

phototypes III and IV there was higher frequency of consumption of olive oil ($p=0.01$), plum ($p=0.02$), grape juice ($p=0.02$) and higher quantity of day consumption of tomato ($p=0.05$), regarding individuals with more sensitive phototypes. Both whole rice ([F] $p=0.06$; [Q] $p=0.02$) and whole bread ([F] $p=0.01$; [Q] ($p=0.01$) were negatively associated to lesser skin reactivity.

Conclusion: In this population, it was observed greater intake of photoprotective nutrients among individuals with lesser sensitive phototypes. This prompts insights to promote the intake of a more protective diet regarding the sun radiation for the individuals with greater skin reactivity to the sun exposure.

Disclosure of Interest: None declared

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THE IMPACT OF BREASTFEEDING AND THE EARLY INTRODUCTION OF SOLID FOODS IN THE DEVELOPMENT OF ASTHMA AND ATOPY IN ADOLESCENTS FROM SOUTHERN BRAZIL

A.P. Schneider¹, D.R.N. Da Silva², R. Stein³. ¹*Social Medicine: Nutrition, Universidade Federal do Rio Grande do Sul*, ²*Nutrition, Centro Universitario Metodista IPA*, ³*Pediatrics, Pontificia Universidade Catolica do Rio Grande do Sul, Porto Alegre, RS, Brazil*

Rationale: Respiratory allergies are an important issue of public health in many countries. Asthma and atopy are common chronic diseases in childhood and adolescence. This study was aimed to investigate the relationship between breastfeeding and the introduction of solid foods in the development of respiratory allergies in a low income population in Southern Brazil.

Methods: A cross-sectional study with 908 adolescents from Uruguaiiana (Rio Grande do Sul, Brazil) aged 10 to 16 years old. Asthma and related symptoms were defined through the ISAAC-phase II (International Study of Asthma and Allergies in Childhood) questionnaire. Outcomes variables were asthma, severe asthma, wheezing and atopy. Food intake in the first 18 months of life was evaluated through an *ad hoc* questionnaire. Student's t and chi-square tests were used. Associations between outcomes and nutritional factors were evaluated using logistic regression.

Results: From 908 adolescents, 454 (50%) were female. Mean age was 12.5 years old. Breastfeeding was exclusive during four months in 11.6% of the sample. Fruits were introduced early in 75.9% of the individuals. Most prevalent outcome was weezing (33.8%), followed by atopy (13.7%), asthma (13%) and severe asthma (9.4%). Row and adjusted analysis regarding the relationship between dietary intake in the first year of life and the clinical outcomes did not demonstrate a significant association between breastfeeding neither to respiratory symptoms or atopy. Regarding weezing, the introduction of solid foods before four months of life was protective (OR de 0.67; IC = 0.47–0.97).

Conclusion: In this low income population, there was no significant association between breastfeeding, introducing of solid foods and respiratory allergies.

Disclosure of Interest: None declared

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SYSTEMATIC SCREENING OF NUTRITIONAL STATUS IN A POPULATION HOSPITALIZED PATIENTS. EXPERIENCE AT ROUEN UNIVERSITY HOSPITAL

S. Grigioni^{1,2}, M. Leff¹, C. Amsellem¹, P. Dechelotte^{1,2}, J. Ladner³. ¹*Clinical Nutrition Unit*, ²*EA4311-ADEN*, ³*Epidemiology and Public Health Department, Rouen University Hospital, Rouen, France*

Rationale: The french High Authority for Health (HAS) has recommended early screening (<72 h) of nutritional status in hospitalized patients. Before launching and education program, a baseline inventory of available nutritional information in patients charts was conducted.

Methods: The study was conducted over 3 monthes in 2 medical and 2 surgical "naive" units not previously involved in a nutritional screening program. Newly admitted patients with an hospitalisation time >72 h were included. The following items were collected from medical records: risk factors for malnutrition at admission, availability of criteria for malnutrition: low BMI, % weight loss from usual weight and serum albumin.

Results: In total, 703 patients were included: 366 medical (52%) and 337 surgical patients (48%). The sex-ratio M/F was 0.91, and the mean age 63.7 years. At admission, 82.8% of the patients presented at the at least one risk factor for malnutrition. The average number of risk factors was 1.46 (1.16 to 1.73 in surgery and medicine respectively, $p<0.001$). At least one malnutrition criteria was available in the first 72 hours of hospitalization in 20.9% of medical records (38.1% in medical vs 2.4% in surgical units, $p<0.001$). The most frequently encountered criteria was determination of serum albumin (15.5%) followed by BMI (4.1%) and weight variation (2.9%). However, patients with at least one criteria of evaluation were most at risk of malnutrition: the average number of risk factors for malnutrition at admission was higher in patients evaluated (1.88 versus 1.34, $p<0.001$).

Conclusion: Our results showed that nutritional screening is spontaneously available in only 1 out of 5 hospitalized patients in units before implementation of an education program and that increasing awareness is mandatory. Repeated evaluation in these units after 6 months of education program will be available in summer 2010.

Disclosure of Interest: None declared

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Outstanding abstract

BODY WEIGHT PERCEPTION, EATING BEHAVIOURS AND EATING DISORDERS IN HEALTHCARE STUDENTS A LARGE CROSS-SECTIONAL STUDY IN ROUEN UNIVERSITY (FRANCE)

S. Grigioni^{1,2}, M. Beaucreux¹, J. Ladner³, P. Dechelotte^{1,2}. ¹*Clinical Nutrition Unit*, ²*EA4311-ADEN*, ³*Epidemiology and Public Health Department, Rouen University Hospital, Rouen, France*

Rationale: University period is a key time in the outbreak of eating disorders (ED). Early screening and treatment of ED can improve their prognosis. The aim of this study was to assess body weight perception, eating behaviors and prevalence of ED in a large population of healthcare students.