

SCOPE

2015 / School

COURSE GUIDE

3RD – 4TH OCTOBER

DOHA



SPECIALIST CERTIFICATION OF OBESITY PROFESSIONAL EDUCATION (SCOPE)

SCOPE is the official education programme of World obesity developed by global obesity experts to educate health professionals. Registration is free and it provides:

- / Knowledge of obesity from leading obesity experts
- / The only internationally-recognised qualification in obesity management
- / CPD and CME points for continued professional development
- / Register today at www.worldobesity.org/scope

What's included?

- / 30 e-learning modules
- / Evidence-based education on obesity management across all disciplines
- / Recognition of obesity expertise through SCOPE Certification and Fellowship

Endorsements

- / 53 national obesity organisations representing 55 countries endorse SCOPE to their members
- / NHS commissioning guidelines on severe and complex obesity 2012/13 and 2013/14 endorse SCOPE
- / SCOPE is accredited by the Association for Nutrition
- / SCOPE is accredited by the CPD and CME service
- / SCOPE is mentioned in the Action on Obesity Report by the Royal College of Physicians
- / SCOPE is recommended for further study by the Royal College of GP's

CERTIFICATION

SCOPE Certification recognises an international standard of excellence in obesity prevention and management. To qualify:

- / Provide evidence of 6 months practical experience relating to obesity management within a healthcare profession
- / Earn a total of 12 SCOPE points through e-learning or live-training

SCOPE covers a wide range of topics including:

- / Motivational Interviewing
- / Facilitating Behaviour Change
- / Patient-Centered Physical Activity
- / Dietary Interventions
- / Diabetes
- / Reducing Sedentary Behaviour
- / Obesity and Mental Health
- / Obesity in Pregnancy
- / Childhood and Adolescent Obesity
- / Bariatric Surgery
- / Challenging Prejudices of the Obese
- / Obesity and Sleep Apnea
- / Obesity and Hypertension



Nick Finer

Chair of
Clinical Care

Dear Colleagues,

On behalf of the World Obesity Federation (formerly IASO), we are delighted to welcome you to the eleventh SCOPE School. SCOPE (the Specialist Certification of Obesity Professional Education) is the internationally recognized standard of excellence in obesity prevention and management. SCOPE helps health professionals understand, treat, manage and prevent obesity.

Healthcare professionals and patients need to work together effectively, in order to manage excess weight and its associated conditions - this SCOPE School will equip you with the knowledge, skills and techniques to do so.

We have brought together a faculty of internationally recognized experts in different areas of obesity treatment. We create an environment in which you can engage with experts and colleagues and take home knowledge that will transform your patient outcomes.

To qualify for SCOPE Certification, you must earn 12 SCOPE Points by completing SCOPE e-learning modules and attending SCOPE courses. You also need to provide evidence of your practical experience of working with obese patients. Attending this SCOPE School will earn you four SCOPE Points. The SCOPE e-learning facility is a valuable resource featuring bite-sized modules developed by leading obesity experts, key articles, and forums in which to network and share best practices. With SCOPE, you can create a customized learning program to address your knowledge gaps and areas of interest.

We hope that you enjoy the program and the opportunity to network with your colleagues and the faculty.

Nick Finer, Chair of Clinical Care, World Obesity Federation



**Shahrads
Taheri**

Director Clinical
Research Core, Weill
Cornell Medical
College in Qatar

I am delighted that we are holding the first SCOPE school in the Middle East, in Doha, Qatar. The Middle East, and particularly the Gulf region, is experiencing some of the highest prevalence of obesity in the world. This has already translated into greater prevalence of type 2 diabetes and cardiovascular disease at a young age. Because of the rapid rise in obesity and its complications, it is essential to train as many healthcare professionals in the management of patients with obesity and its complications. This will ensure a more focused approach to patient care than is currently available. The SCOPE school has been supported by Weill Cornell Medical College in Qatar, Hamad Medical Corporation, The Qatar Academic Health System, and the Sahtak Awalan (Your Health First) campaign. Also, the participation of organizations in Qatar such as Aspetar and Primary Health Care Corporation adds to the concerted effort to improve the care of patients with obesity in Qatar. I would like to thank all the speakers, meeting chairs and moderators, panellists, and the administrative staff at Weill Cornell Medical College in Qatar and World Obesity who have contributed to the program as well as the course participants. I look forward to future SCOPE schools in the Middle East as the region develops a strong well-trained workforce to tackle the serious problem of obesity.

Shahrads Taheri, National SCOPE Fellow, Director Clinical Research Core, Weill Cornell Medical College in Qatar

WORLD OBESITY

OUR MISSION IS TO
LEAD AND DRIVE
GLOBAL EFFORTS
TO REDUCE,
PREVENT AND
TREAT OBESITY.

WORLD OBESITY

CONTENTS

SCOPE School 2015: Doha

WHAT WE DO

/ MEMBERSHIP

- / 53 member associations
- / Representing 56 countries
- / Discounted publications
- / Discounted event registration
- / Access to prevalence data and research support
- / Discounted registration for Specialist Certificate of Obesity Professional Education (SCOPE)
- / Briefings and advocacy support

/ INTERNATIONAL CONGRESS & MEETINGS

- / International Congress on Obesity (ICO)
- / SCOPE Schools
- / Hot Topic Conferences
- / STOCK Conferences
- / For more information visit:
www.worldobesity.org/events/

/ JOURNALS & PUBLICATIONS

- / Clinical Obesity
- / Obesity Reviews
- / Pediatric Obesity
- / International Journal of Obesity
- / Reduced subscription fees are available for members

/ RESEARCH & PROJECTS

- / Global centre compiling the latest statistics on obesity prevalence
- / Comprehensive and current data in the form of maps, charts, tables and slides for review and download
- / Research projects on topics such as marketing to children and investigating the benefits of modest weight loss

/ SCOPE

- / Internationally acclaimed high-quality education programme aimed at improving the treatment of obese and overweight patients
- / Open to all health professionals
- / Take a course in our new e-learning environment
- / Bite-sized modules, expert lectures and interactive assessments
- / Earn CPD points
- / Keep up to date, visit:
www.worldobesity.org/scope/

/ POLICY & PREVENTION

- / Research-based think tank of international obesity experts
- / Advocacy for effective prevention of obesity at national, regional and global levels
- / Officially collaborating with the World Health Organisation

/ CLINICAL CARE

- / Provision of SCOPE, a high-quality, internationally recognized course to educate health professionals in the management and prevention of obesity
- / Recognise the importance and expertise of healthcare professionals in the field of obesity management through fellowship of SCOPE
- / Develop international consensus statements and management strategies using evidence-based techniques and producing management guidelines for use by healthcare professionals

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Speaker Abstracts	17

Useful Information

Wifi Details

Username: QNCC-GUEST
Password: None

Professional Development

Attendance Provides 4 SCOPE Points and 16 CPD points.

