**MASO Scientific Conference on Obesity 2025**

**Guideline for abstracts**

1. The abstract should be between 250 - 300 words.
2. Abstract text: Arial; size: 11 points; paragraph: justified; spacing: single.
3. Abstract should include “Introduction, Objective, Methodology, Results, Conclusion and Significance / contributions of study”.
4. A list of keywords ranging from 3 to 5 should be provided.
5. Abstract titles must be typed in bold. Abbreviations should not be used in the title.
6. Author’s name, affiliation and address should be included.
	* Authors name format is written as [First name] [Last/surname]
	* Affiliations should be indicated with numbers appearing at the end of surname/family name
	* The presenting author should be clearly indicated by underlining their name
	* Names of affiliations should be given in full, including the country
7. Abstract should be written in English.
8. Please do not include bullets, lists and header/footer in the abstract.
9. Please do not include any paragraph or line formatting. Leave as single spacing.
10. Please do not include any figures, tables or references in the abstract.
11. All abstracts should be written in MS Word format (DOC or DOCX), and please save your abstract using this format: “MASO\_LastName.doc”
12. Ensure that your abstract is grammatically correct and free of typographical errors.
13. All abstracts must be submitted online via the official website.

**SAMPLE OF ABSTRACT:**

**Prevalence of insulin resistance and risk of metabolic syndrome among young adolescents in Kuala Lumpur**

**Bee Suan Wee1, Awang Mahmud Bulgiba2, Mohd Noor Ismail3, Bee Koon Poh4**

1Faculty of Medicine and Health Sciences, Universiti Sultan Zainal Abidin, Kuala Terengganu, Malaysia

2Julius Centre University of Malaya, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia

3School of Hospitality, Tourism and Culinary Arts, Taylor’s University, Subang Jaya, Malaysia

4Centre for Community Health Studies, Faculty of Health Sciences, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

**Introduction**: Insulin resistance (IR), a consequence of central obesity, has been proposed to be the metabolic mediator of metabolic dysfunction, such as hyperlipidemia and impaired glucose, which could progress to cardiovascular diseases and type II diabetes.

**Objective**: To evaluate the prevalence of insulin resistance and the effects of dysregulated glucose homeostasis with metabolic component among young adolescents.

**Methodology**: Subjects comprised 207 boys and 201 girls aged 9-14 years in Kuala Lumpur. Anthropometric measurements included weight, height, waist circumferences (WC), skinfolds at five sites; body composition was assessed with bioelectrical impedance technique. WHO 2007 BMI-for-age growth reference was used to categorise overweight/obese (O/O) and non-overweight/obese (non-O/O) groups. Blood pressure (BP) was taken, fasting blood glucose (FBG), triglycerides (TG), high-density lipoprotein, lowdensity lipoprotein, total cholesterol (TC) and insulin were determined in overnight fasting sample. International Diabetes Federation 2007 criteria for children and adolescents were used to identify metabolic syndrome (MS) risk while the homeostasis model assessment method was employed to calculate insulin sensitivity.

**Results**: Girls had significantly higher TC and skinfolds (p<0.05) compared to boys. MS was found in 2.5% of adolescents, with 7.9% in O/O group. Prevalence of IR was 14.5%, with 39.7% in O/O group. Adolescents with larger WC [OR:19.3 (95%CI: 9.7, 38.5)], high FBG [OR:8.0 (95%CI: 2.2, 29.2)] and high TG [OR:4.6 (95%CI: 1.2, 17.2) were found to have a higher risk of developing IR compared to adolescents who did not have poor biochemical profiles.

**Conclusion**: We conclude that IR was strongly related to metabolic risk and may be used as an indicator to assess children’s risk for MS. Appropriate intervention programs should be planned to increase awareness and to promote healthy lifestyles in order to prevent central obesity among children and thus lower metabolic syndrome risk.

**Significance / contributions of study**: …

**Keywords**: children, insulin resistance, metabolic syndrome

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