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obese women within our Tunisian context. The objective of our study was to investigate the parameters influencing sexuality in obese and pre-obese women through a standardized assessment.

#### Methods

We conducted a cross-sectional analytical study involving women who engaged in sexual intercourse within the past four weeks and whose body mass index exceeds 25 kg/m<sup>2</sup>. For the assessment of sexual function, we utilized the Arabic version of the Female Sexual Function Index (arFSFI), consisting of six parameters: desire, arousal, lubrication, orgasm, satisfaction, and pain. A score below 23 indicates female sexual dysfunction

#### Results

The study included 50 overweight and obese women, with a mean age of 38.5 ± 9.45. The average duration of marriage/cohabitation was 11.8 years. The majority of women were educated (88%). More than two-thirds of participants (78%) were obese, and 22% were overweight. Most women (80%) were in the reproductive age group, 6% had primary or secondary amenorrhea, and 14% were menopausal. The mean BMI was 37 ± 8.7 kg/m<sup>2</sup>. The average Female Sexual Function Index (FSFI) score was 27.4 ± 6.2. We observed that 12% had sexual dysfunction, 42% had a lack of desire, and 24% experienced pain during sexual intercourse.

#### Discussion and conclusion

The rate of women experiencing sexual dysfunction is lower than that reported in the literature. This could be explained by the difficulty women in our context face in discussing their sexuality in general and their discomfort in particular. The lack of desire may be associated with a negative perception of body image. Our study emphasizes the need to raise awareness and educate healthcare professionals working with obese women on sexual health, in order to detect dysfunctions and improve the quality of life for patients.

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## EP1104

### Testosterone and anthropometrics indices in type 2 diabetes: cross-sectional study

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#### Introduction

In the context of Type 2 Diabetes (T2D), understanding the interplay between testosterone levels and anthropometric data holds crucial implications. This study aims to explore the intricate relationship between testosterone, obesity, and anthropometric measurements, offering insights that contribute to a deeper understanding of the intricate physiological dynamics within this diabetic population.

#### Methods

This Cross-Sectional Study included 250 men with T2D consulting at the National Institute of Nutrition in Tunisia. Free Testosterone (FT) and Bioavailable Testosterone (BT) using the Vermeulen formula<sup>1</sup>. For all patients we measured weight, height and waist circumference (WC). Body mass index (BMI) was calculated. Obesity was defined by a BMI > 30 kg/m<sup>2</sup>, and android fat distribution was identified by a waist circumference (WC) ≥ 94 cm.

#### Results

The median age of our participants was 58 years, with an interquartile range (IQR) of [52.7–62]. The average weight of the patients was 83.3 ± 12.4 kg [59 - 125 kg]. The mean Body Mass Index (BMI) was 27.9 ± 4 kg/m<sup>2</sup>, [19.8 - 40]. Approximately 29.2% of patients were classified as obese, (n = 73 patients). In terms of anthropometric measurements, the mean WC was 97.5 ± 9.2 cm, [77 - 138 cm]. Android distribution of body fat was observed in 67.2% of participants, accounting for 168 individuals. A significant inverse correlation was found between BMI and the levels of Total Testosterone (TT) (r: -0.311; P < 10<sup>-3</sup>), FT (r: -0.150; P = 0.021), and BT (r: -0.143; P = 0.027). The same relationship exists between WC and levels of TT (r: -0.275; P < 10<sup>-3</sup>), FT (r: -0.146; P = 0.024), and BT (r: -0.136; P = 0.038).

#### Conclusion

These findings suggest a significant negative association between BMI, waist circumference, and testosterone levels, emphasizing the potential role of testosterone in the regulation of body composition within this specific population.

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## EP1105

### Sleeve gastrectomy: a retrospective analysis of its efficacy in obesity treatment and metabolic improvement

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#### Introduction

Obesity is one of the fast growing diseases in the modern world. Over the years, bariatric surgery has proven its effectiveness in treating obesity, improving its associated comorbidities, and even potentially curing them. A body mass index (BMI) greater than 40 kg/m<sup>2</sup> or a BMI greater than 35 kg/m<sup>2</sup> with associated comorbidities is an indication for such surgery. Sleeve gastrectomy (SG) has emerged as a prominent and effective surgical intervention for the management of obesity and its associated comorbidities. The aim of study was to evaluate patients' nutritional status before surgery and their post-operative metabolic improvements.

#### Results and discussion

Data for the study were gathered retroactively from BIA analysis and laboratory values for 50 patients (44 women and 6 men) who had SG at University Hospital Dubrava between 2019 and 2023. Before surgery type 2 diabetes was diagnosed in 19 patients, arterial hypertension in 21, dyslipidaemia in 14 patients and thyroid diseases (hypothyroidism) in 13 patients. In the two controls after the procedure there was a statistically significant decrease total body mass, body mass index and fat mass. In most patients there was a significant reduction in arterial pressure. Regarding the biochemical parameters there was a statistically significant decrease in glycemia, HbA1c, (P < 0.05), C-reactive protein while among the parameters of the lipid profile, there was a significant decrease only in HDL cholesterol, which was close to the limit of the reference value even before the operation, which is undesirable factor in the context of cardiovascular diseases. Other lipid profile values are not statistically significant but show a decreasing trend.

#### Conclusions

The study confirmed SG to be efficient in treating obesity, controlling glycemia and arterial hypertension and reducing lipid profile. Keywords: Sleeve Gastrectomy, Obesity, Type 2 Diabetes Mellitus, Body Mass Index, Arterial hypertension

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## EP1107

### Sarcopenia in breast cancer patients undergoing chemotherapy

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#### Introduction

Sarcopenia, defined by a loss of strength and muscle mass, is initially described in elderly subjects but now is increasingly observed in younger patients with cancer. In addition, loss of muscle mass appears to be progressive during neoadjuvant chemotherapy. The aim of this study was to analyse the body composition of breast cancer patients and determine the prevalence of sarcopenia during chemotherapy.

#### Methodology

This was a cross-sectional comparative study conducted over a 6-month period in breast cancer patients undergoing chemotherapy. An analysis of body composition with calculation of the non-fat mass index was carried out using an impedance meter to assess the reduction in muscle mass. A reduction of muscle strength was assessed by a hand strength < 16 kg. The diagnosis of sarcopenia was made according to the criteria of the EWGSOP 2019. The population was divided into 2 groups according to the chemotherapy molecule used; G1: group receiving anthracyclines, G2: group receiving taxane.

#### Results

During this period 107 patients were recorded. The mean age was 52 ± 9.75 years. The age group most affected was between 50 and 60. In the body composition analysis, reduced muscle mass was noted in 55% of patients. It was more marked for group 1. An increase in body fat was noted in the majority of cases (70%) and the percentages were comparable for the two groups. A non-fat mass index of less than 15 was noted in 14 patients. The majority of which belonged to G1. Furthermore, a decrease in grip strength was noted in 34 patients, 61% of whom were receiving anthracyclines. Finally, sarcopenia was diagnosed in 12% of all cases. Both sarcopenia and reduced muscle strength were significantly associated