momentos, permitindo que, com a estimativa obtida pela pesagem e a análise das imagens, fosse aplicada uma escala para quantificar a comida ingerida e desperdiçada, designadamente: "Tudo", ¾, ½, ¼ ou "Nada".

RESULTADOS: O estudo comparou a avaliação da ingestão alimentar e do desperdício alimentar por observação do registo fotográfico e pesagem, não tendo sido encontradas diferenças estatisticamente significativas entre os métodos, para a ingestão (*p-value* = 0,133) e para o desperdício (*p-value* = 0,232).

CONCLUSÕES: O método de registo fotográfico que apresenta vantagens na redução do tempo de recolha e na qualidade de dados demonstra validade e precisão para avaliar a ingestão e o desperdício alimentar em pacientes hospitalizados, comparativamente com o método tradicional de pesagem.

PO65. EXPLORATORY ANALYSIS ON THE ASSOCIATION BETWEEN MAXIMUM HANDGRIP STRENGTH AND NOVEL FORCE-TIME CURVE INDICATORS WITH GAIT SPEED IN COMMUNITY-DWELLING INDIVIDUALS AND HEART FAILURE OUTPATIENTS

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INTRODUCTION: Maximum handgrip strength (mHGS) is a well-established indicator of physical function and nutritional status, but emerging HGS force-time curve indicators may provide additional insights. However, their performance remains unexplored.

OBJECTIVES: To compare the association between novel HGS indicators and mHGS with gait speed (GS) in both a community sample and heart failure (HF) outpatients.

METHODOLOGY: Two cross-sectional studies were carried out (community-dwellers and multicentre study involving HF outpatients). mHGS and HGS force-time curve were gathered with Gripwise dynamometer. GS (time to walk 4.6m), mHGS, HGS area under the curve (AUC), pre peak AUC, and post-peak AUC were computed. Multiple linear regression models, adjusted for sex, age, height and clinical variables, were conducted to explore the associations between mHGS and HGS indicators with GS. Results are presented as adjusted R^2, standardised coefficients, and 95% confidence intervals (R^2; β [95% CI]), for comparing quartile 4 vs. quartile 1 of mHGS and HGS indicators.

RESULTS: A total of 207 HF outpatients (44% women, 71±12.47y) and 621 community dwellers (67% women, 40±15.74y) were included. Mean mHGS (kgf) was 13.3±12.9 and 23.7±8.0, p<.001, respectively for women and men with HF; and 23.5±5.1 and 39.5±8.1, p<.001 for community women and men. In the HF sample, novel HGS indicators, specifically the AUC (R2=0.42; 0.28 [0.16-0.40]), and the post-peak AUC (R2=0.40; 0.26 [0.14-0.38]), were more strongly associated with GS than mHGS (R2=0.37; 0.19 [0.07-0.32]). In the community sample, only the AUC (R2=0.01; 0.09 [0.01-0.18]) was associated with GS. No associations were found for the pre-peak AUC.

CONCLUSIONS: This study is pioneering in demonstrating that novel HGS indicators better predict functional status in HF outpatients than mHGS, while the association was less pronounced in community-dwellers with higher strength levels. Such profile-based measures may be particularly useful in individuals with reduced strength.

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PO66. BODY FAT ESTIMATES BY ANTHROPOMETRY IN COMPARISON WITH THE DUAL-ENERGY X-RAY ABSORPTIOMETRY: A CROSS-SECTIONAL STUDY IN COMMUNITY ADULTS FROM THE NUTRIFUNCTION PROJECT

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INTRODUCTION: The multiplicity of anthropometric regression equations for predicting percentage body fat (%BF) and heterogeneous findings hinder its use.

OBJECTIVES: To compare the estimates of %BF from three different anthropometric equations with DXA, in community adults.

METHODOLOGY: A cross-sectional study was conducted between October/2023 and January/2025 in community adults. Trained enquirers collected information on sex, age, weight, stature, triceps skinfold thickness and waist circumference.