
**Methods** A sample of 856 children (396M), aged 10.29±2.77, was divided into 3 groups according to maternal GWG (group A, inadequate=323, group B, adequate=250, group C, excessive=283). They were compared for BW, z-BMI and WtHR.

According to maternal education level, we also assigned patients to 5 different groups (PS: primary school, SS: secondary school, GR: graduation), assessing the relationship with GWG, BW, z-BMI and WtHR.

**Results** Statistics show a different prevalence of adequate BW children (2,500-4,199g), in B(92%), A(89%) and C(88%), and of WtHR (A=0.59±0.058, B=0.58±0.05, C=0.59±0.05). Student’s t-test has p<0.05 between both inadequate (A-C) and adequate GWG (B) for both parameters.

About z-BMI, only the comparison between A and C is significant (A=1.96±0.57, C=2.07±0.49; p=0.026).

GWG also shows significant differences in PS (15.39±6.67) and SS (14.93±7.24) vs. GR (13.19±6.12). The same for z-BMI in PS (2.0±0.61) and SS (1.93±0.48), and in PS and GR (1.91±0.48).

**Conclusions** We can confirm the positive relationship between inadequate GWG and inadequate BW in children, and the increased risk of OW/OB. Besides, there is strict relationship between low maternal cultural level and inadequate GWG, and increased risk of OW/OB outcome.

A strict anthropometric surveillance of pregnant women is desired, to prevent offspring’s future malnutrition in excess.

**Bibliography**
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**PREVALENCE OF SECONDARY DYSLIPIDEMIA IN OBSE CHILDREN**

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**Objective** In this study, we aimed to determine the frequency of dyslipidemia secondary to childhood obesity which has rapidly increasing prevalence in recent years and compare lipid profiles in obese and nonobese children.

**Methods** We scanned children between 2 to 16 years old whom appears were obese and the patients who has BMI above 95. percentile were included in study. These children’s weight, height and BMI were determined and fasting serum triglyceride, cholesterol, HDL and LDL levels were measured and compared with the control group of 124 children in the range of similar age with normal BMI. In our study the mean values of total cholesterol and triglyceride levels of obese children were significantly higher than the control group and obesity was significantly associated with high total cholesterol (44.5%), triglyceride elevation (48.7%), LDL cholesterol elevation (38.7%) and HDL (23.5). In obese children the total cholesterol, triglyceride, LDL cholesterol and HDL cholesterol levels were significantly higher than the control group. A total of 62.6 % of the obese children showed an abnormal lipid profile. In case abnormal lipid profile was significantly higher than the control group.

**Conclusion** Obese children are at risk of dyslipoproteinemia and related diseases.

These findings demonstrate the importance of proper screening and early diagnosis of childhood obesity to prevent potential complications of obesity and dyslipidemia in both childhood and adult age.

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**TWO SIDES OF THE SAME COIN: OPPOSITE PATHS IN PATIENTS TREATED WITH THE SAME STRATEGY**

DG(13 years), family-history hypertension(I), dyslipidemia, CVD; MG(14 years), family-history I, both Tanner IV.

Different school conduct-integration (DG:restless-good, MG: good-problematic); −7h/day of sedentary, MG is solitary, DG wishes to be more social, trains(−6hrs/week) and walks.

No breakfast, junk food, or absent(MG); lunch and dinner alone or in family(MG); extra-snacks; soft-drink≥1/day. Both do nutritional mistakes.

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**Conclusion** At T4, DG seems in a worse situation: this prompts him to better comply, with a general improvement.

MG ignores his health status, perpetuating incorrect lifestyles, showing deterioration, acquiring risk factors for MS (HDL-C, BP, W).

Even with similar initial status and similar strategy for both, the totally different results stress the importance of patients’ compliance, even if still unable to plan future.

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**THE RELATIONSHIP OF OBJECTIVE MEASURE OF SLEEP PATTERN AND ITS ASSOCIATION WITH OBESITY IN PRIMARY SCHOOL CHILDREN IN TEHRAN CITY**

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