addition, adiponectin and *sirtuin*-1 were increased after a consumption of LAGE diets.

Conclusion: Diets low in AGEs improve cardiometabolic profile by reducing both traditional and non-traditional cardiovascular risk factors in individuals with or without diabetes. Hence restriction in dietary AGE content may be an effective strategy to decrease diabetes and cardiovascular risk.

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Decaffeinated green coffee extract improves cardiovascular function in diet-induced obese rats

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Decaffeinated coffee has become a major part of the market as people wish to avoid the behavioural changes associated with caffeine. While caffeine reduces body weight as well, it is important to determine whether decaffeinated coffee improves metabolic, cardiovascular and liver function. We have therefore given decaffeinated green coffee extract (DC) to fat rats as a chronic treatment to determine these changes. Rats were given a high-carbohydrate, high-fat diet to induce metabolic, cardiovascular and liver changes characteristic of human metabolic syndrome.

8—9 weeks old Wistar rats (335 ± 5 g, $n = 48$) were divided into 4 groups of 12 rats: corn starch diet-fed rats; corn starch diet-fed rats given DC (5% in diet); high-carbohydrate, high-fat diet-fed rats and high-carbohydrate, high-fat diet-fed rats given DC (5% in diet). All rats were fed for 16 weeks. Treatment groups were given diets for first 8 weeks and the diets were supplemented with DC for the last 8 weeks.

DC reduced body weight in high-carbohydrate, high fat diet-fed rats while slightly reducing food intake compared to high-carbohydrate, high fat diet-fed. DC treatment reversed increase in systolic blood pressure and attenuated left ventricular diastolic stiffness while reducing collagen deposition and infiltration of inflammatory cells in the heart. DC treatment also improved liver inflammation and fat deposition in the liver. While DC improved cardiovascular function, it did not induce any changes in body fat.

These results suggest that decaffeinated green coffee improved obesity-related cardiovascular and liver changes in diet-induced obese rats.

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Growth patterns and rapid weight gain in infants of Chinese-born immigrant mothers compared with Australian-born mothers living in Victoria, Australia

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Background: The third largest immigrant group in Australia originate from China. School-aged children with Asian backgrounds have increased risk of overweight and obesity. Early growth patterns of these children may provide insights regarding prevention opportunities.

Aim: To compare infant growth from birth to 3.5 years of age and prevalence of rapid weight gain (RWG) in infants of Chinese-born mothers (CBM) and Australian-born mothers(ABM) living in Australia.

Methods: Anthropometric data were collected (birth, 2, 4, 8 weeks; 4, 8, 12, 18 months; 2, 3.5 years, $n = 934$ for each group) from 16 Maternal and Child Health centres. Zscores (bmi-for-age (zbmi), weight-for-age (zwei), length/height-for-age (zlen)) were calculated using WHO growth standards. RWG was defined as an increase (≥ 0.67) in zbmi from birth to 12 months. Differences were tested using t-test and chi^2 ($p < 0.05$). Regression analyses (adjusted demographic covariates) were performed to examine the effect of ethnicity on RWG and zbmi, zwei and zlen at 3.5 years ($p < 0.05$).

Results: Compared with ABM, infants of CBM had a lower mean zbmi score at birth, 2 weeks, 12 months until 3.5 years, but higher zBMI scores between 4 weeks and 8 months. The same differences were observed for mean zwei except at 12 months. Infants of CBM had lower mean zlen scores at birth and 3.5 years; but higher mean zlen at 8 weeks and 4 to 12 months. Regression