we assessed weight, height, BMI and z-BMI at diagnosis and 1 year later. We also investigated the compliance with the prescribed food program and GFD, then selecting only patients with strict adherence to GFD, and subdividing them into 2 groups: A (balanced diet) and B (non-controlled diet).

Results The characteristics of A and B, as in Tab.1, show a reduction of z-BMI (Δz-BMI= -0.49±0.41) in all patients of group A, while in group B (Δz-BMI= -0.28±0.54) the z-BMI increased in 2 cases and reduced in 6, but less than in A.

Conclusions Probably due to the small number of cases, the differences in the z-BMI changes between OCC with a balanced GFD and those with a non-controlled GFD are not significant. Nonetheless, we assert that is fundamental that these patients follow an adequate diet, especially to avoid the worsening of a state of malnutrition in excess, often already present at the diagnosis.

Abstract 1418 Table 1

<table>
<thead>
<tr>
<th>Age of diagnosis</th>
<th>z-BMI at diagnosis</th>
<th>z-BMI at follow-up</th>
<th>Δ z-BMI follow-up length</th>
</tr>
</thead>
<tbody>
<tr>
<td>A group (MM and FF)</td>
<td>11.35±3.79</td>
<td>1.93±0.69</td>
<td>1.44±1.01</td>
</tr>
<tr>
<td>B group (MM and FF)</td>
<td>9.12±4.26</td>
<td>1.18±0.53</td>
<td>1.57±0.98</td>
</tr>
</tbody>
</table>

Background Binge Eating Disorder (BED) is related to obesity in children; treatment of obesity could be improved by using either a nutritional and psychotherapeutic strategy.

Aims To assess the prevalence of BED and weight trend in an overweight or obese pediatric population; to evaluate an Integrated Therapeutic Approach (ITA) in a BED positive group.

Methods Ninety-seven subjects (M/F 55/44, mean age 11.0±2.4 yr, range 6.1–16.2) with overweight (M/F 8/18) or obesity (M/F 45/26) underwent physical examination, body weight, waist and hip circumference and blood pressure. A Binge Eating Scale (BES) to evaluate BED (positive = 17) was used. All BED-positive patients were included in this retrospective study (5 years) and were followed with monthly checks; six BED-positive children underwent both medical visits and 10 sessions of psychotherapy (ITA). BED was evaluated before and after psychotherapy.

Results BED was found in 29/97 (29.9%) subjects, of whom 20 (69%) had a BMI >95th percentile. BMI did not change in the six BED-positive children followed with ITA nor in a matched group of six BED-positive children followed without ITA (3/6 dropped-out). Instead, ITA reduced gravity of BED in all patients and neutralized (BES< 17) in four patients.

Conclusions Early improvements in BED can be achieved with an integrated therapeutic approach as a first step for long-term reduction of obesity.

Background Childhood obesity increases the likelihood of several consequences for a child (precocious puberty, polycystic ovary syndrome, diabetes mellitus type 2, etc) and also later in adulthood (increased mortality due to cardiovascular disease, diabetes mellitus, etc).

Aim The aim of the current study was to investigate the prevalence of overweightness and obesity among Greek students and to determine the correlation between diet and physical activity.

Methods 2374 pupils in primary education were considered for the study (1206 boys and 1168 girls). Statistical analyses were performed using SPSS version 15.0 (SPSS Chicago, IL USA). A p-value <0.05 was accepted for statistical significance.

Results Cross-correlation between overweight and obese children and sex showed that more males (9.2%) are obese than females (5.3%). The rate of overweight children was at 25.9%, of obese children at 7.3% and the rate of central obesity was at 55.5%. Regarding children that did not follow a healthy diet in school, 34.1% of them were overweight or obese and 38.6% had central obesity; 32% of the children that had a healthy diet in school were overweight or obese, and 27.8% of them had central obesity. In multiple regression analyses, central obesity was associated with hours of daily TV watching and with the hours of daily computer use.

Conclusions It is important adhering to a healthy lifestyle which emphasizes healthy food choices and habits, regular physical activity, and limiting screen time.

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Background and Aim Globesity has made visible the increased risk, yet among youngsters, of cardiovascular diseases, NAFLD, MS, etc.

The Aim of this study is to stress how two simple indexes (IR-HOMA and WtHR) can be useful at-out patients level to detect the presence of an often still unidentified MS.

Methods 857 ow/ob children (405 female, 47.26%), aged 10.54±2.87, were included in this retrospective (5 years) study.

Results The standard risk factors of MS (NCEP ATP III modified) in the studied population were represented as follows: Waist Circumference ≥90% 62.40%; Hypertension 21.52%; Triglycerides ≥150mg/dl 12.34%; HDL < 50mg/dl 5.52%; Glycemia ≥100mg/dl 4.72%; besides, 34.64% showed IR-HOMA ≥2.5. The overall MS prevalence was 5.49%.

Due to an OR=5.29 (p<0.05) for IR-HOMA vs. MS factors, all patients with an IR-HOMA >2.5 are very likely to have 3 or more elements of MS. If both IR-HOMA and WtHR are abnormal, OR becomes 6.24 (p<0.05).

Conclusions Early detection and treatment of MS is important. This can be achieved through IR-HOMA and WtHR.


Background The importance of dietary and physical activity (DPA) in the prevention and treatment of MS is evident. In this study we assess MS and its' clinical components among Greek adolescents in the frame of the 2002 National Survey of Health and Nutrition.

Methods A sample of 1206 adolescents aged 12–18 years, from four different regions in Greece, was included in this study. MS was defined according to the 2001 NCEPATP III criteria.

Results The prevalence of MS was 5.9% and it was higher among boys than girls (6.9 vs. 5.0%, p=0.04). Moreover, the prevalence of MS was significantly higher among adolescents living in the Western and Central regions compared to the Northern (4.0%, p=0.03) and Eastern (3.3%, p=0.01) regions, respectively.

Conclusion The prevalence of MS in Greek adolescents was lower than that reported in other studies. However, the prevalence of MS was higher among adolescents living in the Western and Central regions, while the prevalence of its' clinical components was similar among all regions.