There is a steadily increasing proportion of adults in the US that are overweight. There is a growing concern about ED overcrowding with greater needs and scarce resources. There are no studies that have examined the unique needs of obese ED patients with abdominal pain.

To assess whether the diagnostic evaluation of obese adult patients with abdominal pain requires more hospital resources than non-obese patients.

**Design:** Prospective, observational

**Population:** Adult patient with abdominal pain

**Setting:** 70k/y ED at a university-affiliated regional medical center with EM residency program

**Protocol:** Collected data included: demographics, ED procedures, time in ED, radiographic and laboratory studies performed, consultations, operation and disposition

**Definitions:** Obese BMI ≥ 29kg/m²; non-obese < 29kg/m²

**Results**

- **Demographics**
  - N=101
  - Obese=48
  - Non-obese=53
  - Non-obese Obese Age (mean) 36.5y 43.6y
  - BMI (mean) 23.7 kg/m² 34.4 kg/m²
  - Female 50% 69%
  - DM 1.9% 17.8%
  - HTN 3.8% 17.8%
  - CAD 9.8% 6.8%
  - CVA 1.9% 2.2%
  - Prior Surgery 32.7% 51.1%

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<tr>
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<th>Non-obese</th>
<th>Obese</th>
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<tbody>
<tr>
<td>Sex</td>
<td>50%</td>
<td>69%</td>
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<tr>
<td>Diabetes</td>
<td>1.9%</td>
<td>17.8%</td>
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<tr>
<td>Hypertension</td>
<td>3.8%</td>
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  Obese patients had more pre-existing diabetes and hypertension.

  There was no statistically significant difference in diagnostic evaluation, resource utilization, or disposition of obese and non-obese patients with abdominal pain.

  Prospective validation of these findings is warranted.

**Acknowledgements**

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