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Methods: A total of eighty-three non-critically-ill covid patients admitted in a tertiary care hospital from May 2020 to December 2020 was randomly selected and their medical records were reviewed to gather the data necessary to achieve the primary intent of the study.

Results: Descriptive results revealed the age range of patients was from nineteen to ninety-five years of age, in which majority are either married or widowed male patients. The prevalence of malnutrition and nutrient inadequacy were recorded to be at more than ninety percent (90%) for both. Pre-existing comorbidities is present in ninety-six percent (96%) of the patients, while more than eighty-five percent (85%) of these patients stayed in the hospital for more than seven days with twenty-six (or 31%) mortalities. Using multivariate analytical tool, particularly logistic regression with bootstrapping ($\alpha = 0.05$), high Modified Subjective Global Assessment (MSGA) score and grade, nutrient inadequacy (i.e. calories < 75%; protein < 75%) and pre-existing comorbidities were implicated to have significant association with discharge outcome, while no significant association was revealed between the same metrics and length of stay.

Conclusion: Nutritional support in the management of non-critically ill covid patients is essential, and hence recommending to revisit appropriate institutional clinical protocols.

Disclosure of Interest: None declared.

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EXPERIENCES OF THE COVID-19 PANDEMIC: A SURVEY OF PATIENTS ON HOME PARENTERAL NUTRITION

A. McCulloch^{*1}, I. Jones², H. Malhi², J. Fletcher², S. Cooper^{1,2}. ¹Gastroenterology, University Hospital Birmingham, Birmingham, United Kingdom; ²Nutrition Support Team, University Hospital Birmingham, Birmingham, United Kingdom

Rationale: The COVID-19 pandemic has had an unprecedented impact on patients on home parenteral nutrition (HPN). HPN patients have had to endure sweeping changes to their personal lives and medical care following governmental advice to “shield”, disruption in PN supply and the implementation of virtual consultations. We evaluated the patients’ perspectives of these changes and their experiences of the pandemic overall.

Methods: An online survey was disseminated to our centre’s cohort of HPN patients. The survey assessed anxieties & concerns, information seeking behaviours and the effect of changes to their HPN care.

Results: 35 patients completed the questionnaire giving a response rate of 29%. 70% reported worsening quality of life scores during the pandemic with 40% reporting high levels of anxiety and depression. Patients accessed a range of information sources for advice on protecting themselves including official letters from the HPN centre & government, online resources, television reports etc. There was no single information source that significantly alleviated concerns compared to others. Most patients were reassured by information accessed (83%) however patients expressed frustration at inadequate information (20%) and conflicting information from various sources (23%). Most patients (85%) had a blood test whilst shielding with patients reporting average scores for safety at 8.8 out of 10. The vast majority of patients (91%) undertook telephone consultations where over a quarter (29%) felt these were as good as face to face encounters. 53% were keen to continue telephone clinics after the pandemic.

Conclusion: Telephone consultations were well received and the option for continuation should be offered post-pandemic. HPN providers should bolster psychological support services available to patients and review communication channels with patients to avoid conflicting information and alleviate anxiety.

Disclosure of Interest: None declared.

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PREDICTIVE MODELS FOR PROTOCOL EVALUABLE RATES

Y. Choe^{*}, G. Baggs. Research and Development, Abbott Nutrition, Columbus, OH, United States

Rationale: Various factors affect attrition in trials including non-compliance to the protocol, premature discontinuation of intervention, and early dropout. To ensure adequate power, prior to terminating enrollment, an evaluation of the likely attrition rate at the end of the trial is made. In most cases, such assessment occurs early in the study when few subjects have completed. Therefore, the objective of this project is to obtain an accurate estimate of the evaluable rate based on limited observed data.

Methods: Bootstrap samples from 5 historical 4-months infant growth monitoring studies (GMS), conducted over 2007 to 2020, were randomly selected with replacement in order to 1) develop predictive models for evaluable rates, 2) establish reference evaluable rates and 3) test the effect of enrollment order. If enrollment order is not significant, simulation assumptions could be simplified. The predictive models were evaluated using goodness of fit (predicted - final study evaluable rates). The effects of enrollment order on evaluability were tested using logistic regression. Statistical analyses were done using SAS® 9.4 and SAS® Enterprise Guide 7.1 (SAS Institute Inc, Cary, NC).

Results: Results of bootstrapping showed that effects of enrollment order on evaluability were not significant (all $P > 0.21$). Moreover, predictive models based on linearly regressing on a simple estimator of the evaluable rate, $p_n = \text{number of subjects evaluable in the first } n \text{ subjects enrolled} / n$, were adequate and more accurate than using p_n alone. Goodness of fit showed that 80% of the differences (final - predicted) were within 5.2% using the first 10 enrolled and 80% of the differences were within 5.0% using the first 20, 30, 40, or 50 subjects enrolled. GMS studies with 2 arms typically require 200 enrolled subjects to obtain 128 evaluable subjects.

Conclusion: Using simulation, an accurate estimate of the evaluable rate in GMS can be made based on the early experience in a trial.

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IMPACT OF NUTRITIONAL STATUS ON QUALITY OF LIFE IN INDIVIDUALS WITH IRRITABLE BOWEL SYNDROME: A QUALITATIVE STUDY

K. Şahin^{*}, I.M. Alptekin, N.N. Aslan Çın, H. Yardımcı. Nutrition and Dietetics, University of Ankara, Ankara, Turkey

Rationale: Irritable bowel syndrome (IBS) is a functional and chronic gastrointestinal bowel disorder affecting 10–25% of the population. Most patients report that their IBS symptoms are affected by the foods they consume. Therefore, patients with IBS avoid eating foods that are associated with reduced quality of life, and this causes negative emotions related to the development of nutrition in patients. This study aims to explore how nutrition, which is the cause of reduction in the quality of life, affects the quality of life of patients with IBS.

Methods: Twenty semi-structured in-depth face-to-face interviews were conducted in Ankara, Turkey from November 2018 to June 2019. Twenty patients with IBS (13 women, 7 men) with a mean age of 39 (23–59) years were interviewed. The mean IBS duration was 16 (0–60) months. The interview lasted between 45 and 60 min. They were recorded and later transcribed verbatim. Interviews were evaluated with the interpretive phenomenological analysis.

Results: Four main themes emerged from the analysis. These themes are 1. Thoughts and experiences about treatment alternatives, 2. Effects of eating habits on appetite, 3. Feelings, thoughts and experiences about the recommended diet, 4. The effect of the disease on daily life. We determined the interest and knowledge levels of the individuals regarding the medical nutrition therapy of IBS were insufficient. Therefore, patients use communication tools such as television and social media instead of health professionals and do not question their reliability individually. Moreover, the patients reported felt intense stress about medical nutrition therapy due to they do not know the exact source of the illness. They stated negatively affected their family, work, and social life.

Conclusion: The Results suggest that increasing medical nutrition therapy knowledge may contribute to improved quality of life in patients with IBS. The need for health education initiatives to improve nutritional knowledge in the IBS population is important for a healthier population. Quality of life