Venue Information

The conference will take place at the Qatar National Convention Centre, Doha, Qatar.

Plenary session	Rooms 215-216-217
Breakout room 1	Rooms 215-216-217
Breakout room 2	Rooms 239-240
Breakout room 3	Rooms 237-238
Coffee breaks and Lunch as well as cocktail reception	Rooms 218-219-220

SCOPE
/ Accredited



Saturday 3rd October

AM	Start Time	Room
Registration	08:00	
Introductory remarks <i>Dr. Edward Hillhouse, Chief Policy Advisor on Academic Health Systems, Hamad Medical Corporation, Doha, Qatar, Dr. Abdul-Badi Abou-Samra, Chairman of Medicine, Hamad Medical Corporation, Doha, Qatar, Dr. Saad Al Kaabi, Chair of Gastroenterology, Hamad Medical Corporation, Doha, Qatar, Dr. Shahrads Taheri, Professor of Medicine</i>	08:50	218-220
Session 1 <i>Chair: Dr. Abdul-Badi Abou-Samra, Chairman of Medicine Hamad Medical Corporation, Doha, Qatar</i>	09:10	218-220
Obesity and the Lung <i>Dr. Dev Banerjee, Medical Director - Sleep Medicine University of Sydney and the Woolcock Institute, Sydney, Australia</i>	09:10	
Obesity and Cardiovascular Disease <i>Dr. Charbel Abi Khalil, Assistant Professor of Medicine Weill Cornell Medical College in Qatar, Doha, Qatar</i>	09:40	
Obesity and Renal Function <i>Dr. Indranil Dasgupta, Consultant Nephrology Heart of England NHS Foundation Trust and University of Birmingham, Birmingham, UK</i>	10:10	
Obesity and Fertility <i>Dr. Stephen Atkin, Professor of Medicine Weill Cornell Medical College in Qatar, Doha, Qatar</i>		
Coffee break	11:10	215-217
Session 2	11:45	218-220
<i>Chair: Dr. Mohammed Al Kuwari, Acting Director General Aspetar, Doha, Qatar</i>		
Obesity and Mental Health <i>Dr. Adel Zarea, Head of Emergency Psychiatry Hamad Medical Corporation, Doha, Qatar</i>	11:45	
Medical Management of Patients with Obesity <i>Dr. Nicholas Finer, Professor of Medicine, University College London, London, UK</i>	12:15	
Lifestyle Interventions in Obesity <i>Dr. Robert Andrews, Senior lecturer in Medicine and Lead for Medical Obesity Services, University of Bristol, Bristol, UK - Taunton Somerset</i>	12:45	
Lunch	13:15	215-217

Saturday 3rd October

PM	Start Time	Room
Breakout sessions - part 1	14:15	
Breakout session 1 How to give a Physical Activity Prescription <i>Dr. Paul Dijkstra, Specialist Sport and Exercise Medicine Physician, Aspetar, Doha, Qatar, Moderator: Dr. Buthaina Ibrahim Al-Owinati, Senior Consultant in Endocrinology, Hamad Medical Corporation, Doha, Qatar</i>		218-220
Breakout session 2 Psychological Approaches to Managing Obesity <i>Dr. Vanessa Snowdon-Carr, lead Clinical Psychologist for Weight Management and Bariatric Surgery, Mangrove Park Hospital, Taunton, Somerset, Moderator: Dr. Adel Zarea, Head of Emergency Psychiatry, Hamad Medical Corporation, Doha, Qatar</i>		237-238
Breakout session 3 How to Choose Diets for Obesity Management <i>Mr. Adrian Brown, Specialist Weight Management Dietician, Imperial College London, London UK, Moderator: Mrs Katie Al Nahas, Senior Dietician, Qatar Diabetes Association, Doha, Qatar</i>		239-240
Coffee break	15:10	215-217
Breakout sessions - part 2	15:30	
Breakout sessions - part 3	16:25	
Session 3 <i>Chair: Dr. Shahrads Taheri, Professor of Medicine, Weill Cornell Medical College in Qatar, Doha, Qatar, Novel Therapeutics for Obesity, Dr. Nicholas Finer, Professor of Medicine, University College London, UK</i>	17:25	
Cocktail reception & networking	18:30	Foyer

Sunday 4th October

AM	Start Time	Room
Registration	08:00	
Introduction <i>Dr. Abdul-Badi Abou-Samra, Chairman of Medicine, Hamad Medical Corporation, Doha, Qatar, Dr. Shahrads Taheri, Professor of Medicine Weill Cornell Medical College in Qatar, Doha, Qatar</i>	08:50	218-220
Session 1 Chair: Dr Mahmoud Zirie, Chair of Diabetes and Endocrinology Diabetes Centre, Hamad Medical Corporation, Doha, Qatar	09:10	218-220
Management of obesity in diabetes <i>Dr. Shahrads Taheri, Professor of Medicine, Weill Cornell Medical College in Qatar</i>	09:10	
Management of fatty liver disease and obesity <i>Dr. Abdunasser Elzouki, Chair of Internal Medicine and Senior Consultant in Hepatology, Hamad Medical Corporation, Doha, Qatar</i>	09:50	
Bariatric Surgery as a treatment for Obesity and Diabetes <i>Dr. Maria Pallayova, Instructor in Medicine, Weill Cornell Medical College in Qatar, Doha, Qatar</i>	10:20	
Nutritional deficiencies post-bariatric surgery <i>Dr. Barbara McGowan, Lead for Specialist Weight Management Services, Guys and St Thomas Hospital NHS Trust, King's College London, UK</i>	10:50	
Coffee break	11:30	215-217
Session 2	12:00	218-220
Mechanisms Underlying Bariatric Surgery <i>Dr. Shahrads Taheri, Professor of Medicine, Weill Cornell Medical College in Qatar, Doha, Qatar</i>	12:00	
Mechanisms of Insulin Resistance in Diabetes <i>Dr. Muhammad Abdul Ghani, Director of Research, Department of Medicine - Hamad Medical Corporation, Doha, Qatar</i>	12:50	
Lunch	13:20	215-217

