in men (coefficient=0.04, 95% CI 0.01, 0.07). Associations between high-fibre bread (coef=1.05, 95% CI 0.11, 1.99), added salt (coef=-1.79, 95% CI -2.90, -0.68) and TICS-m were also observed in men. Cross-sectionally, men who consumed a diet closer to the Australian dietary guidelines, with high-fibre breads and less added salt reported better cognitive function. Future studies should investigate trajectories of dietary change over time as determinants of cognitive function in older age.

CONCORDANCE OF ANTHROPOMETRIC, SELF-REPORTED AND BLOOD MEASURES OF NUTRITIONAL EVALUATION IN ELDERLY

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This study aimed to assess the concordance between some measures often used as nutritional status markers. We used data from elderly (n=1,256) evaluated in the third wave of SABE Study (Health, Well-being, and Aging) conducted in 2010 in Sao Paulo, Brazil. We evaluated nutritional status using the most common measures: Body Mass Index (BMI), hemoglobin and albumin concentrations, calf circumference, score in mini nutritional assessment (MNA) and self-perception of nutritional status (question: "do you consider yourself well-nourished?"). Differences between groups were estimated using x^2 test with Rao-Scott correction, considering populational weights for estimates. The prevalence of Hypoalbuminemia (<3.5g/dL) was 7.9% of low body weight elderly (BMI<22kg/m2), proportion similar to normal weight elderly (6.8%; p=0.652). Anemia was more prevalent in low weight elderly, but the difference was not significant (12.2 and 7.2, respectively; p=0.078). Both anemia (15.9% and 7.5%, p=0.019) and hypoalbuminemia (15.9% and 7.5%, p=0.019; 20.1% and 7.5%, p<0.001) were more prevalent in elderly with calf circumference <31cm in relation to those with values≥31cm. They were also more prevalent in those considered malnourished by MNA comparing with well-nourished (anemia: 14.4 and 5.9%, p=0.011; hypoalbuminemia: 21.6 and 6.0, p=0.002). Hypoalbuminemia was significantly higher in those who self-perceived malnourished (14.9% and 7.5%, p=0.019), but anemia and low calf circumference were not significantly. Thus, nutritional status is a complex part of geriatric evaluation and should count on several measures, including anthropometric, self-perception and blood indicators, to allow a complete understanding of nutritional status, once body weight alone may not reflect it correctly.

SALT CONSUMPTION AND OVERWEIGHT AMONG OLDER ADULTS: DATA FROM NUTRITION UP 65

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A few studies suggested that salt consumption might be related with weight gain. We aimed to quantify salt consumption in a representative sample of Portuguese older adults and to evaluate the association between salt intake and overweight (including obesity).

A cluster sampling approach was used, representing Portuguese older adults (≥65 years) according to age, sex, education level and regional area within the Nutrition UP 65 study. This cross-sectional evaluation was conducted in 2015 and 2016. From a sample size of 1500 participants, 1312 were eligible for the present analysis, 57.3% were women, 23.5% were aged ≥80 years. Salt consumption was evaluated through one 24h urinary sodium excretion and excessive salt consumption was defined as ≥5 g/day, according to the World Health Organization cut-offs. Overweight/obesity was defined as BMI>27 kg/m^2, according to the Nutrition Screening Initiative criteria for older adults. A multivariable binary logistic regression model was conducted to evaluate the association between salt consumption and overweight/obesity, and Odds Ratios (OR) and respective 95% Confidence Intervals (95%CI) were calculated.

Salt consumption ≥5g/day was observed in 85.1% participants [median (interquartile range)=7.9(4.6) g/day], and the prevalence of overweight or obesity was 69.6%. After adjusting for potential confounders, excessive salt consumption (OR=1.48, 95%CI: 1.06–2.17) was associated with being overweight/obese.

These results emphasize the need for implementing nutritional strategies concerning the reduction of salt consumption among this age group, and particularly in the overweight or obese.

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ASSOCIATION OF BODY COMPOSITION AND PHYSICAL FUNCTION WITH VENTILATORY LIMITED OBESE OLDER ADULTS

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We evaluated whether ventilatory limitation during peak cardiopulmonary exercise testing is associated with worse body composition and physical function in healthy older adults with obesity but without chronic pulmonary disease. 177 healthy adults, 65–80 years old, with obesity (BMI=30-45kg/m2) underwent cardiopulmonary exercise testing on a treadmill, body composition measurement using DXA, and physical function assessment. Participants were categorized into 4 groups based on the lower 95% confidence limit for mean VO2peak (17.49ml/kg/min) and the median breathing reserve at peak exercise (BRpeak, 37.2). Those with low VO2peak/low BRpeak were considered to have ventilatory limitation (VL,n=33), normal BRpeak/low VO2peak had non-ventilatory limitation (NVL,n=48), low BRpeak/high VO2peak were healthy obese (HOb,n=55), and normal BRpeak/high VO2peak were fit obese (FOb,n=41). VO2peak was lowest in VL (14.7 ± 1.7ml/kg/min vs 15.5 ± 1.7ml/kg/min vs 20.7 ± 2.6ml/kg/min vs 19.9ml/kg/min) and was associated with lower oxygen pulse (10.3 ± 1.5ml/HR vs 10.8 ± 2.2ml/HR vs 13.3 ± 2.5ml/HR vs 13.6 ± 3.1ml/HR)