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.

Rationale: Low BMI is associated with increased mortality in the short and long-term. Different cut-off may apply in various populations. We have investigated with nutritionDay data 2006-2015 the cut-off for risk increase in 4 world regions.
Methods: All adult patients from nutritionDay 2006-2015 with available BMI information and mortality in hospital after 30 days were included. BMI was divided into 2 kg/m2 groups and countries_in 4 groups. General linear model with age groups and gender as covariates and units as cluster and duration in hospital length bias correction was used to estimate odds ratio with 95 % CI for death within 30 days (STATA 15.1).
Results: 103 020 patients 64 SD 18 years old and with BMI 25.8 SD 6 from 8235 wards. BMI was in Japan 22.2 SD 4.1, other Asian 24.1 SD 4.5, Europe 25.9 SD 5.7 and Americas with others 27.2 SD 7.2. Patient were oldest in Japan 67a and youngest in the Americas 61a. 30 day in hospital mortality was 4%.

	Europe	Japan	Asia: KR, CN, SG...	America & Other
	OR [CI95]	OR [CI95]	OR [CI95]	OR [CI95]
BMI <16	4.7*** [3.4 6.4]	9.7*** [5.3 17.6]	5.5** [2.0 15.4]	10.4*** [4.9 22.0]
BMI 16-18	3.7*** [2.8 4.9]	3.8*** [2.3 6.2]	4.8** [1.9 12.4]	4.1*** [2.5 6.7]
BMI 18-20	2.0*** [1.6 2.4]	3.1*** [1.7 5.7]	3.1* [1.3 7.5]	2.3*** [1.5 3.5]
BMI 20-22	1.7*** [1.4 2.1]	2.2** [1.2 3.8]	1.9 [0.8 4.4]	2.6*** [1.7 3.9]
BMI 22-24	1.2 [1.0 1.5]	1.0 [0.6 1.7]	1.4 [0.7 3.1]	1.3 [0.9 1.9]
BMI 24-26	1.0 [1.0 1.0]	1.0 [1.0 1.0]	1.0 [1.0 1.0]	1.0 [1.0 1.0]
BMI 26-28	0.9 [0.7 1.1]	1.0 [0.4 2.3]	1.1 [0.4 2.8]	1.2 [0.8 1.7]
BMI 28-30	0.8 [0.6 1.0]	1.3 [0.5 3.5]	2.2 [0.7 7.3]	0.7 [0.4 1.2]
BMI >30	0.7** [0.6 0.9]	1.8 [0.5 6.6]	2.6 [1.0 7.0]	0.8 [0.5 1.2]
Observations	66277	6028	5169	18583

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$
Conclusion: Risk of death increases similarly in all 4 world regions at BMI<22. There is no indication that the cut-off for increased risk depends on the distribution of BMI in the population.
Disclosure of Interest: None declared

P077

ASSESSING KNOWLEDGE, ATTITUDE, AND PRACTICE OF HEALTHY LIFESTYLE IN INDONESIAN YOUNG PEOPLE DURING THE CORONAVIRUS DISEASE 2019 PANDEMIC

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Rationale: World health organization (WHO) declared coronavirus disease 2019 (COVID-19) outbreak as a pandemic and many preventive measures were implemented. People's adherence to infection control measures is affected by their knowledge, attitudes, and practices (KAP) regarding the disease. Currently there is limited data about KAP towards COVID-19 in Indonesian young people population. Thereby, the study aims to evaluate healthy lifestyle, as part of the KAP, of the said population during COVID-19 pandemic.
Methods: This survey was conducted in the second month of COVID-19 outbreak in Indonesia. A validated KAP questionnaire was broadcasted through online platforms and answered by young people aged 10-25. KAP questions focusing on healthy lifestyle were extracted from the questionnaire.
Knowledge and attitude question were asking whether fruit and vegetables consumption was important and may help to strengthen immunity. Three practice questions asking if the respondents during quarantine: consumed well-cooked foods (P1), ate vegetables and fruits three times a day (P2), exercised at least 30 minutes per day (P3). The correct KAP answers were described and correlation between KAP were analyzed with Pearson's correlation test.
Results: A total of 1,541 respondents of young people completed the questionnaire. The median age was 19 (12-25) years old. Most respondents were male (n=1,221;79.2%). The highest education background was bachelor's degree (n=224;14.5%). An average total score of the questionnaire was 69.2. The respondents answered correctly the questions of Knowledge, attitude, practice about healthy lifestyle in 1,539 (99.87%), 1,489 (96.63 %), and 1,523 (98.83 + 48.34 + 49.13%), respectively. The knowledge was correlated with attitude (r=0.193, p<0.0001). The attitude was correlated to P1 (r=0.080, p<0.0001). The knowledge was not correlated to P1 (r=-0.004., p=0.878), P2 (r=-0.001, p=0.963), P3 (r=0.035, p=0.165).
Conclusion: The knowledge and attitude towards healthy lifestyle during COVID-19 pandemic was good but it was not followed by their practice.
Disclosure of Interest: None declared

P078

NUTRITION EDUCATION IN LATIN-AMERICAN MEDICAL SCHOOLS: RESULTS OF AN INTERNATIONAL SURVEY

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Rationale: Nutrition education in medical schools must be improved to ensure that graduating medical students are qualified to provide effective nutrition care to patients (1). The aim of this study was to investigate the curricular content on nutrition education in Latin-American medical schools, and to evaluate the attitudes, self-perceived proficiency, knowledge, and barriers to the implementation of nutritional strategies of medical school students.
Methods: Curricular content on nutrition education, and nutrition attitudes, self-perceived proficiency, knowledge, and barriers were measured using two online surveys consisting of 58 and 47 questions sent to medical school directors, and final-year medical students, respectively.
Results: In total, 21 of 84 (25%) medical schools, and 854 of 4534 (19%) students from 11 countries responded. Average age was 25±3 years (range: 19-48), and 59% of respondents were male. Most of the students surveyed (81%) reported having received nutrition education during medical training. Half of the students (50%) felt they had been exposed to enough nutrition education in their medical schools to address nutritional issues in patients. Most students agreed that nutritional advice to patients, as well as improving patients' health through nutrition, was responsibility of physicians (90% and 89%, respectively). Moreover, 85% agreed that nutritional counseling and nutritional assessment should be part of routine care provided by all physicians, regardless of their specialty. Self-perceived knowledge on self-perceived knowledge in three different domains including basic nutrition, public health nutrition, and clinical nutrition varied from 25% to 99% in 810 students (Table 1). The main self-perceived barriers to the implementation of clinical nutrition strategies were lack of time in the consultation (87%), and lack of education-training (94%). Concerning the curricular content, 25% responded, of which 9 schools (50%) offered stand-alone mandatory nutrition courses in preclinical, and 7 (29%) in clinical years. Two (11%) and 4 (22%) schools offered elective