Sunday 4th October

PM	Start Time	Room
Breakout sessions - part 1	14:15	
Breakout session 1 Sleep Apnoea and Obesity <i>Dr. Abdulaziz AlHashemi, Director of Sleep Medicine and Senior Consultant in Respiratory Medicine, Hamad Medical Corporation, Doha, Qatar, Dr. Dev Banerjee, Medical Director - Sleep Medicine, The Woolcock Institute, Sydney, Australia, Moderator: Dr. Maria Pallayova, Instructor in Medicine, Weill Cornell Medical College in Qatar, Doha, Qatar</i>		218-220
Breakout session 2 Management of Patients after Post-Bariatric Surgery <i>Dr. Robert Andrews, Senior lecturer in Medicine and Director of Obesity Services, University of Bristol, Bristol, UK - Taunton Somerset, Moderator: Dr Wahiba Elhaq, Bariatric Physician, Hamad Medical Corporation, Doha, Qatar</i>		237-238
Breakout session 3 Endoscopic Procedures for Management of Obesity <i>Dr. Khalid Al-Ejji and Dr. Rafie Yacoub, Senior Consultants in Gastroenterology, Hamad Medical Corporation, Doha, Qatar, Moderator: Dr. Muneera Al-Mohannadi, Senior Consultant in Gastroenterology Hamad Medical Corporation, Doha, Qatar</i>		239-240
Coffee break	15:10	215-217
Breakout sessions - part 2	15:30	
Breakout sessions - part 3	16:25	
Panel discussion <i>Chair: Dr. Shahrads Taheri, Professor of Medicine, Weill Cornell Medical College in Qatar, Doha, Qatar, Managing Obesity in Qatar and the Gulf Region, Dr. Nicholas Finer, Dr. Abdul-Badi Abou-Samra, Dr. Mohammed Al Kuwari</i>	17:30	218-220
Concluding remarks <i>Dr. Shahrads Taheri, Weill Cornell Medical College in Qatar, Doha, Qatar</i>	18:10	218-220

SPONSOR PROFILES

SPONSOR

Hamad Medical Corporation (HMC)

Contact:

Noimot Olayiwola
nolayiwola@hmc.org.qa
www.hamad.qa or

HMC has been the principal public healthcare provider in the State of Qatar for more than three decades and is dedicated to delivering the safest, most effective and compassionate care to all patients.

HMC manages eight hospitals, incorporating five specialist hospitals and three community hospitals. HMC also manages the National Ambulance Service as well as home and residential care, all accredited by Joint Commission International. While HMC continues to upgrade its facilities and services, it has also embarked on an ambitious expansion program, targeting the areas of need in our community.

HMC is leading the development of the region's first academic health system and is committed to building a legacy of healthcare expertise in Qatar. We collaborate with partners who are key experts in Qatar and beyond, including Weill Cornell Medical College in Qatar, the Institute for Healthcare Improvement and Partners Healthcare, Boston.

We are also the first hospital system in the Middle East to achieve institutional accreditation from the Accreditation Council of Graduate Medical Education - International (ACGME-I), which demonstrates excellence in the way medical graduates are trained through residency, internship and fellowship programs.



SPONSOR PROFILES

SPONSOR

Weill Cornell Medical College in Qatar (WCMC-Q)

Weill Cornell Medical College in Qatar (WCMC-Q) was established by Cornell University in partnership with Qatar Foundation for Education, Science and Community Development, pursuant to an agreement signed in January 2001.



The establishment of WCMC-Q is part of Cornell University's commitment to the discovery, preservation and dissemination of knowledge around the world. With the establishment of the Qatar campus of Weill Cornell Medical College, Cornell University became the first U.S. university to offer its M.D. degree overseas.

WCMC-Q is at the forefront of restoring the region's historic scientific tradition through the establishment of an outstanding biomedical research program, providing the highest levels of quality healthcare to the community now and for the future, while providing the finest education possible for medical students.

WCMC-Q shares the triple mission of Weill Cornell Medical College:

- A dedication to excellence in education
- Top-quality patient care
- Research at the frontiers of biomedical science

From the first year of the medical program, WCMC-Q students conduct joint programs with Hamad Medical Corporation (HMC). Teaching is by Cornell and Weill Cornell faculty along with physicians at HMC and Aspetar Orthopaedic and Sports Medicine Hospital. WCMC-Q is also part of a major initiative to establish a world-class biomedical research program in the country – the first of its kind in the Middle East.

SPONSOR PROFILES

SPONSOR

Sahtak Awalan: Your Health First

Sahtak Awalan: Your Health First, is an initiative of Weill Cornell Medical College in Qatar in association with the Supreme Council of Health.



It was launched in 2012 as a five-year campaign intended to encourage people to lead healthy lives. The aim is to educate people about healthy living and healthy food so they can make informed choices about the foods they buy, the importance of a balanced diet, and the way they live their lives generally.

The initiative is totally inclusive and is aimed at everyone: young and old, nationals and expatriates, with a special focus on youth.

Sahtak Awalan: Your Health First fully supports Qatar's National Health Strategy 2011-2016, which aims to enhance the wellbeing of people in Qatar and includes amongst its several goals preventive healthcare.

SPONSOR

World Obesity

Address:

World Obesity Federation,
Charles Darwin 2, 107 Gray's Inn
Road, London, WC1 X8TZ

Contact:

Natasha Joyner
enquiries@worldobesity.org

World Obesity Federation represents professional members of the scientific, medical and research communities from over 50 regional and national obesity associations. Through our membership we create a global community of organisations dedicated to solving the problems of obesity.



Our mission is to lead and drive global efforts to reduce, prevent and treat obesity. We collate, conduct and disseminate world-leading research into obesity, its impact, causes, treatment and prevention. We influence policy of academics, government and business at global, regional and national levels. We bring rigour, consistency and credibility to the field through educational programmes, practical training, publications, conferences and accreditation.

World Obesity offers an internationally recognised online obesity education programme for health professionals, providing evidence-based content developed by leading obesity experts.

www.worldobesity.org

SPEAKER BIOGRAPHIES



Dev Banerjee

Dr. Dev Banerjee is a respiratory and sleep clinician based at the St Vincent's Hospital Sydney and is medical director of the Woolcock Institute of Medical Research Sleep Unit, University of Sydney. He graduated from the University of Leeds UK in 1992, undergoing postgraduate respiratory medicine training in Birmingham which included training in intensive care medicine and anaesthesia. He completed his M.D. at the University of Birmingham in 2003, studying neutrophil biology and microbiology in COPD. He went on to spend time between 2003 and 2004 at the Royal Prince Alfred Hospital Sydney as a Clinical Research Fellow with Professor Ron Grunstein, undertaking clinical trials in sleep apnoea with a specialist interest in the impact of obesity on nocturnal hypoxemia and sleep disordered breathing. He returned to Birmingham Heartlands Hospital UK in 2004, spending the next nine years as head of Sleep and Respiratory Failure services, setting up the Non – Invasive Ventilation Unit. He returned to Sydney in 2013 and continues to have a specialist interest in obesity and sleep apnoea / respiratory failure.



