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Tertiary care overweight and obesity management in Bangladesh: An exploration of the level of awareness and common barriers of physicians

Kamrun Nahar Koly¹ and Md Saimul Islam² ¹North South University, Bangladesh ²University of Rajshahi, Bangladesh

The aim of the present study was to assess the knowledge, attitudes and identify the barriers of the physicians regarding overweight and obesity management. A simple cross sectional study was conducted among 155 physicians through a standard questionnaire from 3 selected government hospitals and 1 private hospital of Dhaka city, Bangladesh. Mean age of the 155 physicians was 31.88 ± 5.92 . Majority of them, 80 (51.60%) were unable to answer the correct prevalence of overweight but 75 (48.40%) could mark the right answer. A substantial proportion, 71 (46.70%) of the physicians mentioned that they do not have much to do with controlling weight problem in Bangladesh. Majority of the physicians, 148 (95.5%) use BMI to measure weight problems, whereas only 13 (8.4%) practice waist circumference as a diagnostic tool. As weight management strategies, most of them 122 (85.3%) took advice to modify the life style, while 93 (68.4%) occasionally were referred to dietician. About 74 (47.7%) of the physicians reported lack of motivation, 73 (47.1%) mentioned short consultation time and 60 (38.7%) said that lack of national policy or management guideline are few barriers to treat weight problems. Again, perceived barriers like lack of parental support, lack of a national policy were statistically significant (p<0.05) with their occupational designation. This present study being the first one in country suggests for future large scale research to define physician's role, need of further training and identify the new strategies to include in the health system for dealing with this growing epidemic.

koly@icddrb.org

The application status of bariatric surgery in China

Daorong Wang Subei People's Hospital of Jiangsu Province, PR China

Obsity is becoming a global epidemic of the disease, which seriously threats human health and the quality of life. Bariatric surgery is by restricting food intake and reducing nutrient absorption to treat the metabolic syndrome. Currently there are 4 accepted surgical methods: Rouxen-Y gastric bypass (LRYGB), laparoscopic sleeve gastrectomy (LSG), laparoscopic adjustable gastricbanding (LAGB and biliopancreatic diversion with duodenal switch (BPD-DS). The most widely used procedures are LSG and LRYGB. In recent years, the quantity of bariatric surgery is growing rapidly in China and to nearly 4000 cases in 2014. In 2012, Chinese College of Surgeons for Obesity and Diabetes Surgeons Committee was established, which greatly promoted the development of the obesity surgery in China. At present, the standardization of the surgery, the multidisciplinary collaboration and the follow-up mechanism construction also need to be further strengthened. With the continuous improvement of material life, people to the requirement of health and quality of life is increasing day by day, the surgical treatment of obesity will obtain the good social efficiency. The benefit of weight-loss surgery is not only the weight loss; more is to control and mitigate the complications of obesity related diseases. And improvementin the diabetic conditionhas attracted the most attention. Larger, randomized and long-term follow-up studies need to be conducted to compare the efficacy of different bariatric surgery procedures and to research the related mechanisms in the future.

710335159@qq.com