

quarter. Related to the diagnosis, it was observed that 34% of the patients reported a feeling of anxiety, surprise, fright and fear; 27% reported feelings of abandon and helplessness when faced with becoming ill; 24% expected the diagnosis due to previous pregnancies, albeit with negative feelings, and; 15% were not able to express in words the feelings that had been triggered. As for the fetal repercussions of the diagnosis, 55% expressed fear of fetal malformation, 35% feared prematurity and 10% did not relate any fetal repercussion to it. Related to the hospitalization, it was observed that 64% reported negative sentiments (anguish, increased anxiety, fear and sadness, restricted eating) and 36% described hospitalization with positive feelings (support, protection and care).

**Conclusion** The high-risk pregnancy may trigger a disorganization of thoughts and feelings, intensifying anxieties, fears and negative beliefs. As for hospitalization, more than half of the cohort presents negative feelings, such as something threatening to the continuity of the gestation. The increase in anxiety also stems from the necessity of getting accustomed to the controlled hospital diet. However, a considerable percentage understands hospitalization as protective, nurturing feelings of emotional continence and support.

### P-170 Dietary Habits After Laparoscopic Gastric By-Pass in Spanish Patients

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**Background** An effect of laparoscopic gastric by-pass is food restriction. We have studied life style and dietary changes in Spanish population after bariatric surgery and their correlation to weight loss effectiveness.

**Methods** Dietary and life style habits questionnaire was answered by one hundred patients who have undergone a laparoscopic gastric by-pass. Epidemiological (age, sex), anthropometrical (BMI, weight, % of BMI excess weight loss), life style (sedentary, exercise, sport) and dietary habits (food quality, intake frequency, beverages, food tolerance) data were recorded and analyzed.

**Result** 80 women and 20 men (mean age of 42±10 yr) were interviewed. The mean postoperative time was 3±2 yr (one year minimum). The mean BMI was 50±13 kg/m<sup>2</sup> preoperative and 32±5 kg/m<sup>2</sup> postoperative. Paella (Typical spanish dry rice meal), red meat and carbonated beverages were the more frequently non-tolerated foods (37-40 % of patients) Although more than 50 % of patients kept eating fast-food, a positive dietary change after surgery was the increase of vegetables and fruits intake in more than 70 % of patients. Daily walking was correlated with a higher % of excess BMI loss than any dietary parameter.

**Conclusion** Morbid obese patients change dietary habits following laparoscopic gastric by-pass, but they usually keep some non-advisable alimentary routines. Paella and red meat were frequently not well tolerated even after a long follow-up time. Physical exercise was the prominent parameter correlating with the % of BMI excess loss.

### P-171 Coping with Stress in Patients Waiting for Obesity Surgery and Patients Already Submitted to Obesity Surgical Treatment

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**Background** This study aims to compare coping strategies adopted by candidates to obesity surgery and patients who were already submitted to surgical treatment.

**Methods** Two groups of patients were assessed:

- Group1: 57 patients already submitted to obesity surgery, with a mean body mass index (BMI) of 36.20 (SD=7.34).
- Group 2: 34 patients, candidates to obesity surgery, with a mean BMI of 43.21 (SD=6.55).

There were no statistically significant differences between the two groups concerning age, gender, school level, disease duration and civil status. Nevertheless, Group 1 patients' present a lower body mass index than Group 2 patients'. Patients answered to the Brief-Copein the context a personal interview.

**Results** Data analysis revealed that there are no statistically significant differences between the two groups concerning the majority of coping strategies: to concentrate his/her efforts to face the situation, to say to himself/herself that "this is not true", alcohol or drug use, to feel upset and express his/her feelings, to ask advice to another persons, to look for consolation/understanding, to see something positive in what is happening, to do other things to avoid thinking about the situation, to think a lot about the best way to deal with the situation, to pray/meditate, to deal with the situation through humour. The unique domain in which we observed significant differences was to feel guilty about what is happening,  $t(89)=2.01$ ;  $p<.05$ .

**Conclusions** Patients of the two groups did not differ concerning the majority of coping strategies adopted, but feelings of guilt seem to diminish.

### P-172 Evaluation of the Degree of Satisfaction of the Pre-Surgery Expectations in Patients Submitted to the Obesity Surgery

**Presenter:** L. Dantas (Irmandade da Santa Casa de Misericórdia de São Paulo, São Paulo, Brazil)

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**Background** The objective of this study is to assess the degree of satisfaction of expectations regarding the results of weight loss in morbid obese patients submitted to the obesity surgery.

**Method** 40 patients who underwent the obesity surgery were evaluated and monitored in the Morbid Obesity Surgery Ambulatory of the Santa Casa de Misericórdia de Sao Paulo for at least one year, with ages between 25 and 67 years, 34 female and 06 male. The protocol for the routine evaluation of this institution's psychological consultation was used for this study. The variables analyzed were the expectations regarding professional life, appearance and esthetics, emotional, social and family relationships, health and leisure. At the first moment, the patients numbered which of the variables presented were the most important in ascending order; and then graded the same variables from 0 to 10 taking into consideration before and after the surgical procedure.

**Results** The expectations were prioritized in the following order: 1<sup>st</sup> Health, 2<sup>nd</sup> Appearance and Aesthetics, 3<sup>rd</sup> Professional Life and Emotional Relationships, 4<sup>th</sup> Social Relationship, 5<sup>th</sup> Family Relationship and 6<sup>th</sup> Leisure. As need for improvement in order of priority, the following were mentioned: Health with 55%, Appearance and Aesthetics 17,5%, Professional Life with 17,5% and Emotional Relationships with 10%. The other variables (social relationship, family and leisure) were seen as a need for secondary improvement, and it was also reported that these variables were significantly dependent on improvement of the first.

**Conclusion** Patients submitted to the obesity surgery significantly achieved the expectations expressed.

### P-173 Obesity and Gestation: Emotional Aspects Involved

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