

## Gastroenterology 2020- Link of baby feeding with overweight and patient with obesity:

Based on seven years of experience in two centers in Sulaimani Governorate, Kurdistan Region/Iraq- Hiwa Omer Ahmed- Professor in bariatric surgery, University of Sulaimani-College of Medicine

### Abstract:

#### Background:

Obesity is considered as a complex and multifactorial disease mainly attributable to risk factors of genetic, behavioral, socioeconomic, and environmental origins, among them, the association and causative role played by breast feeding, which has been shown to attenuate obesity risk.

#### Objectives:

We aimed to evaluate state of the link of overweight and obesity with the types of feeding they were utilizing in the first six month of life.

#### Patients and materials:

The study designed as prospective cohort study, the work has been reported in line with the STROCSS criteria, <sup>(24)</sup>, was conducted over a period of seven years from 1<sup>st</sup> mays 2012 to 30<sup>th</sup> April 2019, including 1020 of the total of 1564 overweight and obese patients, All the patients were consulted single bariatric surgeon in two centers Hatwan Private Hospital and Bariatric Unite in Sulaimani teaching hospital-Sulaimani governorate-Kurdistan region-Iraq.

The patients were arranged in 2 groups:

1. Group A: 725 overweight or obese patients, who were exclusively breast-fed

2. Group B: 295 overweight or obese patients, who were exclusively bottle-fed

All the collected data were collected, organized and analyzed with Statistical Package for the Social Sciences (SPSS) version 21. Chi-square test adjusted for clinical characteristics were assessed at the conventional 0.05 level of significance, considering any P value  $\leq 0.05$  as statistically significant.

#### Results:

About three quarter of the patients with overweight and obesity were bottle-fed (m=725, 71.08%), females were more prevalent in this group (B), the female to male ratio was 1.33/1. The most common age for bottle feeding were (20-29) and (30-39) years, in another words bottle feeding was present only in those patients aged less than 39 years, while those patients aging more than 40 years (40-59 years of age) were exclusively breast-fed.

Regarding the bottle-fed patients (group B), three hundred thirty six (81.16%) female patients, were recalling the type of feeding, versus 209 (67.20%) of the male breast-fed patients. Regarding parents, mothers (n=119, 16.41%) were outnumbering fathers (n=43, 05.94) in recalling the period of infancy and type of feeding.

#### Conclusion:

Bottle feeding may have significant link with future risk of overweight and obesity. Most of the overweight and patients with obesity who were bottle fed, also were below the age of 40 years. Which coincidental with the entry of bottle, breast-milk substitute to the area, after 1981, and more mothers were started to work outdoors, and Social and Audiovisual Media were encouraging factors for more bottle feeding.

**Keywords:**

Breast feeding, bottle feeding, breast milk substitute, obesity, overweight .

Halitosis is a clinical term started by a Latin word (halitus; inhaled air) and a Greek addition (- osis; pathologic modification), and is used to portray any unpalatable terrible or upsetting smell emerging from the mouth that is perceived by others [1,2].

Halitosis is exceptionally normal, 25(3) to half of everyone have halitosis. In the Swedish just present in around 2% of the populace, in China the rate is above 27% [4,5]. The two sexual orientations endure the equivalent [3].

In spite of the fact that halitosis has multifactorial starting points, the wellspring of 80–90% cases is oral pit [5,6], results from tongue covering, periodontal illness, peri-embed infection, profound carious sores, uncovered necrotic tooth pulps, pericoronitis, mucosal ulcerations, mending (mucosal) injuries, affected food or trash, defective

dental reclamations, messy false teeth and variables causing diminished salivary stream rate [3,4,7,8]. A relationship among overweight and heftiness and periodontitis was referenced in the writing, it might be because of an expanded nearby incendiary reaction just as perhaps a modified periodontal microflora

**Patients, materials and strategies**

A planned case arrangement study including 885 overweight or hefty patients, they were counseling for guidance, diet or potentially tranquilizes and different bariatric activities. This was follow the SCARE rules for the announcing [24] and directed over a time of 6 years from February first, 2012 to March first, 2018.

