

# OBESITOLOGIA HUNGARICA



FROM BASIC SCIENCE TO CLINICAL PRACTICE  
**5<sup>TH</sup> CENTRAL EUROPEAN CONGRESS ON OBESITY**

1-3 OCTOBER 2015 | BUDAPEST , HUNGARY

[www.cecon2015.org](http://www.cecon2015.org)

5<sup>th</sup> CECON

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# **From basic science to clinical practice**

## **5<sup>th</sup> Central European Congress on Obesity**

XXIII. Annual Congress of the Hungarian Society  
for the Study of Obesity

1-3 October 2015

**Danubius Hotel Flamenco, Budapest, Hungary**

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*Imprint*

RESPONSIBLE PUBLISHER

Hungarian Society for the Study of Obesity

Dr. Halmy Lászlóné

SEAT OF PUBLISHER

Boróka u. 9., H-1025 Budapest

RESPONSIBLE EDITOR

Dr. Halmy Lászlóné

GRAPHIC DESIGN AND MAKE UP

Mithos Műhely Kft., Kósik Krisztina

RESPONSIBLE PRESS

FOLPRESS Nyomdaipari Kft., Várlaki Imre

**ISSN 1586-7935**

Contact for scientific and program issues

**Eszter Halmy**

E-mail: eszter@halmy.hu

Congress secretariat

**Assisztencia Congress Bureau**

Szent István krt. 7. H-1055 Budapest, Hungary

Phone: +36 1 350 1854 Fax: +36 1 350 0929

E-mail: cecon@assisztencia.hu

Venue

**Danubius Hotel Flamenco**

Tas vezér u. 3-7., H-1113 Budapest, Hungary

Access by public transportation

**The venue is near Móricz Zsigmond körtér station  
of the green underground line (M4) and tram line 6.**

Social programs

**Welcome Reception**

Thursday, 1 October 2015 | 20:30-22:00

Registered participants of the congress are welcome to take part at the Welcome Reception that will be held at the congress venue. The reception is included in the registration fee, extra ticket for non registered participants can be bought on-site upon availability.

**Gala Dinner**

Friday, 2 October 2015 | 20.30–24:00

Gala Dinner will be organized in BorLaBor Restaurant ([www.borlaboretterem.hu](http://www.borlaboretterem.hu), H-1053 Budapest, Veres Pálné u. 7.). Shuttle busses will leave 20:00 from the hotel. Please have your ticket with you to board busses.

Ticket is 30 EUR/person.

Please contact the onsite registration desk for available tickets.

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Conclusions: The multiple-component care in lifestyle change including exercise, nutrition and psychosocial interventions proved to be effective within a three weeks summer camp period to decrease significantly all measures of peripubertal obesity. Furthermore as a result during the follow-up period of three months the improvement not only maintained but even showed a progression.

A-0080

### **A SURVEY ON HYDRATION AND BODY COMPOSITION AMONG ITALIAN YOUNG ATHLETES**

*Styven Tamburo<sup>1</sup>, Stefania Pucciarelli<sup>1</sup>, Valerio Napolioni<sup>2</sup>, Massimo Nabissi<sup>2</sup>, Nicola Sponsiello<sup>4</sup>, Emilio Amadio<sup>3</sup>, Rosita Gabbianelli<sup>2</sup>*

<sup>1</sup>University of Camerino, Italy

<sup>2</sup>University of Perugia, Italy

<sup>3</sup>Carlo Urbani Hospital, Jesi, Italy

<sup>4</sup>Society of Sport Nutrition and Wellness, SINSeb, Italy

**BACKGROUND:** Evidence shows that children water intake are below recommendations and are likely to be insufficient for maintain euhydration. Moreover, childhood obesity is becoming an epidemic. Interestingly, among other factors, the level of hydration may play a role in promoting weight regulation processes.

**AIMS:** Assessing hydration status(HS); detecting daily water intake(DWI), hydration after exercise(HAE), body composition(BC);investigating possible correlations between these variables and practiced sport(PS).

**METHODS:** 351 young athletes(YA)(7-17 years old) were recruited. A questionnaire was used to asses DWI, HAE and PS; to study BC we used BMI percentiles(BMIp), waist to height ratio(WHtR), bioimpedence analysis(BIA); HS was assessed using urine specific gravity(USG). Statistical analysis(Pearson's chi square, ANOVA, MANOVA, Spearman's rho test) was performed to test any possible relationships between the variables studied.

**RESULTS & DISCUSSION:** we found similar prevalence of obesity and overweight(OW)(27.9%) to those observed in Italy from other studies, but the prevalence was significantly <(7.7%) when we used WHtR as a marker of central obesity. We found a stronger correlation between BMIp and body cellular mass than BMIp and fat mass(FM), so the use of BMIp on YA may overestimate OW. The > of YA(55.6%) were dehydrated(DH), probably because they had poor DWI(1400±580mL). Comparing DWI with recommendation for Adequate Intake of water(Italy RDAs-2012), we found that YA achieved them but they were not sufficient to achieve euhydration. Comparing DWI with the amount of water needed, estimated using

basal metabolic rate(BMR)(ml/kcal energy expenditure), we found that YA did not achieve that amount. The majority of YA(87.7%) stated to drink after exercise, but the amount of water was very lower(500±200mL) than their real needs. DWI was related to the degree of OW, the more the OW the > the DWI. DWI was also related to the PS, YA practicing sports that emphasize leanness had < DWI regardless of BC. Finally, obese YA had > FM if DH. Underweight YA had < FM if DH. Based on our findings we can assume that HS plays a key role in BC and there is a need to make more efforts to teach the importance of hydration in YA.

A-0082

### **RELATIONSHIPS BETWEEN FASTING SERUM AMYLASE AND GHRELIN, PEPTIDE YY3-36 LEVELS IN HEALTHY MEN**

*Young Jin Tak<sup>1,2</sup>*

<sup>1</sup>Department of Family Medicine, Pusan National University School of Medicine, Busan, South Korea;

<sup>2</sup>Obesity, Nutrition and Metabolism Clinic, Department of Family Medicine, Research Institute of Convergence of Biomedical Science and Technology, Pusan National University Yangsan Hospital, Yangsan, South Korea

**Objectives:** Appetite and carbohydrate metabolism are important contributors to the development of obesity. Recently, low serum amylase was shown to be associated with obesity and metabolic disorder. We investigated the relationship between amylase and ghrelin, peptide YY (PYY) levels in healthy men.

**Methods:** Twenty-one men were enrolled in this cross-sectional study; all subjects were asymptomatic with no medical history. Fasting serum amylase, ghrelin, PYY3-36, anthropometry and nutrition intake were measured. Linear regression analyses were performed to examine associations between amylase and ghrelin or PYY3-36 levels.

**Results:** The mean age and waist circumference (WC) of the subjects were 51.5 ± 10.9 years, and 87.0 ± 4.4 cm. Amylase was found to be correlated with WC ( $r = -0.438$ ,  $P = 0.054$ ), ghrelin ( $r = 0.533$ ,  $P = 0.015$ ) and PYY3-36 ( $r = -0.511$ ,  $P = 0.021$ ). Multivariate linear regression analysis revealed a negative association between amylase and PYY3-36 ( $\beta = -0.428$ ,  $P = 0.045$ ), but a non-significantly positive association between amylase and ghrelin ( $\beta = 0.260$ ,  $P = 0.146$ ).

**Conclusions:** Amylase levels were found to be associated to ghrelin and PYY3-36 levels in healthy men. Amylase, ghrelin, and PYY3-36 may play role in obesity, further research is required to identify the underlying mechanism.