

CO1. ASSOCIATION BETWEEN 24H URINARY SODIUM EXCRETION AND OBESITY INDICATORS

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INTRODUCTION: Both excessive sodium intake and obesity are risk factors for cardiovascular diseases. Some studies have suggested that high-sodium diet may be associated with obesity.

OBJECTIVES: To analyze the association between 24-h urinary sodium excretion, as a proxy for sodium intake, and waist circumference (WC), body fat (BF) percentage and body mass index (BMI) in university workers.

METHODOLOGY: Our sample of subjects is a subsample iMC Salt project. This subsample had 81 subjects (60.5% women, mean age 48±9,5 years). Sodium excretion were measured by one 24-h urinary collection, validated by creatinine excretion (n=60). For weight and BF, WC and height measurements, we used a digital scale (Tanita MC180MA), a tape measure (Seca 201) and a portable stadiometer (Seca 213), respectively. The BMI was calculated using the formula weight kg/(height m)².

RESULTS AND CONCLUSIONS: The average WC was 95,4±10,2 cm for men and 80,2±10,5 cm for women (p<0,001). The average BF was 22,6±5,4% for men and 29,8±6,7 % for women (p<0,001), and the mean BMI was 27,4±3,9 kg/m² for men and 25,3±4,0 kg/m² for women (p=0,019). The average sodium excretion was 3922 ± 1386 mg/day (9,8 ± 3,5 g salt/day) for men and 2463 ± 993 mg/day (6,2 ± 2,5 g salt/day) for women (p<0,001). After adjustment for sex and age, urinary sodium excretion was positively associated with WC (B=0,003, p=0,005, R²=0,51) and BMI (B=0,001, p=0,010, R²=0,22). Subjects with a sodium excretion above 2000 mg/d had significantly higher WC (p = 0,002) and BMI (p = 0,030) than individuals who had sodium excretion according to the recommendations. These results suggest that sodium intake is positively associated with obesity indicators, especially in WC and BMI.

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CO2. COEXISTENCE OF UNDERNUTRITION WITH SARCOPENIA, FRAILTY RISK AND OBESITY IN HOSPITALIZED PATIENTS – INSTAM STUDY

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INTRODUCTION: There is evidence that undernutrition, sarcopenia, frailty, and obesity are prevalent among hospitalized patients. However, only the screen for undernutrition is mandatory and the other nutritional dysfunctions could go unnoticed. Data on their coexistence in the hospital setting is lacking and would be helpful to inform about the need for a separate screening.

OBJECTIVES: The aim of this work is to evaluate the coexistence of undernutrition with sarcopenia, frailty risk and obesity in hospitalized individuals.

METHODOLOGY: 245 patients, with age ≥18 years, from the Internal Medicine Department of Hospital do Conde de Bertiandos (Unidade Local de Saúde do Alto Minho) were included in this cross-sectional analysis. Nutritional status was evaluated using Nutritional Risk Screening (NRS) 2002. Sarcopenia was identified using the 2018 European Working Group on Sarcopenia on Older People (EWGSOP) definition, and frailty risk using the FRAIL scale. Obesity was evaluated using the body mass index (kg/m²), according to the World Health Organization criteria. The coexistence between undernutrition and sarcopenia, frailty risk and obesity was evaluated.

RESULTS: According to NRS 2002, undernutrition was identified in 55.9% (n=137) of the sample. Furthermore, the co-occurrence of undernutrition with one or two of the other conditions evaluated was 29.8% (n=73) and 13.9% (n=34), respectively. None of the patients was identified with all four conditions. Undernutrition coexisted in a higher proportion with frailty risk 27.3% (n=67), followed by sarcopenia in 43 individuals (17.6%). The double burden of malnutrition was identified in 31 individuals (12.7%).

CONCLUSIONS: More than half of the individuals evaluated were undernourished. In the hospital setting, undernutrition was often accompanied by the presence of at least one of the other conditions evaluated. This data suggests that besides screening undernutrition and diagnosing obesity, it will be necessary to screen for frailty and sarcopenia in the clinical practice.

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CO3. PREVALENCE AND INCIDENCE OF METABOLIC SYNDROME IN PORTUGUESE PATIENTS WITH PHENYLKETONURIA: THE 10 YEAR-LONGITUDINAL TNSPKU STUDY

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