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.

matched for age, sex and body mass index (BMI), was randomly selected among patients treated by the same Unit. Parameters were collected at prescription of VLCKD, during pre-operative visit, and 1 year after the intervention
Results: Subjects treated with VLCKD + LSG experienced a significantly larger weight loss than subjects treated with LSG only (24.9 +/- 9.6 vs 20.0 +/- 11.0 % of baseline weight, p= 0.039). Nonetheless, the average weight loss before and after LSG was not significantly different between the two groups and the overall difference between the two groups is comparable to the weight loss achieved through the VLCKD
Conclusion: Pre-operative VLCKD does not modify the weight loss obtained through LSG intervention. Although a difference has been observed between the groups, it can be attributed to the weight loss achieved through the VLCKD. However, since the target of treating obesity is the durable weight loss, the combination of VLCKD and LSG could be considered more effective than LSG alone

18 - Abstract 44
NUTRIENTS INTAKE EVALUATION IN COMMUNITY-DWELLING ADULT PATIENTS REQUIRING NUTRITIONAL ASSESSMENT.

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Objective: In recent years, there has been growing interest in nutritional aspects of community patients, particularly the elderly [1]. The purpose of the study is to analyze nutrients intake in community-dwelling adult patients requiring nutritional assessment and correlations with clinical conditions.
Methods and procedures: Data has been collected from 141 adult patients (M=64; F=77) registered in 2019 (1st October-31st December) at Home Artificial Nutrition (HAN) Department of Local Health Care Unit Naples 3, Italy. 24-Hour Recall Questionnaire was administered for investigating food intake. Student's t-test was used for statistical analysis.
Results: Mean age was 78 years, 89.4% were elderly (65+years) and 31.9% were aged over 85 years. The underlying disease was neurological in 56% and cancer in 29.8% of patients; 44 patients (31.2%) were bedridden with pressure sores and 76 (53.9%) referred unintentional weight loss. Patients reported dysphagia in 67.4% and loss of appetite in 43.3%. Mean energy intake was 867±328 kcal/day and proteins were 34.2±16.3 g/day. A statistically significant difference in mean energy and protein intakes was observed for older patients (85+years) (p=0.02; p=0.001), those with pressure sores (p=0.004; p=0.009) and those who reported loss of appetite (p=0.001; p=0.01). Mean fiber intake was very low in all patients (8.9±5.2 g/day).
Conclusion: Inadequate nutrients intake is frequent in dwelling-community adult patients, particularly in the elderly. Timing of nutritional assessment and appropriate intervention could reduce chronic disease risk.

Reference: Macronutrient Intake and Inadequacies of Community-Dwelling Older Adults, a Systematic Review
Sovianne ter Borg, Sjors Verlaan, Donja M Mijnarends, Jos M G A Schols, Ann Nutr Metab. 2015;66(4):242-55

19 - Abstract 2
EARLY NUTRITION PROTOCOL FOR IN- AND OUT-PATIENTS DURING COVID-19 PANDEMIC

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Objective: Recent SARS-COV2 pandemic put Healthcare System in severe overload. It is well demonstrated that malnutrition is related to worse outcomes in acute and chronic diseases. During this sanitary emergency the Clinical Nutrition Unit in Bologna developed an early nutrition protocol for hospital ad home COVID-19 patients.
Methods and procedures: Recently published recommendations regarding nutritional needs in COVID-19 patients and general Clinical Nutrition Guidelines were searched on PubMed.
Results: The hospital algorithm considered three different steps: oral feeding, enteral feeding and parenteral nutrition, recommending early nutrition therapy (within 24-48 hours of hospitalization). We arranged a modified oral "COVID diet" consisting in soft or creamy hypercaloric-hyperproteic meals in disposable packages . As far as artificial nutrition is concerned we chose hypercaloric, high-protein Oral Nutrition Supplements (ONS), enteral formulas and parenteral formulas, all enriched with EPA and DHA. Due to high micronutrients requirements each patient was recommended high-dose uniparenteral vitamin D and thiamine. For home COVID-19 patients screening using NRS-2003 was recommended: for those at low nutritional risk we provided general nutritional advice; for those at intermediate risk we suggested a dietitian consultation for personalized nutritional plan or ONS prescription. For those at high nutritional risk the nutritionist physician evaluation was suggested for disease-specific ONS or artificial nutrition prescription. All patients were suggested vitamin D 2000 IU / day and a multivitamin supplement.
Conclusion: During COVID-19 pandemic continuous clinical updating and adaptation to new clinical settings helped to develop an Early Nutrition Protocol for fast nutritional assessment and treatment in a large number of patients and emergency conditions.