CONCLUSIONS: Our results strengthen the importance of diet during pregnancy for women's health, namely the use of olive oil as the main source of dietary fat to enhance cardiac mass recovery postpartum. This study further reinforces the Mediterranean Diet as a beneficial lifestyle choice. Further studies should validate these findings.

CO11. mNUTRIC SCORE E MORTALIDADE: HAVERÁ RELAÇÃO?

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INTRODUÇÃO: A rápida deterioração do estado nutricional (EN) no doente crítico (DC) exige a implementação de um sistema de rastreio e monitorização precoce do EN, permitindo uma intervenção nutricional atempada, minimizando o impacto da desnutrição no desfecho clínico destes doentes.

OBJETIVOS: Determinar qual a relação entre o resultado da ferramenta de rastreio nutricional *Modified Nutrition Risk in Critically Ill Score* (mNUTRIC Score) e o *outcome* clínico em UCI.

METODOLOGIA: Estudo observacional prospetivo realizado numa UCI polivalente do CHUSJ, englobando 55 doentes com idade igual ou superior a 18 anos. O mNUTRIC Score, única ferramenta de rastreio nutricional validada para UCI, foi aplicada nas primeiras 48 horas após admissão do DC na UCI e recolhidos todos os parâmetros clínicos necessários ao seu preenchimento. Foram ainda recolhidos dados sociodemográficos, antropométricos e calculado o Índice de Massa Corporal (IMC) dos participantes.

RESULTADOS: Amostra composta por 54,5% (30) indivíduos do sexo masculino e 45,5% (25) indivíduos do sexo feminino, com idades compreendidas entre os 18 anos e os 89 anos (64±20 anos). Observou-se a prevalência de excesso de peso em 34,5% indivíduos, obesidade em 12,7% e por fim, 1,8% dos indivíduos apresentava baixo peso.

Critérios de gravidade: xx% segundo SOFA e xx% APACHE.

Do ponto de vista da avaliação do risco nutricional o mNUTRIC Score mostrou a prevalência de 23,6% de indivíduos em risco. Adicionalmente, este score apresentou correlação com a taxa de mortalidade (rs= 0,282; p = 0,043). No entanto, após efetuar a análise estatística de estimativa de risco, verificou-se que o valor obtido não teve significado estatístico ((IC95% = [0,056; 1,009]).

CONCLUSÕES: Embora diversos estudos identifiquem o mNUTRIC Score como um bom preditor de mortalidade aos 28 dias, os resultados deste trabalho não permitem considerar esta ferramenta de rastreio como um instrumento preditor de mortalidade.

CO12. RISK OF UNDERNUTRITION IN A CROSS-SECTIONAL MULTICENTRE SAMPLE OF AMBULATORY CHRONIC HEART FAILURE PATIENTS

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INTRODUCTION: Undernutrition is commonly prevalent in patients with Heart Failure (HF) and is associated with adverse outcomes, but few data exist. Older HF patients are more prone to undernutrition, which has a major influence on worse quality of life and increased mortality.

OBJECTIVES: To characterise undernutrition risk and its association with clinical and nutritional status in a sample of Portuguese ambulatory HF patients.

METHODOLOGY: Within the NUTRIC study, a multicentre sample of ambulatory HF patients was consecutively selected. Undernutrition risk was assessed using the Mini Nutritional Assessment-Short Form for patients aged ≥65 years old, and the Malnutrition Universal Screening Tool score for all other adults. Body mass index (BMI) was calculated. Mid-upper arm muscle circumference (MUAC) was calculated from the arm circumference and tricipital skinfold. Associations between clinical and nutritional status and the risk of undernutrition was assessed using logistic regression models, further adjusted for gender, age, type 2 diabetes (T2D) and for HF phenotype.

