

Results: Eight-weeks of both exercise training interventions induced significant reductions in VAT ($-159 \pm 195 \text{ cm}^3$, $p < 0.001$) and SAT ($-331 \pm 756 \text{ cm}^3$, $p = 0.003$), with no significant changes in weight ($-0.9 \pm 2.2 \text{ kg}$, $p = 0.07$), subjective appetite sensations, plasma ghrelin, PYY or energy intake ($p > 0.05$ for all).

Conclusions: In the absence of explicit dietary restrictions in adults with overweight/obesity, neither type of exercise training, which effectively reduces body fat without weight loss, affects fasting subjective sensations of appetite, or fasting plasma levels of ghrelin or PYY. Exercise-induced changes in body composition appear not to be influenced by changes in gut hormones.

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Tertiary level management of severe paediatric obesity – Interventions must focus on younger children and address attrition rates



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The prevalence of severe obesity in Australian children continues to increase thus it is imperative we determine optimum weight management interventions. Data from tertiary level treatment programs helps inform patient and service characteristics most likely to yield successful outcomes.

As part of ongoing service improvement we evaluated data from our NSW tertiary paediatric multi-disciplinary weight management clinic, CHOOSE Health, to determine potential identifiable criteria predictive of greater weight loss results.

CHOOSE Health clinic has clearly defined referral criteria and clinical pathways with a mixture of parent workshops and individual tailored sessions with the team's health professionals over 6 months. Clinic visits measure weight, height and waist circumference (WC) and BMI, BMI z-score and waist-to-height ratios (WHtR) are calculated.

Data from 249 families (children aged 18 months to 14 years) attending from 2012–2015 were analysed. (56% male). Mean baseline BMI z-score and WHtR were 2.8 (range 1.2–6.4) and 0.68 (range 0.49–1.0) respectively. >93% had a WC >80 cm. Younger patients (≤ 6 yrs) had higher baseline BMI

z-scores. Only 43% of families attended the initial (triage) appointment whereas 33% of families attended at least 5 appointments. There were no significant differences between those attending triage only compared with multiple attenders. For multiple attenders, there was a significant ($p < 0.0001$) mean change in BMI z-score from visit 2 to last visit being greatest in those ≤ 6 years of age. Regression analysis indicates significant ($p < 0.0001$) decreases in mean BMI z-score over visits 1–5.

Interventions in the real-life setting are effective for management of severe paediatric obesity and resources should focus on younger age groups where greatest changes in weight parameters are achieved. More research is needed into reducing attrition rates which remain high and distinguishing between attenders and non-attenders cannot be determined using baseline anthropometry alone.

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Metabolic and nutrition-related effects of a duodenal-jejunal bypass sleeve in patients with obesity and Type II diabetes: Preliminary results of a pilot study



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Background: Effective and safe treatments for obesity and type 2 diabetes are urgently needed. The endoscopically placed duodenal-jejunal bypass sleeve (DJBS) (Endobarrier®) proposes to impair digestion and absorption of macronutrients, thus inducing weight loss. Absorption of micronutrients may therefore also be impaired.