ge: 76.6±7.9 years) without VitD supplement use. l status using MNA, body composition, VitD levels, function and functional status were assessed. We d 25(OH) D3 inadequacy when concentration was and severe deficiency when 25(OH) D3 concentra- <10 ng/mL.
Thirty three (66.0%) were classified as undernour- NA ⩽17), 17 (34.0%) were classified as at risk nutrition (MNA score 17.1–23.4) and none was as normal. Mean serum 25(OH) D3 levels were ng/mL and 14.9±7.2 ng/mL, respectively. Among nished patients, 5 (15.2%) had severe 25(OH) D3 (<10 ng/mL), 26 (78.8%) insufficiency (<30 ng/mL) 0%) normal levels. From patients at undernutrition 3.5%) were classified severe 25(OH) D3 deficiency L), 12 (70.6%) insufficiency (<30 ng/mL) and 1 (5.9%) 30 ng/mL).
n: We found 76% of patients showing insufficient (OH) D3 levels and 18% with severe 25(OH) D3 . These results confirm a high frequency of hypovi- D and highlights the relevance of measuring VitD a part of nutritional status assessment in moderate 's disease patients.

of Interest: None Declared

ON
UENCES OF OBSTRUCTIVE JAUNDICE ON PEYER'S MPHOCYTE NUMBERS AND SUBPOPULATIONS IN

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e: Obstructive jaundice (OJ) has been demonstrated e of the major causes of postoperative infectious tions. OJ results in release of pro-inflammatory s, impairs the enterohepatic circulation and induces translocation, which play key roles in infectious tions. One reason for these phenomena in jaundiced is loss of intestinal mucosa barrier function. Although ed changes in gut morphology and permeability have monstrated, the influence of OJ on Gut Associated d Tissue (GALT), the center of mucosal immunity, is understood. This study was designed to examine the OJ on Peyer's patches (PPs), inductive sites of GALT, on lymphocyte cell numbers and subpopulations in of mice.
: Twenty-four male ICR mice were randomized to two Control (n = 10) and OJ (n = 14). In the Control group, a parotomy was performed, while in the OJ group, the bile ducts were ligated with 5–0 silk. On day 7, after e small intestine had been harvested, lymphocytes were isolated and counted. Their phenotypes were with flowcytometry (CD4, CD8, αβTCR, γδTCR, B220). Ligation of the bile duct resulted in significant body oss as compared with the Control. Total lymphocyte in PPs were significantly lower in the OJ than Control group. The percentage of B220 positive lymphocytes was also significantly lower in the OJ than in the Control group.

	Body weight change (g/body)	Lymphocyte numbers in PPs ($\times 10^6$/body)	Percentage of CD4+/CD8+ (%)	Percentage of αβ+/γδ+ (%)	Percentage of B220+ (%)
Control	1.1±0.67†	22.5±3.0	8.9±2.0/0.7±0.3	7.0±1.2/1.0±0.5	34.5±0.9†
OJ	-8.9±0.84	13.7±2.9	7.8±0.8/1.2±0.3	4.3±0.6/0.7±0.3	6.88±2.3

Conclusion: OJ decreased body weight and lymphocyte cell numbers in PPs. The present data suggest OJ to impair mucosal immunity, making patients more susceptible to bacterial infection.

Disclosure of Interest: None Declared

LB009-MON
PARENTAL PERCEPTION AND ACTUAL WEIGHT STATUS OF THEIR OFFSPRING

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Rationale: It was our goal to study the parents awareness of their offspring bodyweight.
Methods: All students that attended the 5th grade at the Group of Schools in Chaves were evaluated. Body weight was measured by a calibrated scale and height with a stadiometer. It was delivered a questionnaire to the children parents about their children weight status, health beliefs, family habits, anthropometric data and weight perception. Children weight status was classified according to the CDC growth chart curves. Statistical analysis was performed using SPSS v. 17.0. Kolmogorov–Smirnov test was used to ascertain normal distribution. Two tailed t-test was used to evaluate the correlation between parent's and children weight
Results: 192 children, mean age 10.83±0.84 years, were evaluated. Mean weight was 41.63±9.87 kg, mean height 146.60±7.53 cm. We observed that 12.57% of the children were obese, 20.42% overweight, 11.52% at risk of overweight, 51.83% had normal weight and 3.66% had low body weight. 68.75% of the parents referred that their offspring weight was normal and 63.9% answered that in their family aggregate and close relatives didn't have any weight problem. 80% of the parents of the overweight children group believed that their offspring weight was normal although 75% of the parents of obese children group recognized that the later had a weight problem. We verified a very negligible positive correlation between the father's weight and their offspring weight ($r = 0.169$, $p = 0.045$) and a moderate positive correlation between mother's weight and offspring weight ($r = 0.319$, $p < 0.0001$).
Conclusion: We conclude that most of the parents don't recognize that their children are overweight or even the existence of that problem in themselves or close family. Although when the weight problem scales to obesity most parents manages to recognize that their children have excess weight.

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