Every patient was assessed clinically with weight file (BMI), Excess body weight (EBW) determined from perfect body weight (IBW), estimated on first and each ensuing visits. All patients experienced total assessment before the activity (counting endoscopy and stomach ultrasonography). Extra examinations were performed by the hazard profile of every individual patient.

Blood and biochemical workup were accomplished for every patient. For the assortment of the necessary data, every patient was talked with vis-à-vis, by three students (from Kurdistan Board for Medical Specialties/medical procedure) who were working in the accompanying

focuses: Hatwan private emergency clinic, and Sulaimani Teaching Hospital. An initially – structured poll was rounded out in English language, meant Kurdish language by the questioner, which was not defamed and assessed by a gathering of partners, before application in the meetings. It was made out of segment, clinical and natural information. An educated assent was gotten and an assent structure was marked by every patient. The exploration was affirmed by the Ethics Committee of the University of Sulaimani, College of Medicine number 2 of every 2013, and enrolled in research library with researchregistry UIN 4430.

Planned assessment of the sort and etiology of halitosis was finished by utilizing organoleptic estimation, which isn't a defamed yet assessed by a gathering of scholastic associates. The patients were encouraged to abstain from eating odiferous nourishments for 48 h before the appraisal and both the patient and the analyst should avoid drinking espresso, tea or squeeze, smoking and utilizing scented makeup before the evaluation [6].

During organoleptic estimation: every patient takes a profound inhale by rousing air by nostrils and holding for a spell, at that point lapsing by means of a pipette, while the inspectors sniff the smell a good ways off of 20 cm and the seriousness of scent is grouped into different scales, for example, a 0-to 5-point scale(3). While for

assessment of extra-oral halitosis, patients were sked to gradually breathe out freshen up of the nose, a good ways off of roughly 20 cm from the nose of the analyst.

Dental specialist and Maxillofacial specialists were looking at the patients to bar oral factors that add to halitosis like careful, and pathologic factors, for example, uncovered tooth pulps and non-imperative tooth with fistula depleting into the mouth, oral hole pathologies, oral malignant growth and ulcerations, extractions/recuperating wounds or prosthetics or dentition factors, for example, orthodontic fixed machines, keeping around evening time or not normally cleaning false teeth, therapeutic crowns which are not all around adjusted, non-cleaning the extension body, and interdental food impaction, poor oral cleanliness, food flotsam and jetsam and dental bacterial plaque collected on the teeth and tongue, and caries and periodontal infections like gum disease, periodontitis, and salivary stream decrease or xerostomia. ENT group was looking at the patients to prohibit possible nasal and pharyngeal reasons for halitosis. Mental exam pointed in rejection of halitophobia, psychosomatic halitosis to enlist those with veritable halitosis.

Patients who have either oral reasons for the condition or pseudo halitosis or halitophobia or were utilizing drugs like phenytoin, cyclosporine or calcium channel blockers [5], isosorbide di-nitrate,

Chloral hydrate, Nitrites and Nitrates, Dimethyl sulphoxide, Disulphiram, cytotoxic operators, Phenothiazines were avoided. All the (885) patients were analyzed for halitosis during the multi year study time span, a gathering of ordinary weight patients with halitosis, coordinated in age gathering and sex were selected as a benchmark group for correlation, they additionally experienced assessment by all the groups, and were masterminded in 2 gatherings, correspondingly a subgroup gathering of overweight and large patients without halitosis, coordinated in age gathering, sexual orientation and BMI were enlisted as subgroup A2 bunch for examination with bunch A1, they likewise experienced assessment by all the groups, All the gathered information were gathered, sorted out and investigated by Statistical Package for the Social Sciences

**Note:** This work is presented at International Conference on Gastroenterology and Liver on March 18-19, 2020 at Amsterdam, Netherlands