

P-166 Stigma and Obesity: Comparative Study Between Candidates to Obesity Surgery and Patients Already Submitted to this Treatment

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Background This study aims to compare stigma perception between candidates to obesity surgery and patients who were already submitted to surgical treatment.

Methods Two groups of patients were assessed:

- Group 1: 57 patients already submitted to obesity surgery, with a mean body mass index (BMI) of 36.20 (SD=7.34).
- Group 2: 34 patients, candidates to obesity surgery, with a mean BMI of 43.21 (SD=6.55).

There were no statistically significant differences between the two groups concerning age, gender, school level, disease duration and civil status. Nevertheless, Group 1 patients' present a lower body mass index than Group 2 patients'. Patients answered to the Stigma Scale in the context a personal interview.

Results Data analysis revealed that there are no statistically significant differences between the two groups of patients concerning stigma perception – to feel different from other people, $t(88)=1.66$; $p>.05$; to feel that, because of his/her condition, the others feel uneasy, $t(88)=.76$; $p>.05$; to feel the others avoid him/her because of his/her condition, $t(88)=1.56$; $p>.05$; to feel that his/her condition prejudices his/her relationship with friends, $t(88)=.47$; $p>.05$. The single domain in which we have observed significant differences was to feel the others are afraid of him/her because of his/her condition, $t(88)=2.27$; $p>.05$, perception that is higher in Group 2 patients'. Stigma perception showed not to be high in patients of both groups.

Conclusions Contrary to the common-sense idea, this study shows that stigma perception associated to obesity is not high in candidates to obesity surgery and in patients who were submitted to obesity surgical treatment.

P-167 Well-Being, Ill-Being and Obesity Surgery: a Comparative Study of Candidates and Patients Already Submitted to this Treatment

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Background This study aims to compare well-being and ill-being (nervous system, muscular, respiratory and digestive symptoms) between candidates to obesity surgery and patients who were already submitted to surgical treatment.

Methods Two groups of patients were assessed:

- Group 1: 57 patients already submitted to obesity surgery, with a mean body mass index (BMI) of 36.20 (SD=7.34).
- Group 2: 34 patients, candidates to obesity surgery, with a mean BMI of 43.21 (SD=6.55).

There were no statistically significant differences between the two groups concerning age, gender, school level, disease duration and civil status.

Nevertheless, Group 1 patients' presented a lower body mass index than Group 2 patients'. Patients answered to the General Well-Being and to an Ill-Being Scale in the context a personal interview.

Results Data analysis suggested that there are no statistically significant differences between the two groups of patients concerning global ill-being, $t(89)=1.97$; $p>.05$, nervous system symptoms, $t(87)=1.47$; $p>.05$, and digestive symptoms, $t(89)=.43$; $p>.05$. Nevertheless, patients who were already submitted to obesity surgical treatment report higher well-being, $t(89)=3.80$; $p>.05$, and lower ill-being related to muscular, $t(88)=2.12$; $p>.05$, and respiratory symptoms, $t(89)=2.81$; $p>.05$. Moreover, patients of both groups revealed to present a medium level of well-being and of global ill-being (namely of muscular symptoms), but high level of nervous system symptoms and low level of respiratory and digestive symptoms.

Conclusions Surgical treatment seems to contribute to better well-being and to the improvement of ill-being in patients suffering from obesity. Nevertheless it will be necessary to develop longitudinal studies to confirm this impact.

P-168 Preoperative Treatment with the Antiobesity Medication Sibutramin Improves Perioperative Outcome

Presenter: J. Aberle (University Hospital Hamburg, Hamburg, Germany)

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Background Obesity is an independent risk factor for bariatric surgery. Previous studies have shown, that a preoperative weight loss is associated with a better long term outcome, fewer complications, and less time in the operation room in bariatric patients. However preoperative weight loss is hard to achieve in many patients.

Methods We therefore conducted a study in which 25 bariatric patients received 15 mg of the weight loss medication sibutramine prior to laparoscopic roux-en-y gastric bypass. It was our interest to find out, if these patients had a benefit compared to a control group who did not receive medication.

Result Obesity is an independent risk factor for bariatric surgery. Previous studies have shown, that a preoperative weight loss is associated with a better long term outcome, fewer complications, and less time in the operation room in bariatric patients. However preoperative weight loss is hard to achieve in many patients. We therefore conducted a study in which 25 bariatric patients received 15 mg of the weight loss medication sibutramine prior to laparoscopic roux-en-y gastric bypass. It was our interest to find out, if these patients had a benefit compared to a control group who did not receive medication.

Conclusion Medical therapy with sibutramine in preparation for bariatric surgery can improve health status of patients and lead to a reduction of liver size and operating time. It should be considered as an alternative or addition to dietary therapy or gastric balloon treatment in preparation of patients expecting a roux-en-y gastric bypass.

P-169 Obese Pregnant Women with Gestational Diabetes Mellitus: Fears, Anxieties and Beliefs as to Becoming Ill and Being Hospitalized

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Background The so-called "high-risk pregnancy" represents an emotional and a social problem. The objective of this study was to identify the emotional questions involved in the diagnosis of gestational Diabetes Mellitus, with hospitalized pregnant women whose BMI was over 30.

Methods This was a retrospective study with 72 pregnant women, which made use of a semi-structured interview protocol.

Results The average age was 27 years. As for the gestational age, 30% were in their first quarter, 40%, in their second quarter, and 30%, in their third