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were observed post-QIP intervention. Improvement or maintenance of good mental health/well-being was also reported in 86% of QIP patients (p -values < 0.05).

Conclusion: Nutrition-focused QIP for at-risk/malnourished older outpatient adults resulted in improved health-related quality of life measures; thus, highlighting the importance of nutrition QIPs with ONS for older adults during their recovery phase and especially during a time when COVID-19 pandemic poses a significant burden on the overall health and well-being of older adults in Colombia.

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ASSOCIATION BETWEEN FRAILTY AND ALL-CAUSE HOSPITALIZATION AND MORTALITY DURING 6 MONTHS IN HEMODIALYSIS PATIENTS

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Rationale: Approximately 26 million people were diagnosed with chronic kidney disease (CKD) only in the US. Frailty is a complex syndrome characterised by loss of physical and cognitive parameters. It's prevalence in CKD with hemodialysis is around 69%. In addition, frailty is associated with worse outcomes in this population. The aim of this study was to evaluate the association of frailty, using the Clinical Frailty Score and the Frail Score, with combined outcome all-cause hospitalization and mortality during 6 months among patients with CKD.

Methods: This was a prospective study conducted in a reference centre in Brazil. Inclusion criteria were >18 years from both sexes and in hemodialysis for at least 3 months. Blood samples were collected according to the Dialysis Unit routine. CFS and FS were applied during the first interview. All-cause hospitalization and mortality were evaluated during 6 months period. For univariate analysis Student t-test, Mann-Whitney and Chi-Square tests were used. Multiple logistic regression was used to predict combined outcome. Significance level was set to 5%.

Results: We assessed 150 subjects, 58% male, with 58.3 ± 12.8 years. Frailty was 13.3% and 35.3% according to CFS and FS respectively. Nonetheless, in uni and multivariate analysis frailty could not predict combined outcome in this population.

Table 1.

Logistic regression models for frailty and combined outcome (n= 150).

Variable	OR	CI 95%	p-value
FS	1.251	0.565-2.773	0.581
FS*	1.295	0.573-2.926	0.534
FS#	1.462	0.626-3.417	0.380
CFS	0.871	0.270-0.434	0.817
CFS*	0.879	0.264-2.922	0.833
CFS#	0.853	0.248-2.932	0.800

FS: Frail Scale; CFS: Clinical Frailty Score; *adjusted by age and gender; #adjusted by age, gender and Kt/v; OR: odds ratio; CI: confidence interval

Conclusion: There was no association between frailty, evaluated by CFS and FS, and combined outcome in patients with CKD in hemodialysis.

Disclosure of Interest: None declared.

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LOW-GLYCEMIC-LOAD, OMEGA-3 PUFA-ENRICHED SEMI-VEGETARIAN DIET DECREASES SERUM APOLIPOPROTEIN B AND REDUCES THE APOB/APOA-I RATIO IN FAMILIAL HYPERCHOLESTEROLEMIA

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Rationale: Patients with familial hypercholesterolemia (FH) are at high risk of premature atherosclerotic cardiovascular disease (ASCVD) due to the cumulative LDL-cholesterol (LDL-C) exposure. Apolipoprotein (apo) B has been recently shown to be a more accurate marker of ASCVD risk in statin-treated patients than LDL-C [1]. We aimed to evaluate the efficacy of a low-glycemic, semi-vegetarian diet enriched in omega-3 polyunsaturated fatty acids (PUFA) in reducing blood levels of apoB and in lowering the ratio of apoB to apoA-I in FH patients.

Methods: Study population consisted of 20 unrelated adult patients with established FH; 12 of them were treated with statins (rosuvastatin/atorvastatin: 10/2). The experimental diet was individually prescribed for each patient based on estimated energy requirement and reported intake during the baseline. Serum apoB and apoA-I levels were measured with ELISA at baseline and after 11-16 weeks of dietary intervention. The data were analyzed using the Wilcoxon matched-pairs test.

Results: At the end of the dietary intervention, FH patients showed a reduction in both apoB serum levels and the apoB/apoA-I ratio: apoB decreased from 1.33 ± 0.10 to 1.18 ± 0.13 mg/ml ($p=0.01963$) and the apoB/apoA-I ratio from 0.56 ± 0.06 to 0.48 ± 0.06 ($p=0.02168$); BMI and WHR were not affected.

