

is to identify factors associated with the development of CAI in PN patients with gastrointestinal fistulas.

Methods: Retrospective observational study of 127 patients (age 65.6 ± 15.2 years) admitted in 2008 and 2009 for gastrointestinal fistulas. 50 patients developed CAI (39.4%). CAI was considered as the presence of positive peripheral-blood cultures with the same germ than in the catheter tip culture or simultaneous positive peripheral and central blood cultures. The risk factors studied were age, sex, nutritional status, diabetes mellitus (DM), surgical treatment, number of days with PN and type of venous access. CAI was defined as the number of infected patients per patient-year.

Statistical analysis was done by analysis of variance and non-paired t test. Chi-square or Fischer's exact tests were used to compare frequency distributions across groups. Logistic regression was used to examine the relationship between significant factors and CAI; $p < 0.05$ was considered statistically significant.

Results: We found an increased risk of CAI in relation to age ($p = 0.03$), with a significant increase after age 65 ($p = 0.048$), BMI ($p = 0.031$), DM ($p = 0.05$), duration of PN ($p = 0.05$) and number of venous access ($p = 0.027$). However, no significant association was found between surgery, sex or first venous catheter.

Logistic regression analysis showed an association of CAI with DM ($p = 0.03$) and the number of catheters ($p = 0.003$).

Conclusion: The incidence of CAI in patients with enteric fistulas and PN is 8.9 patient-year. The presence of DM and the number of catheters is associated with an increase of CAI.

Disclosure of Interest: None declared

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OBESITY IS NOT A SIGNIFICANT RISK FACTOR FOR ASTHMA IN A LOW-INCOME POPULATION WITH HIGH ASTHMA PREVALENCE

A.P. Schneider¹, R. Stein², J.G. Zanini³. ¹*Social Medicine: Nutrition, Universidade Federal do Rio Grande do Sul*, ²*Pediatrics, Pontificia Universidade Catolica do Rio Grande do Sul, Porto Alegre, RS*, ³*Nutrition, IPGS – Instituto de Pesquisas, Ensino e Gestao em Saude, Porto Alegre, RS, Brazil*

Rationale: Asthma and obesity are both chronic and prevalent conditions which prevalences are increasing in the last several years. A large and growing body of literature suggests an association between them. To examine the association between obesity as measured by the body mass index (BMI) and asthma.

Methods: A cross-sectional study carried out on 964 children and teenagers between 10 and 16 years old, from a community-based sample in the city of Uruguaiana (state of Rio Grande do Sul, southern Brazil). Asthma was screened applying the International Study of Asthma and Allergies in Childhood (ISAAC) protocol. Current asthma was defined as parent/guardian-reported diagnosis of asthma and wheezing in the last year. Weights and heights were measured and body mass index (BMI) was calculated as $\text{weight}/\text{height}^2$ (kg/m^2). Obese subjects were defined by BMI equal or greater than 85th percentile. Four

groups were identified: obese with asthma ($n = 23$), obese without asthma ($n = 199$), non-obese with asthma ($n = 64$), and non-obese without asthma ($n = 677$). Groups were compared using the Chi-square test. For the risk estimate odds ratio (OR) was calculated using a confidence interval (CI) of 95%.

Results: No significant result were seen for obesity with regards to asthma in those percentiles of obesity over 85 ($p = 0.617$). Odds ratio for $\text{IMC} \geq 85$, current asthma, and no asthma were 0.818 (95% CI 0.49–1.35), 1.2 (95% CI 0.76–1.88), and 0.98 (95% CI 0.93–1.03), respectively.

Conclusion: In this study, we did not identify a higher risk of asthma among obese children compared to the non obese ones.

Disclosure of Interest: None declared

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MALNUTRITION ASSESSED BY BMI AND WEIGHT LOSS CAUSES INCREASED LENGTH OF HOSPITAL STAY – RESULTS OF THE NUTRITIONDAY STUDY

E. Pernicka¹, L. Wilson², P. Bauer¹, K. Schindler¹, O. Ljungqvist³, M. Hiesmayr¹. ¹*Medical University of Vienna, Wien, Austria*; ²*International Longevity Centre, London, United Kingdom*; ³*Karolinska University Hospital Huddinge, Stockholm, Sweden*

Rationale: Length of hospital stay of survivors (LOS) was compared between patients being malnourished assessed by BMI and weight loss and patients not being malnourished.

Methods: The one-day audit nutritionDay in Europe is a multinational cross-sectional study with a follow-up period of 30 days. Participation was open to any clinical unit that registered on the nutritionDay website and requested an anonymous centre and unit code. Malnutrition was objectively defined as $\text{BMI} < 20$ and unintentional weight loss $> 5\%$ in previous three months. For each malnourished patient ("case"), a not malnourished patient ("control") matched for age (± 3 years), sex, country, same affected organs (if several affected organs than also same combination) and censoring (at day 30 of follow-up still in hospital) was searched. For the selected cases and controls, the adjusted cumulative distribution function was computed.

Results: About 30 000 patients took part in the nutritionDay surveys in the years 2006, 2007, 2008 and 2009. Seven percent of the patients were malnourished according to the definition. In total, 1346 pairs of "cases" and "controls" were found. The mean LOS was 15.1 [95% CI: 14.1; 16.0] in "cases" and 12.2 [95% CI: 11.4; 13.0] in "controls" when adjusted for length bias.

Conclusion: In conclusion, LOS was significantly increased for malnourished patients. On average, the LOS was increased by 3 days when adjusted for length bias.

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