of 690,321 children aged 2-19 years who were enrolled in an integrated prepaid health plan between 2007/2008. Percentile of body mass index [BMI]-for-age was calculated according to the sex-specific 2000 Centers for Disease Control and Prevention growth charts to assign weight class (normal weight, overweight, moderate and extreme obesity). **Results:** GERD was diagnosed in 1.5% of boys and 1.8% of girls ($P < 0.001$). Moderate and extreme obesity were associated with 16% and 32% higher odds for GERD in children aged 6-11 years compared to normal weight, respectively (OR 1.16, 95%-CI 1.02-1.32 and 1.32, 95%-CI 1.13-1.56). In children aged 12-19 years, moderate and extreme obesity were associated with 16% and 40% higher odds for GERD compared to normal weight, respectively (OR 1.16, 95%-CI 1.07-1.25 and 1.40, 95%-CI 1.28-1.52). Obesity was not related to an increased odd for GERD in children aged 2-5 years of age. **Conclusions:** In conclusion, extreme obesity in youth may increase GERD risk by up to 40%. Increasing obesity epidemic among youth may further contribute to an increased incidence of other diseases associated with GERD such as esophagitis and esophageal adenocarcinoma. Early screening of obese youth and treatment of GERD symptoms may help to avoid persistence of GERD into adulthood.

Keywords: Gastroesophageal reflux disease, Childhood obesity, Early obesity screenings

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PS2-21:

Patient Response to a Clinical Study for Diabetes Education Interventions: Demographic Differences Between Patients Who Enrolled and Those Not Interested in Participating

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Background and Aims: The Journey for Control of Diabetes: the IDEA Study, a randomized clinical study, is evaluating the effectiveness of an interactive, group-based learning experience using Conversation Maps™. Patients with uncontrolled diabetes were sent letters describing the study and subsequently contacted to assess eligibility and interest. Recruitment, estimated to take 5 months, was extended to 11 months due to difficulties in obtaining a committed group of eligible participants. Because of these recruitment difficulties, we examined differences between the enrolled subgroup and those who indicated they were not interested in participation in an attempt to identify patient characteristics of those who enrolled. **Methods:** Of the 4197 patients sent recruitment letters, 286 enrolled, 1345 were not interested in participating, and the remaining 2567 were unable to participate for a variety of reasons. Demographic variables of interest were gender, age, ethnicity and A1C level. We used a software tool, GUESS, which utilizes surname to determine ethnicity. A logistic regression model predicting enrollment was fit to the data using a binary logit link. **Results:** The model had a strong predictive accuracy with a likelihood ratio test resulting in $p < 0.0001$. To further dissect the significance of the variables, individual maximum ratio tests were performed. Age was a very significant predictive variable ($p < 0.0001$) with older subjects less likely to enroll. Gender was not significant ($p = .14$). The subjects' A1C prior to recruitment was also significant ($p < 0.0001$) with the highest enrollment in the groups close to goal ($A1C < 7.5$) and those with very high A1C's ($A1C > 9.0$). Finally, ethnicity was significant ($p = 0.0005$) with white non-Hispanics more likely to enroll than Hispanics. **Conclusions:** Several demographic variables were used to assess their impact on a person's desire to participate in the IDEA Study. Of those who met the eligibility criteria, enrolled people were younger, fewer were Hispanic, and more had A1C's either almost at goal or extremely out of control. A better understanding of which potential participants may be more willing to enroll in a study could provide insight into more effective recruitment.

Keywords: IDEA study patient participation, Recruitment strategies, Effective recruitment

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PS2-22:

Pre-Operative Diabetes is Associated With Poor Weight Loss Outcomes Following Roux-en-Y Gastric Bypass Surgery

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Background and Aims: Identification of preoperative predictors of weight loss after Roux-en-Y gastric bypass surgery may lead to better clinical management. The purpose of this study was to identify whether any clinical variables were different in patients with the best versus worst weight loss outcomes at 24 months following RYGB. **Methods:** Patients who were recruited were enrolled in the Bariatric Surgery Program of the Geisinger Clinic Center for Nutrition and Weight Management. Only Caucasian patients with a BMI greater than 35 kg/m² who underwent primary Roux-en-Y gastric bypass were included in the analysis. An analysis of available data on more than 200 clinical variables related to medication use, co-morbidities, and baseline laboratory and survey data was performed to determine whether any differences present between the 150 patients who lost the most weight and the 150 patients who lost the least. Chi-square tests and Wilcoxon Rank sum tests were used after a Bonferroni correction. **Results:** A total of 1001 patients (80% female) with a mean age of 46.5 years and a mean initial BMI of 50.2 mg/kg were studied. The diagnosis of diabetes was almost twice as frequent in patients who lost the least weight ($p < 0.0001$). Initial weight, BMI, excess body weight, and waist circumference were also statistically higher in patients who lost the least weight ($p < 0.0001$), although the differences were likely not clinically significant in patients of this BMI range. Post-operatively, the percentage of patients with pre-operative diabetes that had a hemoglobin A1c over 6.5% was approximately 2-fold higher in the group who lost the least weight. **Conclusions:** A pre-operative diagnosis of diabetes and post-operative elevation of hemoglobin A1C levels were more prevalent in those patients with the poorest weight loss outcomes following Roux-en-Y gastric bypass surgery.

Keywords: Roux-en-Y gastric bypass surgery, Pre-operative diabetes, Poor weight loss outcomes

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PS2-23:

Prevalence of Extreme Obesity in Southern California

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Background and Aims: Specific weight goals and treatment options for extremely obese children and adolescents have been suggested. The objective of this study is to provide current estimates of the prevalence of extreme obesity in a large multiethnic youth cohort. **Methods:** In a cross-sectional study, measured weight and height were extracted from electronic medical records of 710,949 patients aged 2-19 years (87.8 % of eligible patients) who were enrolled in an integrated prepaid health plan between January 1, 2007 and December 31, 2008. Prevalence of extreme obesity was defined as body mass index [BMI]-for-age = 1.2×95 th percentile according to the sex-specific 2000 Centers for Disease Control and Prevention growth charts or BMI = 35 kg/m². **Results:** Extreme obesity was observed in 7.3% of boys and 5.5% of girls. The prevalence first peaked at about 10 years of age with a bimodal distribution in girls (second peak at 18 years, P for sex $\times$ age interaction = 0.036). The prevalence of extreme obesity varied among ethnic/racial and age groups with highest prevalence in Hispanic boys (up to 11.2%) and Blacks girls (up to 11.9%). In 12-19 year olds, the prevalence of obesity class 3 (BMI 40-49.9 kg/m²) and class 4 (BMI = 50 kg/m²) was 1.8% and 0.2%, respectively, with the highest prevalence in Blacks (3.5%) compared to Whites independent of sex ($P = 0.001$). **Conclusion:** Extreme obesity in