months, Patient-Generated Subjective Global Assessment (PG-SGA – validated/specific for oncology), nutritional risk by Malnutrition Universal Screening Tool (MUST). Sensitivity, specificity, predictive values, concordance were calculated to validate MUST *vs* PG-SGA & compare single parameters *vs* PG-SGA/MUST.
Results: BMI *vs* PG-SGA showed a negligible capacity to detect undernutrition: 0.27 sensitivity, 0.23 specificity, 0.35% positive predictive value and 0.31% negative predictive value. Conversely, %weight loss *vs* PG-SGA was highly effective: 0.76 sensitivity, 0.85 specificity, 0.79% positive predictive value, 0.85% negative predictive value. MUST *vs* PG-SGA successfully detected patients at risk: 0.80 sensitivity, 0.89 specificity, 0.87% positive predictive value, 1.0% negative predictive value; %weight loss *vs* MUST proved able to identify patients likely to be at risk: 0.85 sensitivity, 0.91 specificity, 0.90% positive predictive value, 1.0% negative predictive value.
Conclusion: These results validate MUST in Oncology: a simple/quick method applicable by any health professional with a high validity for early screening, ideally to antedate a comprehensive nutritional assessment and guide for intervention. Our results indicate %weight loss in the previous 3–6 months as valid to predict nutritional risk, and may be the minimum in a busy routine.

Disclosure of Interest: None declared

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INDIVIDUALS EXPOSED TO A NUTRITIONAL EDUCATION PROGRAM HAVE BETTER QUALITY OF DIET THAN NON-EXPOSED INDIVIDUALS

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Rationale: Nutritional education is supposed to improve people's knowledge about eating habits and can contribute to improve the quality of diet.In this study, we compared the quality of diet of individuals exposed to a nutritional education program and a control group not exposed to the program
Methods: A case-control study of 52 individuals (cases) exposed to a weekly nutritional education program for weight loss and 46 individuals without dietary counseling by a dietitian during the previous six months (controls) was conducted. Food intake was assessed by 2-days of 24-h recalls. Data were converted according to the energy content and groups of the Brazilian Food Pyramid. Nutrients and diet variety were also assessed. The Healthy Eating Index to the Brazilian population (IASad) score, a recently validated tool to evaluate the diet quality was calculated. Diet was classified as *good quality* (more than 100 points), *needs improvement* (from 71 to 100) and *poor diet* (less than 71 points).
Results: Cases did not differ of controls regarding to age (P = 0.56) and BMI (P = 066). Energy intake was lower in cases than controls (1925.8±343.5 vs. 2463.2±642.1 kcal, P < 0.001). The IASad score was higher in individuals exposed to a nutritional education program than those non-exposed (97.0±6.2 vs. 84.2±15.2 p < 0.001). Cases had higher scores for vegetables, fruits, dairy products, cholesterol and the variety of diet and lower scores for oils and sugars as compared to the controls.
Conclusion: Individuals exposed to a nutritional education program had diet with better quality than individuals without previous dietary counseling, represented by higher values of IASad score. The results support the importance of nutritional education for healthy eating promotion.

Disclosure of Interest: None declared

PP327
HOSPITAL FOOD: AN IMPORTANT AND CONTINUOUS CHALLENGE

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Rationale: Hospital malnutrition is correlated to bad outcome. The factors like long hospital stay and food characteristics can improve nutritional intake.
The aim of the present study was to evaluate patients' opinion about offered food during the internship period.
Methods: The 1165 questionnaires were evaluated from July 2009 to February 2010. Satisfaction was evaluated into 5 items: food temperature, dish appearance, food variety, taste, and service of catering. The answers were divided on three categories: over, normal or below expectations.
Results: The factors temperature (71%), dish appearance (61%) and food variety (57.2) were attended and taste and service were over expectations (both=61.1%). The results are presented in the table.

Expectations scale	Temperature	Appearance	Variety	Taste	Service
Below	43 (4.6%)	15 (1.6%)	41 (4.3%)	76 (8.0%)	2 (0.2%)
Normal	667 (70.7%)	577 (61.0%)	541 (57.2%)	292 (30.9%)	366 (38.7%)
Over	234 (24.8%)	354 (37.4%)	364 (38.5%)	578 (61.1%)	578 (61.1%)

Conclusion: In conclusion periodic quality assurance is essential in hospital food preparation and catering service. Results can provide evidence in order to asure continuous improvements of quality of the service and be used as an important tool against hospital malnutrition.

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