Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

hypocaloric diet. These data support the use of *H. alvei* 4597® in the global management of excess weight.
References: Legrand et al, Int J Obesity, 2020
Lucas et al, Microorganisms, 2020
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LB-212

DIETARY INTAKE AFTER GASTRIC BYPASS SURGERY IN SEVERE OBESE PATIENTS

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Rationale: Roux-en-Y Gastric Bypass (RYGB) is now recognized as the most effective treatment for severe obesity. However, little data are available regarding the food intake of patients after surgery. The aim of our study was to assess weight loss and dietary composition and caloric amount ,in the first 2 years after bariatric surgery.
Methods: During the past 2 years, 50 patients were prospectively selected. All patients were screened by a dietitian. Detailed recall diet histories were performed at the postoperative visit.
Results: Mean follow-up was 30.26 ± 3 months. Five were men and 41 of the participants were women. Percent excess weight loss (%EWL) was 79 ±20%. 47 patients lost >50% of their excess weight (94%). The average daily calorie intake was 1682 ± 631 kcal (range 565-3713 kcal), with 52% of calories from carbohydrates, 16% from protein and 32% from fat. There was no correlation between %EWL and the total daily caloric intake. (p=0.395)
Conclusion: Effective weight loss was achieved in morbidly obese patients after undergoing RYGB, But Caloric intake was quite variable.
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Disclosure of Interest: None declared

LB-213

FACTORS PREDICTING WEIGHT GAIN DURING COVID-19 LOCKDOWN IN PATIENTS WITH OBESITY: A NATIONAL SURVEY

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Rationale: We hypothesized that Covid-19 epidemics lockdown[1,2] might have negatively impacted on weight control in Italian patients with obesity being followed-up at Specialistic Centres.
Methods: A survey was carried out at Italian Clinical Nutrition & Dietetic Services by means of a structured questionnaire (77 items) - covering diet, physical activity and psychological aspects - to get information about how their patients with obesity coped with Covid-19 lockdown. Ethical clearance was obtained. The survey has been carried out between 2ndMay and 25th June 2020 during follow-up phone calls by direct questioning or by sending invitations to complete the questionnaire on the Web. Data were analyzed by Chi-square test, ANOVA and MANCOVA as appropriate.
Results: 1046 patients from 23 Centers (41% Obesity Class 2 to 3) completed the questionnaires (71% females, mean age 50,5 ± 14,2 yrs, mean BMI 34.7 ± 7.6 kg/m2). During the lockdown period, 49,3% of patients increased and 27.4% reduced their weight, while this was unchanged in 19,6%. Mean weight change was +2.3 ± 4.8 kg (+ 4% in those who experienced weight gain). There was a significant association between reduced physical activity, emotional difficulties during lockdown and weight gain. Moreover, those working from home and those on layoffs experienced a significantly higher weight gain than those allowed to work outside home or retired. Sixty-six% declared to be on a weight control diet before the lockdown, and of these, 40% reported difficulty to follow their diet. More frequent snacking and increased intake of high calorie foods were the most frequent food habits change declared. Only 4% of patients were on obesity medications, but 14% of patients would have liked to be on obesity medications during the lockdown.
Conclusion: During Covid-19 lockdown about half of patients with obesity in follow-up at Italian Dietetic Services did not increase their weight or experiences weight loss. However, the remaining half experienced a clinically relevant weight gain. Those who increased their weight likely did mostly so because of reduced physical activity and difficult emotional coping. Working from home was also associated with more difficult weight control.
References: 1. https://it.wikipedia.org/wiki/Pandemia_di_COVID-19_del_2020_in_Italia
Disclosure of Interest: None declared

LB-214

HEART RATE VARIABILITY IN ENCEPHALIC TRUNK MULTIFORME GLIOBLASTOMA

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Rationale: Heart Rate Variability (VCF) reflects autonomic behavior and correlates with prognosis since lower HRV values, more compromised patients' homeostasis is. The various types of nutritional support suffer influence and influence the functioning of Autonomous Nervous System (ANS).
Methods: HRV measurement, using a frequencymeter, and measurements of Symbolic Dynamics (SD) of captured time series, in a girl aged 5 years and 7 months, in 3 consecutive weeks correlating the data indicative of dysautonomy with the clinical evolution and nutrition support. Symptoms: strabismus, headache, astasia, dyslalia, hyporexia, right hemiparesis and papilledema. Neurological examination: paresis of VI cranial nerve to the left and right hemiparesis. Magnetic resonance imaging: expansive lesion in brain stem extending to medial portion of left thalamus and moderate hydrocephalus with the main hypothesis of diffuse midline glioma. Tumor biopsy and ventriculostomy were made and the situation deteriorated rapidly to the death. Initially she received a free diet, later pasty, thickened and finally an enteral diet, but the nutritional status deteriorated despite the adequate nutrition.
Results: Results: Sequential analysis of HRV by means of SD revealed, within 3 weeks of follow-up, a progressive and marked decrease in parasympathetic (PSP) function (element 2V), going from 45.92% to 3.28% and finally 0.31% with extreme increase in the sympathetic component (0V), which went from 12.88% to 89.98% and, finally, 99.31%, all of which indicates a serious dysautonomy progressing to the death.
Conclusion: ANS is fundamental in the regulation of Homeostasis and its dysfunction is directly correlated with patients' prognosis. In the present case, location of the neoplasia exactly in the place of origin of the PSP system, could explain the severe and rapid autonomic impairment observed even with best of Nutritional Therapy.
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Disclosure of Interest: None declared