Conclusion: A low-glycemic, omega-3 PUFA-enriched semi-vegetarian diet significantly lowers serum apoB and the apoB/apoA-I ratio and can reduce cardiovascular risk in FH patients, thus increasing the efficacy of pharmacological lipid-lowering therapies.

References:

1. Johannesen CDL, Mortensen MB, Langsted A, Nordestgaard BG. Apolipoprotein B and non-HDL cholesterol better reflect residual risk than LDL cholesterol in statin-treated patients. *J Am Coll Cardiol.* 2021; 77: 1439-1450.

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NUTRITION RELATED COMPLAINTS, POOR NUTRITIONAL STATUS AND RISK OF SARCOPENIA ARE PREVALENT IN COVID-19 PATIENTS DURING HOSPITAL ADMISSION

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Rationale: Hospitalized patients with COVID-19 infection present with a broad clinical spectrum of symptoms. Nutritional complaints may contribute to inadequate nutritional intake, weight- and muscle loss, and malnutrition. This study aims to map nutritional complaints, nutritional status and risk of sarcopenia of COVID-19 patients during hospitalisation.

Methods: A prospective observational study in hospital admitted COVID-19 patients in four Dutch hospitals. Data were collected during dietetic consultations: 1) nutritional complaints (presence of anorexia, ageusia, changed taste, anosmia, chewing and swallowing problems, nausea, vomiting, feeling of being full, stool frequency/consistency, gastric retention, need for help with food intake and shortness of breath), 2) nutritional status by weight change prior to and during hospitalisation, where malnutrition is defined by >5% weight loss/week or >10% weight loss/month and 3) risk of sarcopenia (by SARC-F ≥ 4).

Results: Included were 409 patients (65 \pm 12 yr, 69% male, 60% ICU, 21% in-hospital dead). The most commonly reported nutritional complaints were

anorexia (58%), feeling of being full (49%) and shortness of breath (43%), besides 1/3 of patients experienced changed taste, ageusia and/or anosmia. Only 7% experienced no nutrition related complaints. At admission 67% of the patients were obese, 35% of the patients were malnourished. During hospitalisation 22% of the patients showed serious acute weight loss (>5 kg) of whom 85% were admitted to the ICU at any point in time. A high risk of sarcopenia was scored in 73% of the patients.

Conclusion: Clinicians should consider the high risks of acute malnutrition (1 in 5 patients) and sarcopenia (3 in 4 patients) in hospital admitted COVID-19 patients. The high prevalence and duration of nutrition related complaints has serious repercussions for the nutritional status of COVID-19 patients. Multidisciplinary treatment, including dietetic treatment, is strongly recommended during hospital stay and beyond.

Disclosure of Interest: None declared.

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COMPARATIVE FEATURES OF PHYSICAL DEVELOPMENT IN CHILDREN WITH CHRONIC KIDNEY DISEASE ASSOCIATED WITH UROLOGICAL DISORDERS

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Rationale: The issue of dietary management in children with chronic kidney disease (CKD) is not well studied. Children with urologic pathology after surgical treatment have decreased motor activity and energy expenditure changes.

Methods: Anthropometric data of 20 boys and 22 girls (aged from 3 to 17) examined at urological department at multidisciplinary hospital of SPbSPMU were given in centile tables. 2 groups of children: group 1 with CKD C1-C2-20 children and group 2 with CKD C3-C5-22 ones were further divided into age subgroups.

Results: Group 1 has 15% in early childhood (EC), 55% in middle childhood (MC), 20% in adolescence (Ad) and 10% in late adolescence (LAd). The height within the centile corridors (CC) 6,7 was in 27.3% of EC, and within the CC 1,2 in 66.7% of EC, 9.1% of MC, 25% of Ad and 50% of LAd. The body mass (BM) within the CC 6,7 was in 36.6% of MC and 50% of Ad; CC 1,2: 66.7%-EC, 36.6%-MC, 25%-Ad and 100%-LAd. Insufficient BMI (CC 1,2):66.7%-EC, 36.6%-MC. Its excess: 36.6%-MC, 50%-Ad. Group 2 has 36.7%-EC, 27.3%-MC, 22%-Ad, 14%-LAd. The height within the CC 1,2: 25%-EC, 33.3%-MC, 100%-Ad, 33.3%-LAd. The height value (CC 6,7):33.3% in MC and LAd. The deficiency of BM (CC 1,2):50%-EC, 33.3%-MC, 80%-Ad. Excessive BM (CC 6,7): 33.3%-LAd. BMI within the CC 6,7:12.5%-EC, 40%-Ad, and 33.3%-LAd, while its low values (CC 1,2) were in 37.5% of EC, 50% of MC, and 33.3% of LAd.

