

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 [(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 referencial]; 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,  $71\pm12.47$  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.

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## 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