CORRIGENDUM

International Journal of Obesity (2008) 32, 1452–1453; doi:10.1038/ijo.2008.139

The abstract book for the 16th European Congress on Obesity (ECO) *International Journal of Obesity*, 32, Supplement 1, S1–S262, May 2008 contained a number of errors for which the organizers apologize.

Abstract T2:PS.116 (S108)

The abstract title, authors and affiliations were incorrect. The correct details are:

The effect of weight reducing diet in sonographic finding of Non-Alcoholic Fatty Liver Disease (NAFLD)

Tahaei SA, Merat S, Sedighi N, Derogar R, Aslani A
Digestive Disease Research Center (DDRC), Dr Shariati Hospital, University of Tehran/Medical Sciences, Tehran, Iran

Abstract T3:PS.42

The version printed on page S141 of the abstract book was incorrect. The full correct version is below:

Efficacy of bariatric surgery in the treatment of obesity-related type II Diabetes Mellitus

Shakeri-Manesch S, Ludvik B, Bohdjalian A, Langer F, Schindler K, Zacherl J, Prager G
University of Vienna, Vienna, Austria

Background

Up to 80% of the diabetes mellitus type 2 population are overweight. Effective weight control can lead to improvement or even resolution of diabetes. Bariatric surgery represents a suitable option for sustained weight loss in

severely obese-diabetic subjects. Conservative treatment results in reduced weight loss for diabetic patients when compared to a non-diabetic control group. There is little evidence whether this difference also exists after bariatric surgery.

Methods

The change in the diabetic status and weight loss in 72 (24m/50f, BMI 48.1 kg/m²) morbidly obese diabetic subjects undergoing bariatric surgery in a single institution was analysed. Evidence of stable treatment was required with oral antidiabetic agents or insulin. The control group consisted of 72 morbidly obese, non-diabetic patients, matched for age, sex, BMI and type of bariatric procedure.

Results

Mean excess weight loss (EWL) was 37.8% after six and 50.3% after 12 months in the diabetic group. In 47 (65.3%) subjects diabetes resolved completely and 25 subjects (34.7%) had significant improvement of diabetes after 12 months. The control group exhibited an average EWL of 41.6% at 6 months and 53.4% after 12 months. There was no significant difference in weight loss between both groups at 6 and 12 months.

Conclusion

Laparoscopic bariatric surgery resulted in significant, sustained weight loss leading to resolution or amelioration of diabetes in almost all patients. Contrary to conservative treatment there was no difference in EWL between the diabetic and non-diabetic group.

Keywords: bariatric surgery, excess weight loss, diabetes mellitus

Abstract T5:PS.174

The abstract printed on page S222 was a repeat of abstract T5:PS.205 (S229). The correct abstract is below:

T5:PS.174**Behavioral differences of normal weight and overweight and obese school children**

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University of Zagreb, Croatia*

OBJECTIVE

To determine nutritional and behavioral differences in obese, overweight and normalweight children attending first grade elementary school.

SUBJECTS

Children from 40 elementary schools. Sample was stratified by settlements population size. 960 pupils—493 (52.4%) boys, 467 (48.6%) girls.

METHODS

Anonymus questionnaire (completed by parents) consisted of 75 questionnaires regarding computer and internet use,

television, eating and drinking habits, children's health status, parents education and height and weight. IOTF Criteria for overweight and obese. Statistic analysis included descriptive methods, factor analysis and factor discriminant analysis.

RESULTS

Normalweight children are described with: higher number of children in the family and higher order of birth, lower education of parents, they eat more vegetables and fruits, spend less time playing computer games, have more physical activity, drink less alcohol with their meals.

Overweight and obese children are described with: lower number of children in the family and lower order of birth, higher education of parents, they eat less vegetables and fruits, spend more time playing computer games, have less physical activity, drink more alcohol with their meals.

CONCLUSION

We could assume that parents with lower education spend more time at home with their children (more time for cooking?). Regarding nutritional and behavioral differences among overweight, obese and normal nutritioned, prevention programs should include parents in order to eliminate bad habits, primary fast food consumption and computer using.