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P022

BODY COMPOSITION IN RECOVERED COVID-19 PATIENTS

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Rationale: Obesity is a clinical characteristic of Covid patients. However, patients are discharged from the hospital with an elevated weight loss.(1) ¿What is the evaluation of body composition and weight change of patients recovered from COVID-19 at the first post-covid patient nutritional care?

Methods: This is a cross-sectional study that included patients with the diagnosis of COVID-19 assessed after their hospitalization. We evaluated weight changes according to time of change between discharge and first nutritional counseling after hospitalization. Actual body weight, Body mass index (BMI), change of weight was assessed. Body composition characteristics of patients were describe and measured using the medical body composition analyzer SECA mBCA 514. Sarcopenia was assessed according Musclesqueletical mass (kg/m²) using international criteria (2). Descriptive analysis used percentage, median, and standard deviation for Results.

Results: This study recruited 24 patients: 62.5% men and 37.5% women. The average age was 55.87±12.6 years, and comorbidities were present in 58% of patients, such as diabetes, hypertension, asthma, dyslipidemia. The referred percentage of weight loss in hospitalization was 15.9±12.5 during an average length of stay reported of 27.3±178 days. Change weight average after hospitalización was 7.4±10.2 kg during 126±73 days between discharge and nutritional counseling after hospitalization. Gain weight was present in 87% and weight loss in 13% of patients. Most patients present excess body weight according to body mass index (BMI): 29.56±5.61kg/m². Normal weight was presented in 16.7%, overweight in 45.8%, obesity grade I 25%, obesity grade II 4.2%, and obesity grade III 8.3%. Body composition analysis presented in Table 1 showed a high amount of fat mass and visceral fat in the general population. Musclesqueletical mass corrected by height in the general population and according to sex (male and female) were 9.4±1.9 kg/m², 9.9±2 kg/m², and 8.4±1.3 kg/m²,

Table 1

Body composition of pos covid patients at first nutritional counseling after discharge.

Characteristics	Mean ± SD
Actual body weight	78.3±15.8
Height	1.6±0.1
Waist circumference	98.4±13.5
Fat mass (%)	32.6±11.6
Fat free mass (%)	67.3±11.6
Total body water (%)	49.7±11.2
Musclesqueletical mass (kg)	25.4±7.2
Visceral fat (L)	7.8±20.3

respectively. Only 1 female patient showed to be sarcopenic.

Conclusion: Covid-19 patients recovered their weight after hospitalization. Body composition showed an important high amount of fat and visceral fat mass. It is important to assess nutritional status in order to give the right nutritional treatment.

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P023

VALIDITY OF HAND GRIP STRENGTH, ANTHROPOMETRY AND BIOIMPEDANCIOMETRY AS DETERMINANTS OF REDUCED MUSCLE MASS IN APPLICATION OF GLIM CRITERIA IN OLDER INPATIENTS WITH HIP FRACTURE

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Rationale: The incidence of fragility hip fractures is increasing due to the aging of the population. The estimated prevalence of malnutrition in patients with hip fracture is around 20-30%.

Our objective is to evaluate the prevalence of malnutrition in elder hospitalized patients with hip fracture, as well as the clinical application of the GLIM criteria for the diagnosis of malnutrition, using anthropometry, bioelectrical impedance analysis (BIA) and hand grip strength as determinants of muscle mass.

Methods: Prospective study, in hospitalized patients older than 65 years with diagnosis of hip fracture, between September 2019 and February 2021. Nutritional assessment was performed using Mini Nutritional Assessment Short Form (MNA-sf) replacing calf circumference for the BMI item, Subjective Global Assessment (SGA) and GLIM criteria. For the definition of reduced muscle mass in application of the GLIM criteria, the population's 5th percentile of hand grip strength (Jamar) and the ESPEN cut-off points for low fat-free mass index (FFMI) were used, this being determined by anthropometry and by bioelectrical impedance analysis (BIA).

Results: 266 patients included, 20.7% were male and 79.3% female, mean age of 82.7 years. Mean estimated BMI was 25.7 ± 5 kg / m², with a FFMI by anthropometry of 19.4 ± 8.8 kg / m² for men (25% below 17 kg / m²) and 17.4 ± 2.9 kg / m² for women (20.1% below 15 kg / m²). FFMI by BIA was 20.9 ± 9.8 kg / m² for men (8.7% below 17 kg / m²) and 17.6 ± 2.1 kg / m² for women (8% below 15 kg / m²). Hand grip strength showed a mean of 20.2 ± 9.6 kg for men (65.4% below population p5 percentile) and 7.6 ± 6.6 kg for women (73.4% below population p5 percentile).

MNA-sf found 19.9% of normonourished, 42% at risk of malnutrition and 38% of malnourished. SGA found 35.7% of normonourished, 41.7% with moderate malnutrition and 22.6% with severe malnutrition (kappa coefficient of 0.51 with MNA-sf; p<0.001).

Using hand grip strength to apply GLIM criteria, we found 84.5% of malnourished patients; we being 47% when using anthropometry and 44.5% when using BIA (kappa coefficient of 0.39, 0.37 and 0.39 with SGA respectively; p <0.001). We found a strong agreement between using anthropometry and BIA when applying GLIM criteria (kappa coefficient of 0.95; p <0.001).

Conclusion: The prevalence of malnutrition in patients admitted for hip fracture is high. The use of hand grip strength as a determinant of fat-free mass reports a higher prevalence of malnutrition, which could be underestimated with the use of anthropometry and BIA.

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P024

NUTRITIONAL STATUS OF PATIENTS WITH CRITICAL ILLNESS MYOPATHY AND/OR NEUROPATHY AFTER COVID-19 FROM THE VIEWPOINT OF PHYSICAL REHABILITATION

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