Charbel Abi Khalil

Dr. Abi Khalil is an Assistant Professor of Genetic Medicine and Medicine at Weill Cornell Medical College in Qatar (WCMC-Q), and a cardiology consultant at the heart hospital-Hamad Medical Corporation.

Prior to joining WCMC-Q, Dr Abi Khalil finished his training in Paris where he served as a research fellow at INSERM (French National Institute of Health and Science) and a cardiology fellow at Assistance Publique - Hopitaux de Paris (public hospitals of the city of Paris).

His current research interests at WCMC-Q focus on epigenetics, cardiovascular complications of diabetes and cardiovascular genetics



Steve Atkin

Dr. Stephen L. Atkin is a Professor of Medicine at Weill Cornell Medical College in Qatar. He has an established international reputation in diabetes and obesity research, encompassing polycystic ovary syndrome and metabolic syndrome. Dr Atkin is a regular speaker at international forums and participates in research panels for these conditions. He has a specific interest in translational medicine encompassing both clinical and laboratory work and has published more than 200 articles. In addition to being a reviewer for many journals and grant funding bodies, he is the academic editor for *Plos One* and is the series advisor on "rational testing" for the *British Medical Journal*, among other relevant roles.



Indranil Dasgupta

Biography not submitted

SPEAKER BIOGRAPHIES



Adel S. Zaraq

- Clinical Professor of Psychiatry – OUCOM, Ohio –USA
- Sr. Consultant, HMC, Dept. Of Psychiatry, Doha, Qatar
- Certified by the American Board of Psychiatry & Neurology
- Currently is the director of Psychosomatic and Consult –Liaison Fellowship program at HMC
- Served as Director of the Under-Graduate Medical Education and was the Chairman of The Psychiatry Counsel, at the Northeast Ohio College of Medicine
- Taught the course Of Emergency Psychiatry at the Cleveland Clinic, South Point Hospital, Cleveland, Ohio, USA
- Taught the course of Psycho-Pharmacology to the Ph.D Nursing Program, at Kent State University, Kent, Ohio, USA
- Consultant with the Eating Disorder treating team at Akron General Medical Center, Ohio, USA 1993-2010
- Leads the psychiatric and psychological evaluation arm in the study “Metabolic implications of Severe Adiposity and their Novel risk factors” (MISAN).



Robert Andrews

Dr. Rob Andrews is a Consultant Senior Lecturer at the University of Bristol and an Honorary Consultant Physician at Musgrove Park Hospital Taunton.

At the university he leads a group that researches the role that exercise and diet can play in the prevention and management of the metabolic syndrome. Ongoing studies include the development of a brief evidence-based tool to assess dietary intake and promote healthy dietary change for people with type 2 diabetes; how exercise can affect beta cell function in type 1 diabetes (EXTOD); the long term effect of diet and diet and activity intervention in patients with type 2 Diabetes (ACTID follow-up) and which bariatric operation is best (BYBAND).

In Taunton, Dr. Andrews is the clinical lead for obesity. In the latter role he has overseen the development of one of the largest multidisciplinary obesity services in the country. This is a holistic service offering specialized dietary and exercise programs, drug therapy and bariatric surgery as well as running clinics for people with eating disorders and complications post surgery. In recognition of this service, in 2009 Taunton was designated an International Center of Excellence for Bariatric Surgery, one of only two European centers to achieve this status.

SPEAKER BIOGRAPHIES



Nick Finer

Professor Finer is an honorary consultant Endocrinologist and Bariatric Physician at University College Hospital, London, and Honorary Professor in the National Centre for

Cardiovascular Preventions and Outcomes within the Institute of Cardiovascular Science at University College London. He is a fellow of the US Obesity Society and of the UK Association for Nutrition. Finer chairs World Obesity - Clinical Care (formerly IASO EMTF), and is past-chair of the UK Association for the Study of Obesity. Finer co-authored the recent Royal College of Physicians report ‘Action on obesity: comprehensive care for all’, and is a member of the UK Government Advisory Group on Obesity, the Clinical Reference Group that advises NHS England on commissioning of specialist obesity services, and the NICE Public Health Advisory Group. Prof Finer is editor-in-chief of *Clinical Obesity*.



Paul Dijkstra

Dr. Paul Dijkstra is the Director of Medical Education at Aspetar Orthopaedic and Sports Medicine Hospital where he also works as a Specialist Sport and Exercise Medicine Physician.

He has extensive experience in elite sport as the UK Athletics Chief Medical Officer to the Beijing and London Olympic Games and Head Quarters Doctor for Team England at the 2014 Glasgow Commonwealth Games. He was the Local Organizing Committee Chief Medical Officer to the 12th FINA World Swimming Championships (25m) in Doha, 2014.

He chaired the subcommittee on physical activity guidelines for medical conditions as a member of the Technical Advisory Group to the Qatar National Committee on Nutrition and Physical Activity that developed the physical activity guidelines for the State of Qatar in 2014. He is busy with further studies in Evidence-based Health Care as a part-time DPhil-student at the University of Oxford.



Vanessa Snowden-Carr

Dr. Snowden-Carr has worked as a clinical psychologist in a range of mental and physical health settings. She now leads a psychology service across

an NHS specialist weight management and bariatric surgery team.

She uses a multi-model approach to her clinical work with a focus on biopsychosocial formulation.

Dr. Snowden-Carr is involved with obesity policy and service development at a national level, representing the British Psychological Society on the National Institute of Clinical Excellence, Clinical Reference Group for Severe and Complex Obesity as well as contributing to other multi-professional and psychology-specific guidelines.

She presents both nationally and internationally, speaking about psychological approaches to working with obesity, binge eating disorder and bariatric surgery.



Adrian Brown

Adrian Brown is a Specialist Weight Management and Bariatric dietitian, with an MSc in Nutrition and Dietetics. He has specialised in weight management and

bariatric surgery for the last nine years and helped set up the dietetic service within a regional specialist weight management clinic, where he was the dietetic service lead. He has also designed a series of innovative specialist weight management groups for patients within a Tier-3 service and for patients preparing for bariatric surgery.

