

PO41. LOW-FODMAP DIET AND IRRITABLE BOWEL SYNDROME (IBS): THE REINTRODUCTION PHASE

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INTRODUCTION: Irritable Bowel Syndrome (IBS) is a functional gastrointestinal disorder characterized by pain, abdominal distention and motility changes, currently diagnosed based on the Rome IV criteria. The Low-FODMAP Diet (LFD) is a promising strategy to control it and its based on 3 phases.

OBJECTIVES: To determine the effect of FODMAP subtypes reintroduction in IBS-related symptoms.

METHODOLOGY: In a group of patients with significant symptom relief 6 weeks after following FODMAP restriction phase, the sociodemographic data, weight, Body Mass Index (BMI) and IBS subtype were collected. Then, individual FODMAP tolerance was tested by isolated reintroduction of each FODMAP subtypes, weekly, in their diet. Symptoms were recorded using a 10-points frequency scale and the FODMAP intolerance self-perception using a dicotomic "yes" or "no" scale.

RESULTS: The 26 participants (96.2% females), had a mean age of 40.3 years (sd = 2.5) and 46.2% had normal BMI. Regarding IBS subtypes, the most prevalent were IBS with Diarrhea (IBS-D) and Mixed-Type (IBS-M) – 42.3% in both cases. There was a frequency perception of intolerance ranging from 30.8% for fructans to 80.8% for lactose with the reintroduction of the FODMAP subtypes.

The reintroduction of lactose, sorbitol and galactans caused a significant increase in the frequency of diarrhea, flatulence, abdominal pain and distension (p ranging from < 0.001 to 0.044). Fructose lead to a significant increase in the frequency of flatulence and abdominal pain (p = 0.038), whereas mannitol only significantly worsened flatulence (p = 0.005). On the other hand, fructans reintroduction did not trigger significant increases in any of the symptoms (p > 0.05). Additionally, constipation was the only symptom that did not change significantly with FODMAP subgroup reintroduction (p > 0.05).

CONCLUSIONS: All FODMAP subtypes reintroduction appears to be implicated in overall IBS-symptoms aggravation, except for constipation, with lactose, sorbitol and galactans being the ones with trigger it the most.

PO42. REPRODUCIBILITY AND VALIDITY OF THE MEDITERRANEAN DIET QUALITY INDEX (KIDMED INDEX) IN A SAMPLE OF PORTUGUESE ADOLESCENTS

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INTRODUCTION: The KIDMED Index is frequently used to evaluate adherence to the Mediterranean Dietary Pattern (MDP) among children, adolescents, and young adults (2-24 years old), through 16 questions with the associated total score ranging from -4 to 12, allowing the classification of the adherence to the MDP as low (≤3 points), moderate (4–7 points) and high (≥8 points). However, in the authors' best knowledge, the psychometric properties of this index had

not yet been investigated in Portugal.

OBJECTIVES: The main purpose of this study was to investigate the reproducibility and the validity of the KIDMED Index in a sample of 185 Portuguese adolescents (10-19 years old).

METHODOLOGY: The data was collected via a stratified one-stage cluster sampling. The reproducibility was tested by comparing the application of the KIDMED Index at two different times (2-week interval), using McNemar-Bowker test and Kappa statistics. The validity was explored by comparing the results obtained by the KIDMED Index and by the average of 3-days Dietary-Record (DR), using Spearman's correlation coefficient and Kappa statistics.

RESULTS: There was moderate agreement (kw = 0.591, 95%CI = 0.485-0.696) and no significant change (p-value = 0.201) in the KIDMED Index classification between test-retest. There was weak correlation (p = 0.317; p-value < 0.001) and slight agreement (kw = 0.167, 95%CI = 0.071-0.262) between the KIDMED Index classification and the 3-days DR-derived KIDMED Index classification; and moderate correlation (p = 0.423; p-value < 0.001) and fair agreement (kw = 0.344, 95%CI = 0.202-0.486) between the terciles of the KIDMED Index score and the terciles of the Mediterranean Adequacy Index score (calculated from 3-days DR).

CONCLUSIONS: The Portuguese version of the KIDMED Index is an instrument with an acceptable reproducibility and validity for assessing adherence to the MDP among adolescents.

PO43. ON THE POSSIBILITY OF ESTIMATING THE COSTS OF DIETS FROM POPULATION SURVEY DATA THAT DO NOT PROVIDE DIRECT INFORMATION ON PRICES

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INTRODUCTION: Evidence indicates that dietary costs are major socioeconomic determinants of food choice and consumption, representing an important link in the causal path between socioeconomic status and diet quality. Thus, the absence of information on prices in population surveys may hinder the estimation of diet costs. In Brazil, it is possible to carry out these estimates using data on prices from the Brazilian Household Budget Survey ("Pesquisa de Orçamentos Familiares" - POF).

OBJECTIVES: To present extraction and linkage of food prices data from the POF (2002-2003 and 2008-2009), using pairing of household profiles from the ISA-Capital surveys (2003, 2008 and 2015).

METHODOLOGY: Data on food prices and household characteristics from POF were selected, and pairing criteria were defined to perform the linkage with health and nutrition survey database, named ISA-Capital.

RESULTS: Variables selected to perform the linkage between data were year, family income *per capita*, number of residents and family age profile, representing a high proportion of matching between datasets, about 94% (2003), 93% (2008) and 81% (2015). Analysis of costs of diets per gram and per calorie, considering cooking and conversion factors and price deflators based on the Broad Consumer Price Index (IPCA) were fundamental for accurate estimates and data comparability between periods. Conversion of monetary values to international units in purchasing power parity (PPP) was also carried out.

CONCLUSIONS: Conducting studies with estimates of the cost of food and prices of food items/groups, using pairing and linkage of information from the POF-IBGE is an alternative that enables researchers to conduct studies on dietary quality and food demand and/or food consumption.