of experimental learning by nutrition education on dental students' theoretical concepts related to behavior change, motivation to change their own diet-related behavior and further to improve their attitudes towards patient education about diet-related behavior.

**Methodology:** A convenient sample of 120 dental students was invited to participate in a three-week experiential exercise concerned with their own diet and a change in one self-identified diet-related behavior. A 5 day diet history was taken and assessed by Nizzle criteria. The impact of nutrition education was assessed after 1 week, 3 week and 1 month.

**Results:** The students agreed that it was important to change their own diet-related behavior. Majority of participants at the end of 1st week believed that they had changed how they felt and thought about the targeted behavior and what they actually did. At the end of 1 month they rated the exercise as helpful for gaining a better understanding of health education theories and it had helped them understand the difficulty of diet-related behavior change and further it had increased their interest in helping patients change their diet-related behavior.

**Conclusion:** Experiential learning by nutrition education is likely to affect students' own behavior positively and to result in increased understanding of behavior change theories and positive behavioral intentions concerning future health education efforts with patients.

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