He has spoken both nationally and internationally on dietary management of bariatric surgery and low calorie diets. He is on the committees of DOMUK and BOMSS dietitians and is currently working in research, doing a PhD at Imperial College London.

SPEAKER BIOGRAPHIES



Shahrad Taheri

Dr. Shahrad Taheri is Professor of Medicine and Director of the Clinical Research Core at WCMC-Q. Dr Taheri is also Visiting Professor of Medicine at King's College London. He

graduated in Medicine from the Medical College of St. Bartholomew's Hospital, London University and obtained his Ph.D in neuroendocrinology from Imperial College London. He has trained in clinical medicine and research in London and Bristol (UK) and Stanford (USA). At Stanford, Dr Taheri was a Howard Hughes research associate.

Dr. Taheri has extensive experience of leading the multi-professional care of patients with obesity and diabetes within the UK NHS. He has also led large multidisciplinary research teams aiming to develop, implement, and evaluate clinical services for patients with diabetes and obesity.

Dr. Taheri's research experience extends from basic laboratory to human intervention, and population studies. His research interests are increasingly focused on the development, conduct, and implementation of a range of clinical trials into diabetes and obesity, and linking these trials to investigation of disease mechanisms through laboratory studies.

Dr. Taheri is consultant physician in endocrinology and diabetes and works in a multidisciplinary team to care for patients with diabetes and extreme and complex obesity. He is a SCOPE fellow and is member of the Clinical Care Committee at World Obesity.



Abdunasser Elzouki

Abdel-Naser Elzouki is a Senior Consultant of Internal Medicine. He is Chief of General Internal Medicine, and Fellowship Program Director of General Internal

Medicine, Hamad General Hospital, Hamad Medical Corporation (HMC), Doha, Qatar. He holds the position of Professor of Internal Medicine at Al-Arab Medical University and Associate Professor of clinical Medicine, Weill Cornell Medical College of Qatar. Professor Elzouki has more than 30 years of professional experience, his areas of expertise and clinical interests include: internal medicine, hepatology and gastroenterology and diabetes and metabolic diseases. In addition to holding a Post-graduate Diploma in Medical Education from UK, he has extensive experience in medical education and teaching post-graduate residents and fellows as well as under-graduate medical students. He has been received numbers of awards and honours and he is an examiner for MRCP-PACES exam of UK and an official Arab board examiner for internal medicine speciality.

Professor Elzouki has published more than 85 articles in peer reviewed medical journals and wrote five book chapters. He is the Editor-in-chief of LJID and an editorial board member and reviewer to numbers of international medical journals. In addition to being a member of many regional and international professional associations and societies, Professor Elzouki is the Secretary General of Mediterranean Association for Study of Liver Disease (MASL), Vis-President of the Mediterranean Task Force for Cancer Control (MTCC), and Vis-President of the Libyan Society of Gastroenterology & Hepatology. He has been invited as a speaker to numbers of regional and international conferences and he is the director of series of "Clinical Review Courses for Internal Medicine Board Exams", held regularly in Doha, Tripoli, Benghazi and Muscat; and co-founder and instructor of structured courses and workshops on Medical Professionalism and Communication Skills conducted for residents, fellows and consultants at regular bases in HMC.

SPEAKER BIOGRAPHIES



Barbara McGowan

Dr. Barbara McGowan is Consultant and Honorary Senior Lecturer in Diabetes and Endocrinology at Guy's and St Thomas' Hospital, London, UK. Dr McGowan completed her

post-graduate medical training at the Royal Free Hospital in London, and was awarded a Ph.D from Imperial College London in 2007 for investigating the role of gut hormones and other neuropeptides in appetite control.

Dr. McGowan leads the obesity bariatric service at Guy's and St Thomas' Hospital where she manages patients with complex obesity. Her areas of research interest include gut hormones and remission of type 2 diabetes post-bariatric surgery. She is an investigator for several obesity clinical trials including REVISE and SCALE. Her endocrine specialty interests are in adrenal, pituitary and hereditary neuroendocrine disease.

Dr. McGowan is an active Trustee of The Association for the Study of Obesity, where she is responsible for promoting education and training in obesity for all healthcare professionals. She is a SCOPE National fellow, the Metabolic and Obesity endocrine network lead for the Society of Endocrinology and Treasurer Elect for the Society.



Muhammad Abdul Ghani

Muhammad Abdul-Ghani, M.D., Ph.D, is a Professor of Medicine at the Diabetes Division of the University of Texas Health Science Center at San Antonio,

and the Directors of Diabetes and Obesity Clinical Research Center at Hamad General Hospital. He was graduated from the Hebrew University and Hadassah Medical School where he completed his medical studies and his Ph.D in Physiology. After finishing his clinical residency in Family Practice, he has joined the Diabetes Division at the University of Texas Health Science Center at San Antonio where he is now a Professor of Medicine. He has authored and co-authored more than 100 publications in peer reviewed journals about the pathophysiology and treatment of type 2 diabetes.



Abdulaziz AlHashemi

Dr. Abdulaziz A. Al-Hashemi, MBBS, FCCP, FRCPC, is a graduate of King Faisal University Medical School in Dammam, KSA. He trained in internal medicine, pulmonary, and sleep

medicine at the University of Ottawa, Ontario, Canada.

Dr. Abdulaziz has been practicing since 2006 at Hamad General Hospital where he is the Director of Respiratory Care and the Sleep Lab. His practice specializes in the care of patients with respiratory insufficiency and obstructive sleep apnoea. His interests also include long term mechanical ventilation, weaning, and non-invasive ventilation. He is also a clinical assistant professor of medicine at Weill Cornell Medical College in Qatar and is a fellow of the College of Chest Physicians.

Dr. Abdulaziz is also a fellow of the Royal College of Physicians and Surgeons of Canada and American board certified in internal medicine, pulmonary medicine, and sleep medicine.

SPEAKER BIOGRAPHIES



Rafie Yakoob

Dr. Rafie Yakoob is Senior Consultant in Gastroenterology and Hepatology at Hamad Medical Corporation and Assistant Professor at WCMC-Q. He is a member of the

inflammatory bowel disease multi-disciplinary team (MDT), the obesity MDT, and the hepatopancreatic – biliary MDT at Hamad Medical Corporation (HMC), and was previously Program Director of HMC's GI fellowship program. He has been awarded many stars of excellence by HMC for his efforts in a variety of scientific activities, and has many publications in high-profile medical journals. Dr. Yakoob is currently a Principal Investigator and Co-Investigator on several ongoing research projects and is running a program with other GI faculty in primary healthcare education. He has special interest in therapeutic endoscopy for obesity.