RESULTS: This study included 197 participants (47.5% women, 70.8±12.7 years old, BMI=29.3±5.9 kg.m-2), 37.6%, 22.0% and 40.3% with HF with preserved, mildly reduced or reduced ejection fraction, respectively, and 33.0% were at medium or high risk of undernutrition, which affected mainly women (63.1% *vs*. men at 36.9%, p<0.001). In multivariable analysis, being a woman was associated with risk of undernutrition (OR=2.68, 95%CI=1.26-5.68). For every cm increase in MUAC, the odds of having undernutrition risk decreased by 16% (OR=0.84, 95%CI=0.74-0.95). T2D was associated with a reduced odds of being undernourished (OR=0.48, 95%CI=0.23-0.98). Age, HF phenotype and congestive status were not associated with undernutrition in this sample.

CONCLUSIONS: Two thirds of the women versus one third of the men in this sample were at risk of undernutrition. This gender inequality should be taken in consideration regarding assessment of clinical status, intervention and monitoring in these HF patients.

ACKNOWLEDGEMENTS: This work is financed by national funds through Fundação para a Ciência e a Tecnologia, I.P. (FCT), within the scope of the project "RISE" [reference LA/P/0053/2020], and through the European Regional Development Fund (ERDF), within the North Regional Operational Program (NORTE 2020), in the framework of the project "HEALTH-UNORTE: Setting-up biobanks and regenerative medicine strategies to boost research in cardiovascular, musculoskeletal, neurological, oncological, immunological and infectious diseases" [reference NORTE-01-0145-FEDER-000039]. MCR is a receiver of a doctoral grant by FCT [reference 2023.01790.BD].

CO13. APORTE NUTRICIONAL DE DOENTES COM EPILEPSIA: ANÁLISE COMPARATIVA ENTRE INGESTÃO E RECOMENDAÇÕES NUTRICIONAIS

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INTRODUÇÃO: O doente epilético possui um particular risco de défices nutricionais, dadas as alterações no movimento e/ou função corporal, estado de consciência e/ou comportamento, provocadas pelas crises epiléticas, bem como efeitos colaterais organoléticos, modificações no metabolismo e/ou absorção de micronutrientes advenientes dos fármacos antiepiléticos. Atualmente, os dados

existentes sobre o aporte nutricional deste grupo de indivíduos são escassos, tornando-se essencial a sua avaliação e caracterização da adequação, de forma a planear e desenvolver intervenções nutricionais precoces e orientadas às necessidades específicas deste grupo populacional.

OBJETIVOS: Avaliar e quantificar a ingestão nutricional de doentes adultos epiléticos e sua adequação face às recomendações vigentes.

METODOLOGIA: Estudo observacional descritivo realizado entre 09/2022 e 01/2023 em doentes com epilepsia seguidos em consulta externa no Centro Hospitalar Universitário de São João. Foram medidos peso e altura, com consequente classificação do Índice de Massa Corporal (IMC) e aplicado o Questionário de Frequência Alimentar (QFA) semi-quantitativo validado para a população adulta portuguesa.

RESULTADOS: Amostra de 84 doentes (56% homens), com idade média de 43 anos (DP=15). A prevalência de baixo peso foi de 6,0% e quase metade da amostra (47,7%) tinha excesso de peso. Verificaram-se diferenças significativas entre a ingestão e as recomendações nos seguintes micronutrientes, em ambos os sexos: biotina [homens (H): 9,5 mcg/dia, p<0,001| mulheres (M): 10,1 mcg/dia, p<0,001; com 98,8% de inadequação face aos valores referência]; vitamina D [(H): 4,7 mcg/dia, p<0,001| (M): 6,7 mcg/dia, p<0,001, com 98,8% de inadequação]; vitamina K [(H): 16,2 mcg/dia, p<0,001| (M): 17,8 mcg/dia, p<0,001, com 100% de inadequação]; iodo [(H): 71,6 mcg/dia, p<0,001| (M): 68,9 mcg/dia, p<0,001, com 88,1% de inadequação] e sódio [(H): 3,8 g/dia, p<0,001| (M): 4,2 g/dia, p<0,001, com 86,9% acima do valor de ingestão adequada].

