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analysis indicated a positive correlation for glycaemic control of the patients. Pooled results for chromium supplementation showed a significant reduction (-0,75%) of HBA1C levels of subjects. (95%CI=-0,88 to -0,22, p<0.005) Egger's Bias indicating a moderate bias and due to small sized studies an average number of I² was calculated as 0,54 and 48% respectively. Interpretation of I² is "might not be important" according to Cochrane handbook.

Conclusion: Our Results indicated an association between vitamin D supplementation and glycaemic control. However, the role in prevention require further non-observational studies with standards of bio-markers to support with evidence. Results from chromium picolinate showed its therapeutic and preventive value in management of metabolic syndrome but further studies with extended focus is required to understand the mechanism lying behind its protective and therapeutic effects regarding safety.

References:

1(Lips,2017)

2(Maret,2019)

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RISK FACTORS AND MORTALITY RATE IN COVID-19 CRITICALLY ILL PATIENTS IN MEXICO

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Rationale: Mexico is the third country in the world with the highest death rate from covid-19. When the pandemic reached Mexico, it was already dragging a long epidemic of obesity and diabetes.

Methods: An observational, longitudinal, and retrospective study was performed in the Hospital Regional de Alta Especialidad de Ixtapaluca. Data from patients with positive to covid-19 was included. Demographic variables, serum-based biomarkers, and case mortality rate were collected. Categorical variables were reported as frequencies and percentages. Baseline characteristics were compared using an independent sample t-test between death patients and survivors.

Results:

Table 1.

Demographic and clinical risk factors for mechanical ventilation and death in Covid-19

Risk factor	Unadjusted odds ratio (95% CI)	Chi- square	p value
Male sex	2.79 (1.36 – 5.74)	8,65	0.005
BIM > 29.9 kg/m ²	1.98 (0.93 – 4.21)	3,18	0.82
Diabetes	0.82(0.43- 1.58)	0,32	0.62
Hypertension	1.02 (0.52-2.00)	0,005	1.00
Ferritin>800ng/ml	3.97 (1.51 – 10.43)	8,28	0.005

CI= Confidence interval BIM= body mass index;

We aimed to describe the mortality rate and clinical characteristics in the SARS-CoV-2 infected Mexican population. A total of 197 patients were included. The mean age of patients was 49.8±13.9 years; 141 (71.6%) were men. The case mortality rate in all hospitalization areas was 37.1%, in critically ill patients in the ICU was 64.4%. The mortality risk factors were ferritin >800ng/ml (unadjusted OR 3.97) and male sex (unadjusted OR 2.79). Patients with a BMI between 35–39.9 kg/m² (9.2%) had a 63.6% mortality rate. The 42.1% of the patients had chronic diseases such as diabetes and hypertension. There was no statistical association between death and diabetes or hypertension with mortality (table 1).

Conclusion: The mortality rate for critically ill patients with covid-19 is 1.7 times higher than the moderate disease. Obesity is related to the high mortality rate of covid-19 in Mexico, due to the fact that 75% of the Mexican population is overweight or obese.

References:

Hopkins J. Coronavirus COVID-19 Global Cases [Internet]. Center for Systems Science and Engineering. 2021. Available from: <https://coronavirus.jhu.edu/map.html>

2. Gao, Y., Wang, L., Lin, B., Mao, H., & Zhang, M. " Diagnostic Imaging of Novel Coronavirus Pneumonia. Springer, Singapore, 2020. 1-7.

3. WHO. Coronavirus disease COVID-2019 Situation Report-123. Geneva; 2020.

4. Jornada Nacional de Sana Distancia. Medidas básicas de prevención. Dirección General de Epidemiología. Covid-19 México. 2020. (https://www.gob.mx/cms/uploads/attachment/data/file/541687/Jornada_Nacional_de_Sana_Distancia.pdf)

5. Boletín Epidemiológico Sistema Nacional de Vigilancia Epidemiológica Sistema Único de Información. Secretaria de Salud. Dirección General de Epidemiología. (<https://www.gob.mx/salud/documentos/boletinepidemiologico-sistema-nacional-de-vigilancia-epidemiologica-sistema-unico-de-informacion-231750>)

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EFFECTIVENESS AND DECONSTRUCTION OF SUPPORT GROUPS MEASURING PSYCHOLOGICAL WELLBEING, SOCIAL SUPPORT AND QUALITY OF LIFE: A SYSTEMATIC REVIEW AND META-ANALYSES

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Rationale: Despite the widespread use of support groups, it's unclear whether they improve general wellbeing and perceived social support effectively. This systematic review and meta-analyses aimed to evaluate the use of support groups for individuals with mental health problems, obesity and/or diabetes and to describe the components of these interventions.

Methods: The databases Embase, PsychINFO, Medline and Web of Science were systematically searched for studies including pre-post designs and a comparison group. Outcomes of interest were (1) depression, (2) anxiety, (3) eating disorder symptoms, (4) social support and (5) quality of life. Twenty-eight papers met the inclusion criteria for the review. Eighteen were included in the meta-analysis. Due to a lack of papers, eating disorder symptoms were not assessed in the meta-analysis.

Results: Support groups did not have a significantly different impact on mental health outcomes, social support or quality of life compared to a comparison condition. There was high study heterogeneity and often inadequate methodology description in papers retrieved.

Conclusion: There is insufficient high quality evidence to draw conclusions on support group efficacy for the outcomes of interest. This review highlights the general lack of research into support group interventions, in particular obese/overweight populations. It also highlights how greater focus needs placed on the standardising of support group intervention reporting so that studies can be better compared, deconstructed and replicated.

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RELATIONSHIP BETWEEN EPICARDIAL FAT TISSUE THICKNESS AND CRP AND NEUTROPHIL LYMPHOCYTE RATIO IN METABOLIC SYNDROME PATIENTS OVER 65 YEARS

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