

predictor of length of stay, even when corrected for age, gender and BMI and other confounding factors.

References

[1] Günther et al 2008 J Hand Surg AM; 33(4).

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MALNUTRITION RISK VARIES ACCORDING TO NUTRITION INTERVENTION IN CARE HOMES

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Rationale: There is little information about how the prevalence of malnutrition in care homes varies according to the type of nutritional support provided. This study aimed to examine the extent to which malnutrition in residents receiving oral nutritional supplements (ONS) and enteral tube feeding through a percutaneous endoscopic gastrostomy (PEG) differs from the general care home population, and whether dietetic input is provided.

Methods: 1322 residents [mean age 86.7 y (SD 8.7), mean BMI 23.0 kg/m² (SD 5.1)] from 51 care homes (24 nursing, 19 residential, 8 dual registered) participated. Malnutrition was assessed using 'MUST' ('Malnutrition Universal Screening Tool') (1) and related to the use of ONS (in the 4 weeks prior to the survey), PEG feeding, as well as the provision of dietetic input.

Results: 8% of the care home population received ONS and 2% PEG feeding. Those receiving ONS resided predominantly in nursing homes (61%), and to a lesser extent in residential (10%) and dual registered homes (29%). All residents with a PEG resided in nursing homes. Overall 37% of residents were at risk of malnutrition (13% medium risk, 24% high risk) but this varied according to the type of nutritional support provided. Dietetic input was provided to 0.3% of the population. Results according to ONS and PEG are shown in the table.

	ONS	PEG	Other
%malnutrition [†] (medium+high)	85 (14 + 71)	23 (8 + 15)	34 (14 + 20)
% receiving dietetic input	2	8	0

[†]p < 0.0001 (Chi²).

Conclusion: Despite the particularly high prevalence of malnutrition in care home residents who do and do not receive nutritional support, dietetic input in this locality is extremely limited.

References

[1] Elia (2003) The 'MUST' report, BAPEN, Redditch.

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THE DIET QUALITY OF PRIVATE AESTHETICS PATIENTS NEEDS IMPROVEMENT AND IT IS NOT ASSOCIATED TO INDICATORS OF NUTRITIONAL STATUS

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Rationale: The interest in body image and the demand for aesthetic treatments are increasing, as the concern with the diet quality due to the relationship between dietary pattern and nutritional status. This study was aimed to assess the diet quality of patients from private aesthetics clinics and the associations between diet quality and indicators of nutritional status.

Methods: A cross-sectional study with 119 patients from three private aesthetics clinics in Porto Alegre (Brazil). Weight, height and waist circumference (WC) were measured. Body mass index (BMI) was calculated. Food intake was assessed by one 24-h recall. Data were converted according to the energy content and groups of the Brazilian Food Pyramid. Total fat, saturated fat, cholesterol and diet variety were assessed. The Healthy Eating Index to the Brazilian population (IASad) score was calculated and diet classified as *good* (>100 points), *needs improvement* (from 71 to 100) and *poor* (<71 points).

Results: From 119 patients, 90.4% were female. Mean age was 39.1 years old. BMI was 26.2 kg/m² and WC was 80.5±11.3 cm (women) and 99.7±13.7 cm (men). The IASad was 84.6±14.4 points. Diet was classified as poor quality in 15% of patients, good quality in 11.7% and needs improvement in 73.1%. The consumption of all foods groups did not reach the recommendation (P < 0.001). Total fat consumption was not different of the recommendation (P = 0.26). According to WC mean values, IASad was not different between patients with WC higher than the mean and patients with WC bellow the mean (85.7±13.7 vs. 81.7±16.1, P = 0.186). The IASad was not different for patients with BMI >26 kg/m² as compared to those with BMI <26 kg/m² (86.0±11.7 vs. 83.4±16.3, P = 0.32).

Conclusion: Most of private aesthetics clinics patients needs to improve the diet quality. The IASad was not associated to anthropometric parameters.

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GLYCEMIC INDEX AND GLYCEMID LOAD OF PATIENTS FROM AESTHETICS CLINICS: AN ASSOCIATION WITH ANTHROPOMETRIC PARAMETERS

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Rationale: Body image and ideal weight are a big demand for aesthetic treatments. Also, the concern with diet is growing up, particularly with the dietary