Khalid Al-Ejji

Biography not submitted



Maria Pallayova

Biography not submitted



Abdul-Badi Abou-Samra

Professor Abdul-Badi Abou-Samra M.D. Ph.D is a physician scientist with an extensive research history at several international

institutions, which include Lyon I University, France (five years), the National Institute of Health, Bethesda, Maryland (two years), Harvard Medical School and the Massachusetts General Hospital (21 years), and the Wayne State University School of Medicine (five years). His last appointment prior to joining Hamad Medical Corporation (HMC) was Chief of Endocrinology, Diabetes and Metabolic Diseases and Director of the clinical endocrine fellowship program at Wayne State University, Detroit, Michigan.

Dr. Abou-Samra has received multiple recognitions for his scientific contributions and led several research projects funded by the National Institutes of Health (NIH). He is known for his molecular and clinical research on G protein-coupled receptors, insulin action and nutritionally-regulated genes. Dr. Abou-Samra published over 140 original papers in peer-reviewed journals and contributed to five USA patents. He was member of the endocrine NIH study section and member of the editorial board of several international journals.

In January 2013 Dr. Abou-Samra joined HMC in Doha, Qatar, as the Chairman of the Department of Internal Medicine. He also holds the position of Professor of Medicine at Weill Cornell Medical College in Qatar. Professor Abou-Samra is Co-Chair of the Qatar National Diabetes Committee with the mandate of developing a national strategy for diabetes in Qatar and Chairman for the Qatar Metabolic Institute.

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Obesity and the Lung

Dev Banerjee, University of Sydney and the Woolcock Institute

Obesity is an important cause of respiratory failure in the absence of airways disease. This is called Obesity Hypoventilation Syndrome (OHS). The mechanisms include the effect on lung volumes (reduction of total lung capacity, residual volume and force vital capacity), worsening ventilation/perfusion mismatch, decreased exercise capacity, changes on the central ventilatory drive (leptin) and the effect on the upper airway including the presence of obstructive sleep apnoea (OSA). There is a common clinical overlap between OHS and OSA without OHS, with the majority of severely obese patients with respiratory failure also suffering from OSA. Twenty per cent of OSA will have OHS. Those with OSA but not have respiratory failure will have similar symptoms as those suffering from OSA and OHS including disturbed sleep with snoring, tiredness and sleepiness during the day, and breathlessness. Many will have other comorbidities including hypertension and diabetes mellitus. The role of leptin in respiratory failure in the obese is of interest as there is a decreased respiratory responsiveness to both hypoxia and hypercapnia as seen in the Ob/Ob leptin deficient mice model. It is possible that those with respiratory failure have increased leptin levels (leptin resistance) compared to those without respiratory failure. In the clinical setting, it is imperative that blood gases are performed to detect respiratory failure with a CO₂ level above 45mmHg or 6.0kpa indicating hypercapnic respiratory failure. Overnight respiratory sleep monitoring or Polysomnography (PSG) is recommended in determining the degree of nocturnal hypercapnia (using a transcutaneous CO₂ sensor) and hypoxemia (using oximetry). The PSG will also determine the degree of OSA, sleep disturbance and whether any hypoxemia is exaggerated in REM sleep. Very commonly, OHS patients will spend the majority of the sleep time under 90 per cent oxygen saturations. The treatment other than managing the obesity, in those with OHS, is ventilatory support. There is debate whether Continuous Positive Airway Pressure (CPAP) therapy or bilevel non-invasive

ventilation (NIV) should be instituted first. CPAP has shown to improve nocturnal hypoxemia in some OHS and OSA patients by purely overcoming the airway obstruction and allowing the patient to ventilate adequately themselves. However, some patients who clearly remain hypoxemic despite treating the OSA by CPAP, will continue to hypoventilate during sleep, and these patients do best with bilevel NIV which can be instituted at home. The mechanism of continual hypoventilation despite treating the upper airway obstruction is multifactorial, including diaphragmatic splinting from the obesity, permanent chemoreceptor damage, severe reduction in residual volume and the presence of other coexisting comorbidities such as smoking related airways disease and myopathy. Thankfully mortality after bariatric surgery is rare but respiratory failure is one cause of mortality as well as thromboembolic disease, and cardiac failure. Bariatric surgeons are advised to have a high awareness of the risk of post-operative respiratory failure and co-existing OSA in their obese patients and therefore screening for OSA and respiratory failure should be considered as part of the surgery work up. Pre-op ventilatory support will improve nocturnal and daytime respiratory failure, improve sleep disturbance as well as improve cardiovascular risk by improving hypertension. Post-op ventilatory support will also maintain the upper airway dynamics and prevent atelectasis and V/Q mismatch. The involvement of a respiratory and sleep physician as part of the bariatric work-up is recommended. There is also good evidence that improving the degree of obesity after bariatric surgery will also reduce the severity of sleep apnoea.

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Obesity and Cardiovascular Disease

Dr Charbel Abi Khalil, Weill Cornell Medical College in Qatar

The incidence and prevalence of obesity is increasing worldwide. Several cardiovascular comorbidities are associated with obesity such as dyslipidemia, hypertension, insulin resistance and type 2 diabetes, which predispose to ischemic heart disease, stroke and heart failure. However, obese patients develop less cardiovascular events as compared to lean individuals, an observation known as the “obesity paradox”. Losing weight improves cardiovascular risk factors, but whether it is beneficial in terms of reducing cardiovascular risk is currently unclear from the available data.

Obesity and Renal Function

Dr Indranil Dasgupta, Heart of England NHS Foundation Trust and University of Birmingham

Abstract not submitted

Obesity and Fertility

Professor Steve Atkin, Weill Cornell Medical College in Qatar

Fertility may be negatively affected by obesity and in women, early onset of obesity favours the development of menses irregularities, chronic oligo-anovulation and infertility in the adult age. Obesity in women can also impair the outcomes of assisted reproductive technologies and pregnancy, particularly when the body mass index exceeds 30 kg/m. The main factors implicated in the association may be insulin excess and insulin resistance that are specifically evident in polycystic ovary syndrome. Pregnancy can be complicated by obesity related factors including an increased miscarriage rate and the development of gestational diabetes. However, interventions to decrease obesity and enhance fertility are often disappointed. In men, increasing weight may be related to a decrease in testosterone, alteration in spermatogenesis and the increasing incidence of erectile dysfunction.

