

2<sup>nd</sup> International Conference on

## **NUTRITION AND HEALTH CARE**

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# **TITLE:** Are Mediterranean diet adherence and obesity associated to COPD? Results from Moroccan Bold Study

Name: Karima EL RHAZI

Affiliation: Professor at Faculty of Medicine, Sidi Mohamed Ben Abdillah University, Fez

Country: Morocco

Email ID: karima.elrhazi@usmba.ac.ma

#### **ABSTRACT**

#### Introduction

Chronic obstructive pulmonary disease (COPD) is the third-leading cause of death globally. Obesity and diet appear to play separately roles in its pathophysiology. Studies about the role of both obesity and diet, taken together, are rares and results are sometimes controversial.

**Objective**: This study aimed to describe the association between Mediterranean Diet Adherence (MDA) and obesity and COPD among Moroccan adults.

Methods: A community based cross sectional study was conducted in Saïs district-Fez city. A total of 744 adults aged at least 40 years were selected using multistage cluster sampling technique. All participants gave their written consent and were interviewed about sociodemographic characteristics, respiratory symptoms and smoking status. Dietary data were collected through a validated food frequency questionnaire. MDA was calculated for all participants and was categorized into two groups (High and low adherence). Anthropometric (Waist Circumferences (WC), Body Mass Index (BMI=Weight/Height<sup>2</sup>) and spirometry measurements were performed using standardized guidelines. COPD was defined as a postbronchodilator FEV1/FVC of less than 70%.

**Results**: The mean age of participants was 55.27 years (SD = 10.29) and 53.9% were women. 21% of men were current smokers while none of women

was smoker. The adjusted regression analysis showed a significant association between obesity (BMI≥30Kg/m²) and WC-abdominal obesity and the decreasing risk of COPD ((ORa: 0.66 CI95%: (0.36–0.89) and (ORa: 0.58 CI95%: (0.34–0.99) respectively). The same association remains significant in women for waist circumference-abdominal obesity (>88cm) (ORa: 0.40 CI95%: (0.19–0.85)), but not in Men. These associations have disappeared once the diet adherence variable was included in the model as BMI categories.

**Conclusion**: Taken together, MDA and obesity have showed no significant association with COPD risk. More studies focusing on both obesity and diet are needed, to understand their interaction and suggest more effective interventions to reduce COPD risk.

#### **BIOGRAPHY**

I am currently Professor of Epidemiology, Community Medicine and Public Health at the Faculty of Medicine in the university of Fez where I teach biostatistics, epidemiology and Public Health (2007 to date). I am also the Director of Research Laboratory "Epidemiology, Research in Health Sciences" where I supervise most of the research projects. Finally, I am a member of many national NGOs and also the general secretary of the ethics Committee of Fez. After my medical degree (2000, Rabat), I specialized in public health field (2006, Fez) and took many postgraduate courses in Statistical and Epidemiology (2004-2006, Paris, France) and an International course in Nutritional Epidemiology at 2<sup>nd</sup> International Conference on

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Imperial College London in 2009. I have received my PhD degree in Epidemiology and Public Health at Victor Segalan University, Bordeaux, France, 2010. I've finished my training in the "Ethics Research Certificate" at Maryland University, Baltimore, US 2020. As an epidemiologist, I coordinated several research projects and some funded grants, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced more than 70 peer-reviewed publications. My research interests include epidemiologic transition and chronic disease prevention with specific emphasis on the role of nutrition and behaviours.

Presenter Name: Karima EL RHAZI

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**Contact number:** + 212 661480368



