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**Invited talk: The role of NAFLD and hepatokines in metabolism**Norbert Stefan<sup>3,1,2</sup><sup>1</sup> *Institute of Diabetes Research and Metabolic Diseases (IDM) of the Helmholtz Center Munich, University of Tübingen, Tübingen, Germany*<sup>2</sup> *German Center for Diabetes Research (DZD, Tübingen, Germany)*<sup>3</sup> *University Hospital of Tübingen, Tübingen, BW, Germany*

The liver is known to be involved in the natural history of the ongoing epidemics of type 2 diabetes mellitus and cardiovascular disease. In particular, the liver has a role in increased glucose production and dysregulated lipoprotein metabolism, conditions that are often found in patients with nonalcoholic fatty liver disease. Additionally, several proteins that are exclusively or predominantly secreted from the liver are now known to directly affect glucose and lipid metabolism. In analogy to the functional proteins released from adipose tissue and skeletal muscle-adipokines and myokines-these liver-derived proteins are known as hepatokines. The first hepatokine that has been proven to have a major pathogenetic role in metabolic diseases is  $\alpha$ 2-HS-glycoprotein (fetuin-A). Production of this glycoprotein is increased in steatotic and inflamed liver, but not in expanded and dysregulated adipose tissue. Thus, research into this molecule and other hepatokines is expected to aid in differentiating between the contribution of liver and those of skeletal muscle and adipose tissue, to the pathogenesis of type 2 diabetes mellitus and cardiovascular disease.

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**Invited talk: Maternal obesity: New insights**

Leonie Callaway

*University of Queensland, Herston, QLD, Australia*

Maternal obesity remains a major public health issue and a major clinical issue in the delivery of clinical care.

It remains a key risk factor in many adverse pregnancies and neonatal outcomes and is associated with a significant economic burden.

The drivers of human obesity are fascinating – dietary advice and guidelines, the food industry, exercise, exercise guidelines, appetite regulation, industry drivers, endocrine disruptors within our food change, changes in lifestyle, medications, trauma.

New insights into this fascinating area of medicine will be discussed.

<https://doi.org/10.1016/j.orcp.2016.10.022>

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**Invited talk: Impact, impact, impact – GP pathways to successfully empower your patients and families to better health and well-being**

Gary Leong

*Lady Cilento Children's Hospital, Brisbane, QLD, Australia*

The overweight and obese child lives within a Family and Cultural environment in which your role as their GP is critical to the Family's long-term health and well-being. Dr. Leong will highlight the many factors and barriers to Family health change and some simple strategies you can take that will empower both you and your GP team and the Families who are seeking your help. You will feel enlivened and enthused after his talk to make a small but significant difference to your clients in your practice for better health and well-being.

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**Invited talk: Recognising NAFLD and what should be done?**Norbert Stefan<sup>3,1,2</sup><sup>1</sup> *Institute of Diabetes Research and Metabolic Diseases (IDM) of the Helmholtz Center Munich, University of Tübingen, Tübingen, Germany*<sup>2</sup> *German Center for Diabetes Research (DZD, Tübingen, Germany)*<sup>3</sup> *University Hospital of Tübingen, Tübingen, BW, Germany*

Nonalcoholic fatty liver disease (NAFLD) has gained much attention in the recent years because of its high prevalence, amounting to more than 30% in the general population and to more than 70% in certain high risk groups, such as morbid obese individuals and patients with type 2 diabetes. NAFLD strongly associates not only with progres-