Conclusion: The greatest height delay in group 1 was in MC and Ad, with insignificant difference in others. The greatest BM deficiency was in all ages while an excess of BM was only in Ad. 50% of Ad had excessive BMI and more than 50% of EC had marked BMI deficiency. Extremely low height in group 2 was in all age groups and well-marked in Ad. Extremely tall height was in MC and Ad. The deficiency of BM was marked in EC and Ad, its excess was in

LAd. 50% of MC had insufficient BMI 40% of Ad had it in excess. Thus, the group of adolescents with urological diseases demonstrates an excessive nutritional status, just like children without urological pathology.

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ABDOMINAL CATASTROPHE: RESOURCEFUL METHOD FOR ENTERAL NUTRITIONAL SUPPORT IN A HOSPITAL IN CHILE

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Rationale: Achieving oral and enteral refeeding of a patient with an abdominal catastrophe is a great challenge for nutritional assistance teams, especially in places where we do not have all the tools and where many times it is necessary to improvise and innovate to achieve the necessary enteral feeding. **Methods:** We present the case of a 20-year-old man with an abdominal catastrophe secondary to a gun shot in curfew, during first pandemic wave. The patient was initially treated in a center in Chilean Patagonia, where he underwent multiple surgical interventions: total pancreatoduodenectomy, distal subtotal gastrectomy, decompressive gastrostomy, terminal hepaticostomy, right nephrectomy, splenectomy, feeding jejunostomy, discharge ileostomy, right colectomy and transverse mucous fistula

Results: He was transferred to our reference hospital in Santiago, for nutrition support and intestinal reconstitution surgery. We start nutrition support with parenteral nutrition and enteral nutrition by joining the decompressive gastrostomy with the jejunostomy with a tube, which allows us to feed orally and enterally with a magisterial formula to prove tolerance after 3 months with no enteral feeding. Progress was made, achieving weaning from parenteral nutrition after 2 months. Patient is transferred to a surgery unit where a transit reconstitution surgery is performed after 4 months. The patient evolves satisfactorily, so he was transferred to his base hospital in southern Patagonia, where he was discharged promptly. After 3 months of final surgery, he is currently at home with oral feeding, and regaining his weight.

Conclusion: In a case of abdominal catastrophe like the one we present here, enteral and parenteral nutritional management, together with innovation in ways to achieve this support, were of great help for the intestinal rehabilitation of our patient.

Disclosure of Interest: None declared.

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HYPOPHOSPHATEMIA IN PATIENT WITH CROHN'S DISEASE ON PARENTERAL NUTRITION DUE TO UNEXPECTED CAUSES: CASE REPORT

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Rationale: Hypophosphatemia, whether it's due to nutritional intervention in malnourished patients or as a side effect of iron replacement therapy, often goes without any particular clinical sign (in its mild to moderate form). We present a case of a patient with persistent hypophosphatemia due to IV iron treatment and possible refeeding syndrome.

Methods: A 25 year old woman with Crohn's disease was hospitalized due to disease exacerbation. In the last 5 months she had significant weight loss (BMI 16.5) owing to decreased food intake and diarrhea because of which parenteral nutrition (PN) was gradually introduced. Seven days before hospitalization she received IV iron (ferric carboxymaltose). Upon admission, blood work revealed hypophosphatemia 0.58mmol/L and deficiency of vitamin D (<20nmol/L).

Results: She was treated with potassium phosphate IV for the next 25 days due to fluctuating levels of serum phosphate (mean 0.51±0.16) and vitamin D supplementation therapy. Strong correlation between