Obesity and Mental Health: A Bidirectional Pathology Trap

Prof. Adel S. Zaraa, M.D., Hamad Medical Corporation

We will review the evidence-based medical findings regarding the BIDIRECTIONAL TOXIC relationship between obesity and mental health.

Through the different stages of life, from childhood to old age, the link between obesity and the quality of the mental and emotional wellbeing of the individual had been strongly and mutually affecting each other adversely.

Many medical associations including the ADA (American Diabetes Association) and the AHA (American Heart Association) have already set recommendations and guidelines to screen for mental illness when evaluating diabetic, obese or coronary patients.

On the other hand the pathways of endocrine cascades resulting from depression, sexual and emotional trauma, Post-Traumatic Stress disorder, and panic and anxiety disorder did put the persons suffering from those ailments at great risk of developing early onset obesity and thus entering in to a vicious cycle of metabolic/endocrine/mental vulnerability.

We will also review what the latest experts suggest as a preventive and treatment approaches applied to tackle those issues.

Medical management of patients with obesity

Professor Nicholas Finer, University College London

Medical management of obesity is usually taken to include all non-surgical modalities towards helping patients to achieve weight loss. These include diet, exercise, behavioural and pharmacological therapies alone or in combination. Conventional diets alone or in conjunction with behavioural and exercise therapies is effective but only produces maintained losses beyond the first year of around 3-5 per cent. While this may be of benefit for the overweight, most patients with obesity require greater loss.

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The LOOK Ahead trial demonstrated such greater efficacy in those with type 2 diabetes although this did not result in reduced cardiovascular outcomes. Even greater weight loss and early improvement in many co-morbidities can be achieved with the use of low or very-low energy replacement diets, with the challenge of long-term weight loss maintenance met by concomitant use of medication. Current pharmacotherapy is limited and will be discussed at a later presentation. At the same time as helping patients lose weight, medical management should involve diagnosis and optimisation of obesity-related diseases such as obstructive sleep apnoea, non-alcoholic fatty liver disease, diabetes, hypertension etc. with appropriate use of weight-neutral drugs wherever possible.

Lifestyle Interventions in obesity

Dr. Robert Andrews, University of Bristol

Abstract not submitted

How to give a physical activity prescription

Dr. Paul Dijkstra, Aspetar Orthopaedic and Sports Medicine Hospital

The global impact of noncommunicable diseases cannot be ignored – chronic diseases account for 60 per cent of all deaths worldwide. Six risk factors are associated with noncommunicable diseases as the leading global risk factors for death: high blood pressure, tobacco use, high blood glucose levels, physical inactivity, overweight or obesity and high cholesterol levels. It is therefore important to understand the benefits and limitations of physical activity and exercise in the management and prevention of obesity.

The health benefits of increased physical activity in overweight and obese individuals are well documented but a lot more needs to be done to implement this knowledge. This workshop will be very interactive, case-based and practical, providing students with the basic knowledge and tools to assess need and risks, prescribe an individualized exercise program and how to monitor for adherence and possible complications.

Psychological approaches to managing obesity

Dr. Vanessa Snowdon-Carr

Our understanding of obesity is enhanced by integrating biological, psychological and social factors which cause and maintain problems with weight. The diversity of issues connected to obesity requires a range of interventions rather than one approach for positive outcome in the long term.

From a psychological perspective there are number of factors which will influence obesity including the bi-directional relationship with mental health (Cameron, et al 2011), emotional distress (Hemmingsson, 2014) self-esteem (Pearson, et al 2012), stress (Moore, et al 2012) and coping style (Aarts, et al 2014). Ambivalence around change and meaning of change can also be connected to the function of weight and eating and how this links to current, historical and cultural experiences.

There is a wealth of literature about psychological approaches to weight management but the outcomes are variable and often limited in the amount of weight lost. Therefore, they have greater impact when combined with medical, dietetic and surgical interventions for obesity. In the UK, practice-based evidence is helping to shape guidelines for intervention as well as informing the future direction of research.

This workshop will discuss psychological approach/intervention literature, models of behaviour change and explore participants' ideas about issues particular to a Middle Eastern population and how these translate into practice

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How to choose diets for obesity management

Adrian Brown, Imperial College London

Dietary management is the cornerstone for effective weight loss and weight loss maintenance. Weight maintenance, however, is often difficult and this has resulted in a multitude of different diets and maintenance strategies. This interactive workshop will examine the current scientific evidence behind popular weight-loss diets and their effectiveness, and differentiate between fact and fiction. Finally, we will look at those strategies that when added to diet can help with both weight maintenance and improvements in obesity-related comorbidities.

Novel therapeutics for obesity

Professor Nicholas Finer, University College London, London, UK

The management of obesity remains a major challenge. Dietary therapy often fails, whereas bariatric surgery, although successful, is demanding and applicable to a limited number of patients. Drug therapy has had many setbacks over the past 20 years because of serious adverse effects; however, several new drugs for the treatment of obesity are either licenced in some parts of the world, submitted for registration, or completing phase III trials. These include combinations (at low dose) of existing drugs, e.g., bupropion/naltrexone (Contrave), phentermine/topiramate (Qsymia), higher doses of existing drugs licenced for other indications (liraglutide, 3 mg), and new entities (lorcaserin). Substantial barriers remain, even if drugs are approved, in successfully integrating these agents into weight management practice, largely related to cost, patient acceptability, and clinician willingness to be engaged in obesity treatment. Although hard clinical outcome benefit (at least for CV outcomes) has yet to be established, obesity pharmacotherapy may soon address

many of the challenges in the clinical management of obesity, although newer and better drug combinations and more evidence of benefit from appropriately designed outcome trials is needed.

Management of obesity in diabetes

Professor Shahrad Taheri, Weill Cornell Medical College in Qatar and Hamad Medical Corporation

Obesity and type 2 diabetes are strongly inter-related. The common medical approach to type 2 diabetes is to give brief advice regarding diet and physical activity and concentrate mainly on managing diabetes and its complications, and accompanying hypertension and dyslipidaemia. A significant number of medications used for treatment of patients with diabetes and associated conditions result in weight gain. This creates a vicious cycle of obesity and uncontrolled diabetes. This presentation examines the association between obesity and diabetes and examines the evidence for weight management in patients with type 2 diabetes.