CONCLUSÕES: Verificou-se uma elevada inadequação no aporte de vitamina D, vitamina K, biotina, iodo e sódio em doentes epiléticos.

or more of the following criteria: weakness; slowness; exhaustion and fatigue; low physical activity, and unintentional weight loss. Individuals with one or two of these criteria were classified as prefrail. New York Heart Association (NYHA) functional class was registered. Ordinal regression models were computed with three categories of frailty as dependent variable: robust, prefrail and frail (reference category). The model included NYHA class and sex, age, body mass index and comorbidities as covariables. Results are expressed as cumulative odds ratio (OR) and respective 95% confidence intervals (CI).

RESULTS: A total of 207 ambulatory HF patients (44.4% women, 71±12.47 years old) were included. Pre-frailty and frailty accounted for 65.7% and 30.0% of the sample, respectively. A total of 28.1%, 56.8% and 15.1% were in NYHA class I, II and III, correspondingly. In relation to NYHA III patients, the odds of having higher frailty classification decreased by 72% in NYHA II participants (OR=0.28; 95%CI=0.11-0.74), and by 87% in NYHA I patients (OR=0.13; 95%CI=0.04-0.41).

CONCLUSIONS: NYHA functional class seems to be an important predictor of frailty in ambulatory HF patients: the worse the class, the higher the likelihood of being prefrail or frail. Functional classification should be considered during the intervention plan to allow reversing or modifying frailty.

ACKNOWLEDGEMENTS: MCR is a receiver of a doctoral grant funded by the Foundation for Science and Technology I.P. (FCT) (reference 2023. 01790.BD). This work was undertaken within the NUTRIC: "nutrition and functional status in heart failure" project. The NUTRIC project is a branch of the project "HEALTH-UNORTE, financed by the European Regional Development Fund, within the North Regional Operational Program [reference NORTE-01-0145-FEDER-000039].

CO14. PHYSICAL FRAILTY AND ITS ASSOCIATION WITH CLINICAL STATUS IN A MULTICENTRE CROSS-SECTIONAL STUDY OF PORTUGUESE AMBULATORY HEART FAILURE PATIENTS: FINDINGS FROM THE NUTRIC PROJECT

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INTRODUCTION: Frailty phenotype is very common in heart failure (HF) patients and forecast worse clinical outcomes, such as readmission, length of stay in hospital and/or mortality. Nonetheless, data concerning the frequency of this syndrome, and its association with clinical status in Portuguese HF patients are lacking.

OBJECTIVES: To describe the association between frailty and clinical status in HF patients.

METHODOLOGY: Data from the NUTRIC project for this cross-sectional multicentre study included a sample of ambulatory HF patients recruited from three hospital centres. Frailty was assessed according to Fried *et al*. by the presence of three

CO15. ASSOCIATION OF HANDGRIP STRENGTH WITH NYHA FUNCTIONAL CLASSIFICATION IN A MULTICENTRE CROSS-SECTIONAL STUDY OF PORTUGUESE AMBULATORY HEART FAILURE PATIENTS: FINDINGS FROM THE NUTRIC PROJECT

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INTRODUCTION: Low handgrip strength (HGS) is associated with poor clinical outcomes in heart failure (HF). Notwithstanding, all the relevant developments concerning the predictive significance of HGS in HF, studies concerning the association of this muscle strength biomarker with clinical status in HF remain scarce.

OBJECTIVES: This study aims to describe the association between HGS and NYHA functional class in ambulatory HF patients.

METHODOLOGY: Data from the NUTRIC project for this cross-sectional multicentre study included a sample of ambulatory HF patients recruited from three hospital centres. HGS was measured with the GripWise dynamometer. Low HGS was

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