

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

Rui Valdivieso^{1,2}; Micaela Cunha-Rodrigues^{1,3}; Mónica Rodrigues¹; Adriana Souza¹; Bruna B Rosa¹; Maria Luisa Lucena¹; Tânia Silva-Santos²; Rui Baptista^{4,5}; Amélia Teixeira⁶; Irene Marques⁷⁻¹⁰; Teresa F Amaral^{1,3}; Nuno Borges^{1,2}

¹ Faculty of Nutrition and Food Sciences of the University of Porto

² CINTESIS@RISE, MEDCIDS, Faculty of Medicine of the University of Porto

³ INEGI – Institute of Science and Innovation in Mechanical and Industrial Engineering, LAETA - Associate Laboratory for Energy, Transports and Aerospace

⁴ Faculty of Medicine of the University of Coimbra

⁵ Cardiology Department of Unidade Local de Saúde de Entre Douro e Vouga

⁶ Serviço de Saúde da Região Autónoma da Madeira, EPERAM

⁷ Department of Internal Medicine of the Unidade Local de Saúde de Santo António

⁸ UMB - Unit for Multidisciplinary Research in Biomedicine, ICBAS - School of Medicine and Biomedical Sciences of the University of Porto

⁹ ITR - Laboratory for Integrative and Translational Research in Population Health

¹⁰ CAC ICBAS-CHP - Centro Académico Clínico do Instituto de Ciências Biomédicas Abel Salazar - Unidade Local de Saúde Santo António

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?

Rui Valdivieso^{1,2}; Micaela Cunha-Rodrigues^{1,3}; Rita Guerra^{3,5}; Ana Sofia Sousa^{4,6}; Joana Mendes^{4,5}; Ana Rita Sousa-Santos⁷⁻⁹; Mónica Rodrigues¹; Bruna B Rosa¹; Maria Luisa Lucena¹; Adriana Souza¹; Tânia Silva-Santos²; Cláudia Silva^{4,5}; Teresa F Amaral^{1,3}; Nuno Borges^{1,2}

¹ Faculty of Nutrition and Food Sciences of the University of Porto

² CINTESIS@RISE, MEDCIDS, Faculty of Medicine of the University of Porto

³ INEGI – Institute of Science and Innovation in Mechanical and Industrial Engineering, LAETA - Associate Laboratory for Energy, Transports and Aerospace

⁴ FP-Í3ID, FP-BHS, Faculty of Health Sciences of the University Fernando Pessoa

⁵ RISE-UFP, Rede de Investigação em Saúde of the Universidade Fernando Pessoa

⁶ Center for Innovative Care and Health Technology (ciTechcare) of the Polytechnic of Leiria

⁷ University Institute of Health Sciences (IUCS - CESPU)

⁸ Associate Laboratory i4HB - Institute for Health and Bioeconomy of the University Institute of Health Sciences - CESPU

⁹ UCIBIO - Applied Molecular Biosciences Unit, Forensics and Biomedical Sciences Research Laboratory of the University Institute of Health Sciences (1H-TOXRUN, IUCS-CESPU)

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.