

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 ± 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.

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CO14. PHYSICAL FRAILITY 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

categorised as <16 kgF in women and <27 kgF in men according to the revised European Working Group on Sarcopenia in Older People consensus. New York Heart Association (NYHA) functional classes were registered. Ordinal regression models were computed with three categories of NYHA as dependent variable: NYHA I, NYHA II, and NYHA III (reference category). The model included sex, age, comorbidities (diabetes, dyslipidaemia, hypertension), incidental stroke, congestion, and atrial fibrillation as independent variables. The results are expressed as cumulative odds ratio (OR) and respective 95% confidence intervals (CI).

RESULTS: Data from 207 ambulatory HF patients were analysed (44.4% women, 71±12 years old). 74.4% of the women and 68.5% of the men presented low HGS values. Mean HGS was 19.1±8.4 kgF, (men: 23.7±8.0 kgF; women: 13.3±12.9 kgF, $p<0.001$). A total of 28.1%, 56.8% and 15.1% were in NYHA class I, II and III, respectively. For every 1 kgF increase in HGS, the likelihood of being allocated in a higher NYHA class decreased by 8% (OR=0.92; 95%CI=0.86, 0.98).

CONCLUSIONS: In this study, higher HGS was associated with better NYHA functional class in ambulatory HF patients. Further investigations regarding the possible prognostic importance of HGS in these patients are warranted.

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CO16. THE SARC-F QUESTIONNAIRE SEVERELY MISSCLASSIFIES THE RISK OF SARCOPENIA IN A MULTICENTRE SAMPLE OF AMBULATORY HEART FAILURE PATIENTS

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INTRODUCTION: Sarcopenia is very prevalent in heart failure (HF) and portends worst prognosis. The SARC-F questionnaire, a screening instrument for assessing the risk of sarcopenia, has low sensitivity and high specificity in hospitalised HF patients, but its performance was never tested in ambulatory HF settings.

OBJECTIVES: To study the agreement and validity of the SARC-F questionnaire against diagnosed sarcopenia, and each sarcopenia criteria, in a sample of ambulatory HF patients.

METHODOLOGY: This cross-sectional multicentre study consecutively sampled ambulatory HF patients in three tertiary hospitals. Sarcopenia was screened with SARC-F and diagnosed using the revised European Working Group on Sarcopenia in Older People consensus (EWGSOP2). Hand grip strength (HGS) was measured using a GripWise dynamometer. Muscle mass (MM) was estimated using calf-circumference and mid-upper arm muscle circumference. Gait speed

(GS) was measured. Agreement was calculated using quadratic-weighted Kappa (K) estimations with 95% confidence intervals (95%CI). Validity tests would be performed whenever the agreement was $K \geq 0.60$.

RESULTS: A total of 216 HF outpatients were included (45.4% women, 71.0±12.6 years old). The left ventricle ejection fraction was reduced, mildly reduced and preserved in 42.4%, 21.2%, and 36.5% of patients, respectively. SARC-F attributed risk of sarcopenia to 33.3%, 11.9% were diagnosed with sarcopenia, 71.1% had low HGS, 13.1% had low muscle mass and 46.8% had low gait speed. Agreement between SARC-F and sarcopenia ($K=0.06$; 95%CI=0.0-0.16), low HGS ($K=0.17$; 95%CI=0.09-0.25), low MM ($K=0.04$; 95%CI=0.0-0.14), and low GS ($K=0.39$; 95%CI=0.29-0.48), was consistently very low, hence, validity tests were not performed.

CONCLUSIONS: The SARC-F questionnaire was inadequate to screen for sarcopenia among these outpatients with chronic HF. Instead, HGS <16 kgF in women and <27 kgF in men, should be used to identify probable sarcopenia according to EWGSOP2 in ambulatory settings and to start immediate intervention.

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CO17. WHICH FREE FAT MASS BIOIMPEDANCE REGRESSION EQUATION BETTER ESTIMATES DXA-DERIVED LEAN BODY MASS IN A SAMPLE OF HEALTHY COMMUNITY-DWELLING PORTUGUESE INDIVIDUALS?

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INTRODUCTION: Bioelectric impedance analysis (BIA) relies on regression equations to estimate fat free mass (FFM), and while equations for older adults and/or hospitalised individuals are widely used in research and clinical settings, the most appropriate equations for estimating FFM of Portuguese community-dwelling healthy adults are not described in the literature.

OBJECTIVES: To identify the existing BIA regression equations that better estimate FFM in a healthy, community-dwelling sample of Portuguese adults, using dual energy x-ray absorptiometry (DXA)-derived total lean body mass (LBM) as reference.