Helsel et al., 2007). Additionally, few studies have investigated whether self-monitoring of PA can enhance weight loss post-bariatric surgery. The current study sought to evaluate 1) the percentage of patients who self-monitor PA prior to bariatric surgery, 2) whether logging of PA pre-operatively is associated with self-reported level of PA pre-operatively, 3) whether individuals who self-monitor PA pre-operatively will have increased weight loss post-operatively, and 4) whether consistency of self-monitoring of PA pre-operatively is associated with weight loss post-operatively.

Methods: This was a prospective cohort of 59 participants recruited from a bariatric and metabolic weight loss center. Their age ranged from 19 to 70 ($M = 42.74$, $SD = 11.77$), pre-operative BMI ranged from 34.61 to 72.18 ($M = 45.47$, $SD = 7.44$), and 79.3% of the sample was women. Use of PA log, or fitness tracker, and duration of bouts of PA were obtained from self-report measures administered at monthly supervised weight management visits; and pre and post surgical weights were obtained from the electronic medical record.

Results: 71.4% of patients reported tracking their PA using an exercise log or a fitness tracker at some point during the pre-surgical weight management program. On average, participants reported tracking their PA during 25% of their monthly medically supervised weight management visits. Analysis of Variance did not indicate a significant difference between participants who self-monitored PA and those that did not with regard to weight loss at 3 weeks, 6 months or 1 year post- surgery. The difference in weight loss at 3 months post-surgery between individuals who monitored their PA and those that did not trended toward significance, F (1,24) = 3.863, p = .062 (*See Figure 1*). The consistency with which participants monitored their PA was significantly associated with duration of bouts of exercise, r (32) = .388, p =.028.

Conclusions: These data suggest that although most patients monitor their physical activity, they do not do so consistently. They also suggest that self-monitoring may impact some aspects of exercise behavior in a bariatric patient population. Although these findings did support an association between self-monitoring of PA and weight loss following surgery, this finding was not statistically significant. Larger studies of PA tracking are needed to clarify this association.

A5062

IMPACT OF WEIGHT REDUCTION ON THE GLYCEMIC PROFILE OF PATIENTS UNDERGOING GASTRIC BYPASS

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Introduction: Obesity is a chronic multifactorial disease characterized by excessive accumulation of body fat at levels harmful to health. WHO points obesity as one of the greatest public health problems in the world, its etiology is complex and results from the interaction of genes, lifestyles, psychosocial, metabolic, endocrine, behavioral and environmental factors. Diabetes, cardiovascular diseases, arterial hypertension, cerebrovascular accidents, some cancers, osteoarticular, dermatological, respiratory, hepatic, renal problems are some of the comorbidities due to obesity. The pathophysiology of obesity, characterized by excess fat in the abdominal region, impairs the action of insulin besides increasing the hepatic production of glucose. Obesity patients commonly develop insulin resistance and hyperglycemia. The treatment of obesity should be initiated with clinical measures such as diet, psychotherapy, medications and physical exercises, being followed by a multidisciplinary team for at least two years. When occur therapeutic failure, there is the option of surgical treatment. Gastric bypass is the most practiced bariatric technique in Brazil, corresponding to 75% of surgeries performed, due to its safety and, mainly, its effectiveness. The surgery leads to long-term weight loss (40% to 45% of the initial weight) and control of the main diseases associated with obesity.

Objective: Evaluate the effect of weight reduction on the glycemic profile of patients with obesity in the postoperative period of gastric bypass.

Methods: Cross-sectional study with partial results performed with 28 obese patients submitted to gastric bypass in southern Brazil. Demographic data and glycemic profile were obtained in the pre and postoperative period of 60 days of bariatric surgery.

Results: The mean age of participants was 41.56 years (± 10.90), height 151.67cm (± 25.82), 78.6% were women and 21.4% were men. The mean weight was 129.29 kg (± 26.55) in the preoperative period, and 83.04 kg (± 14.68) in the postoperative period of 60 days. In relation to glycated hemoglobin and fasting glycemia, there was an average reduction from 5.76 (± 0.86) to 5.07 (± 0.86), and 102.71mg / dl (± 24.40) to 81, 79mg / dl (± 9.72) respectively in the postoperative period. There was a significant weight reduction, BMI, glycated hemoglobin and fasting glycemia after bariatric surgery ($P < 0.001$).

Conclusion: Weight reduction through gastric bypass in the postoperative period of 60 days showed a significant effect on the improvement of the glycemic profile of obese patients, reducing the risk of comorbidities.

A5063

PROVIDING BARIATRIC SURGERY WITH SUPPORTIVE SERVICES LEADS TO REDUCTIONS IN CHRONIC DISEASE RISK IN A LOW-INCOME COMMUNITY

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Bariatric surgery has been associated with improvements in diabetes outcomes, however individuals with lower-incomes and without insurance are less likely to receive this procedure. Further, individuals with lower-incomes and significant comorbidities may require additional supportive services to achieve standard outcomes from bariatric surgery. This study evaluated a population health approach of providing bariatric surgery to uninsured individuals with diabetes. The inclusion criteria were body mass index (BMI) $\geq$ 30, hemoglobin A1c (HbA1c) > 7.0, age 20 to 65, and cleared by a multidisciplinary team (bariatric surgeon, dietitian, endocrinologist and psychologist). Individuals were