

BMI values and Id-score ($p < 0.001$) was found in the whole sample. Regarding the environment, in the Urban group, individuals with obesity showed a lower Id-score than those with normal weight or overweight ($p < 0.001$), while in the Rural group, both individuals with obesity and overweight showed a lower Id-score than those with normal weight ($p < 0.001$). Moreover, in Urban and Rural groups, individuals classified as hyposmic, showed higher BMI values than normosmic ones ($p \leq 0.015$), and among hyposmics, Urban individuals had higher BMI values than the Rural ones ($p = 0.042$). As regards sex, the hyposmic status was associated with higher BMI values both in males and females ($p \leq 0.010$), while among normosmics, males showed higher BMI values than females ($p = 0.0036$). The Pearson's analysis showed in Urban and Rural groups and in both sexes, a significant negative correlation between Id-score and BMI and WC values ($p < 0.012$ and $p < 0.017$ respectively), and a positive correlation between Id-score and MDS ($p < 0.037$). Our results highlight a significant relationship between olfactory function, excess weight, and lifestyle. Particularly, a lower Id-score is associated with overweight or obesity, while a higher Id-score is associated with a higher adherence to the MD.

Oral communications 3—clinic

CO13

Perceptions, attitudes and behaviours among adolescents living with obesity, caregivers and healthcare professionals in Italy: the action teens study

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Background: The ACTION Teens cross-sectional, online survey study (NCT05013359) was conducted in 10 countries in 2021. It aimed to identify perceptions, attitudes, behaviours and barriers to effective obesity care among 5275 adolescents living with obesity (ALwO), 5389 caregivers of ALwO (CGs) and 2323 healthcare professionals (HCPs) treating ALwO. Results for the Italian cohort are reported herein.

Methods: In Italy, the ACTION Teens survey was completed by 649 ALwO (12–< 18 years old), 455 CGs and 252 HCPs.

Results: Over two-thirds (69%) of ALwO thought their weight was above normal, while fewer than half (46%) of CGs perceived their ALwO's weight as above normal. In total, 52% of ALwO were at least somewhat worried about their weight, while only 34% of CGs thought their ALwO was at least somewhat worried. Similarly, a greater proportion of ALwO than CGs worried about their/their ALwO's weight affecting future health (87 vs 72%) and reported they/their ALwO made a weight loss (WL) attempt in the past year (60 vs 33%). More CGs than HCPs believed ALwO would slim down with age (49 vs 17%). The most common motivator for ALwO WL reported by ALwO and CGs was wanting to be more fit/in better shape (38% and 30%, respectively); according to HCPs it was improved social life/popularity (73%). Lack of hunger control and not liking to exercise were the most common ALwO WL barriers selected by ALwO (25%) and CGs (22%), respectively; HCPs most often agreed that unhealthy eating habits (93%) are a barrier. Family/friends (25%) and search engines (e.g. Google; 24%) were the information sources most commonly used for weight management by ALwO, while for CGs it was doctors (29%) and family/friends (27%).

Conclusion: CGs appeared to underestimate the impact of obesity on ALwO. Key motivators and barriers for WL were perceived differently among ALwO, CGs and HCPs. The finding that the internet is a top information source for ALwO suggests a need for new communication/education strategies.

CO14

The association between binge eating behaviour and glycometabolic risk factors is mediated by bmi and body composition in people with overweight and obesity

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Binge eating behavior (BE) has been associated to an increased risk of diabetes. However, it is unclear whether it contributes to increased glycometabolic risk regardless of lifestyle, excess body weight, and body composition. We carried out a cross-sectional study of 4799 subjects free of diabetes (68% women, mean age: 47 ± 13 years) with overweight (53.8%) and obesity (46.2%) recruited at the International Center for the Assessment of Nutritional Status (ICANS, University of Milan). All patients underwent a medical examination, anthropometric evaluation (weight, height and body fat by body skinfold), ultrasound measurements of abdominal visceral (VAT) and subcutaneous (SAT) fat, and blood sampling to measure glucose and insulin concentrations. Smoking and physical activity were investigated and the adherence to the Mediterranean diet was assessed by MEDAS questionnaire. BE was assessed using the Binge Eating Scale (BES) questionnaire (range score: 0–46). People with a BES score ≥ 18 were categorized as having BE. Overall, 18.4% of subjects had BE, with the prevalence increasing with increasing obesity severity (15.0% in overweight, 20.4% in class 1 obesity, 25.5 in class 2 obesity, 30.1% in class 3 obesity, $p < 0.001$). In the linear regression model adjusted for sex and age, BES was significantly associated with glucose ($\beta = 0.05$, 95%CI: 0.01, 0.08, $p < 0.013$), insulin ($\beta = 0.10$, 95%CI: 0.07, 0.13, $p < 0.001$) and HOMA index ($\beta = 0.03$, 95%CI: 0.02, 0.04, $p < 0.001$). The association between BES and glycometabolic risk factors remained significant after inclusion of lifestyle factors (smoking, physical activity and adherence to the Mediterranean diet) in the model. However, after inclusion of BMI, total and abdominal fat, the association was lost. In conclusion, BE is associated with the severity of obesity. The contribution of BE to the glycometabolic risk appears to be mediated by excess body weight and body composition.

CO15

Clinical and demographic evaluation of a population of overweight/obese women with breast cancer

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Background: Obesity and diabetes (DM) are risk factors for the development of breast cancer (BC), increasing the risk of triple negative (TNBC), luminal B breast cancer, metastasis and death, both pre and post-menopause.

AIM: to describe a population of overweight/obese women with BC in order to evaluate anthropometric and clinical characteristics relating to histological data.

Methods: 129 women with BMI > 25 kg/m² were enrolled, divided into four groups on the basis of the degree of overweight/obesity,