Management of fatty liver disease and obesity

Dr. Abdulnasser Elzouki, Hamad Medical Corporation

Abstract not submitted

Bariatric Surgery as a treatment for Obesity and Diabetes

Maria Pallayova

Abstract not submitted

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Nutritional deficiencies post-bariatric surgery

Dr. Barbara McGowan, Guys and St Thomas Hospital NHS Trust and King's College London

Bariatric surgery is now a well recognized treatment for obesity and its associated co-morbidities. Many obese patients undergoing bariatric surgery have pre-existing micronutrient deficiencies which can potentially worsen post-bariatric surgery. Pre- and post- surgical nutritional monitoring and follow-up of these patients is therefore imperative as part of long term bariatric care. This lecture will review common nutritional deficiencies post-bariatric surgery and current guidelines for monitoring and replacement of vitamins and minerals prior to, and following bariatric surgery.

Mechanisms underlying bariatric surgery

Professor Shahrad Taheri, Weill Cornell Medical College in Qatar and Hamad Medical Corporation

Bariatric or metabolic surgery is currently the most effective treatment for weight loss and diabetes. It provides an opportunity to understand the pathophysiology of obesity and diabetes and consider novel therapeutic pathways for management of obesity and diabetes. Implicated mechanisms for weight loss and diabetes improvement after bariatric surgery include: greater and more durable weight loss than medical approaches, alterations in metabolic hormones including those released by the gut, changes in bile acids, and alterations in the microbiome. This presentation discusses these potential mechanisms and how they inform patient care.

Mechanisms of insulin resistance in diabetes

Dr. Muhammad Abdul Ghani

The decrease in biological action of insulin is known as insulin resistance, and it is a cardinal feature of type 2 diabetes (T2DM). The etiology of insulin resistance is complex and involves both genetic and acquired (e.g. obesity sedentary lifestyle). Insulin stimulates glucose uptake in skeletal muscle and adipocytes, inhibits hepatic glucose production and restrains lipolysis. In insulin resistance states, such as T2DM and obesity, all of these actions of insulin are impaired. The decreased insulin-stimulated glucose uptake is due to impaired insulin signaling and multiple post-receptor intracellular defects including impaired glucose transport and glucose phosphorylation, and reduced glucose oxidation and glycogen synthesis. An increased intramyocellular fat content and fatty acid metabolites have been shown to play a pivotal role in the development of insulin resistance via impairing insulin signaling. Recent studies have reported the existence of a defect in mitochondrial oxidative phosphorylation in insulin resistant states, however, the cause-effect relationship between insulin resistance and impaired mitochondrial function is debated.

Obesity and Obstructive Sleep Apnoea

Dev Banerjee, University of Sydney and the Woolcock Institute and Abdulaziz Alhashemi, Hamad Medical Corporation

OSA is characterised by the intermittent closure of the upper airway during sleep causing oxygen desaturations and sleep fragmentation. It is believed that obesity accounts for over 70 per cent of OSA and is more common in middle aged overweight men, up to a prevalence of 25 per cent. Previous epidemiological studies estimated the prevalence of OSA in men to be 4 per cent and 2 per cent in women, but this is likely to increase with the obesity epidemic. Other risk factors include age, post-menopausal state, and the male sex. Data has also shown that an increase in weight will also confer a worsening degree of sleep apnoea and

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it is estimated that those with a BMI of over 50, 80 per cent will have OSA. OSA is measured by the number of breath holds per hour, called apnoeas (complete breath-holds) and hypopneas (partial breath-holds). The apnoea – hypopnea index or AHI is the measure of severity of OSA, with under 5 per hour being regarded as normal, 5-15 per hour as mild, 15.1 to 30 per hour as moderate and over 30 per hour as being severe. Up to 50 per cent of patients with OSA will have hypertension and 25 per cent will have diabetes mellitus. Symptoms of OSA include snoring, witnessed breath holds, disturbed sleep, daytime sleepiness. Other causes of sleepiness should be sought in the consultation such as sleep deprivation, drug induced esp. opioid based drugs, other sleep comorbidities such as narcolepsy and restless legs. The mechanisms of upper airway collapse is complex and including airway dimensional changes during sleep, obstruction by tonsils and macroglossia, changes in upper airway reflexes, arousal threshold, ventilatory drive, changes in lung volumes, and stage of sleep (OSA can be worse in REM sleep). A number of questionnaires exist to assist the clinician in assessing sleepiness. A common questionnaire is the Epworth Sleepiness Scale whereby the chance of dozing in a number of situations such as sitting quietly after lunch, lying down to rest in the afternoon, watching TV or stopping at traffic lights is asked. These questionnaires are subjective and should not be used to make a diagnosis of OSA in isolation. Objective diagnosis includes the overnight respiratory sleep monitoring test. Such tests are done in hospital (or Polysomnography – PSG) and will measure stage of sleep using EEG, EMG and EOG. Oximetry and pulse is monitored as well as breathing using a nasal pressure gauge, thoracic and abdominal movement belts. Important data including sleep efficiency, and oxygenation esp. time spent under 90 per cent oxygen saturation and mean and minimum sats. There is an increasing demand on undertaking these tests at home and a number of kits are available which allow the patient to attach the leads themselves. Kits vary in the number of leads measuring sleep and breathing and the clinician needs to be aware of the limitations of each kit and be aware of the risk of false negatives and positives. Treatment of

choice is the continuous positive airway pressure machine or CPAP. These have been used in clinical practice for over 20 years and have advanced greatly in treating adequately sleep disordered breathing. CPAP machines are digitalized and can download compliance, residual breath-hold and mask leak data. Other therapy options include the mandibular advancement splint which aims to bring the mandible forward by a few millimetres to open up the posterior pharyngeal space and the cross sectional area in the upper airway. Recent developments such as the hypoglossal nerve stimulator remain to be fully evaluated. Weight loss, either medical or surgical will also improve the severity of OSA although it is not known in an individual how much weight loss is necessary to completely cure them of OSA. More recently, OSA has been seen to be a chronic medical condition and therefore the best practice now regarded to manage such patients is in a multi-disciplinary clinic led by trained sleep and respiratory physicians, with an integrated support network including dentists, psychologists, endocrinologists, obesity physicians, ENT and dietary/sports exercise physiologists.

Management of patients in post-bariatric surgery

Dr. Robert Andrews, University of Bristol

Abstract not submitted

Endoscopic procedures for management of obesity

Dr. Khalid Al-Ejji, Dr. Rafie Yakoob, Hamad Medical Corporation

Abstract not submitted

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