influência significativa nos utentes com DCV.

**CONCLUSÕES:** Devem adotar-se medidas preventivas que deverão incidir principalmente nos grupos de risco, como a cessação tabágica, o aumento da atividade física e a mudança de hábitos alimentares (aumento do consumo de hortofrutícolas), prevenindo o desenvolvimento FR, bem como de DCV.

## PO41. CHILDREN-MENUS IN RESTAURANTS: A QUALITATIVE STUDY COMPARING PORTUGAL AND BRAZIL

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**INTRODUCTION:** Out-of-home food consumption has increased, being associated with an unbalanced diet. Families are eating out frequently and use shopping centers restaurants. The availability of children's menu could influence their food choice.

**OBJECTIVES:** To characterize the availability and quality of children's menus in shopping center restaurants in Portugal and the state of São Paulo in Brazil.

**METHODOLOGY:** An observational cross-sectional study was carried out in all shopping centers of six main cities in Portugal and at least in two from the main geographical regions in the state of São Paulo in Brazil. All restaurants were listed and evaluated, and from those, the ones that provided a children's menu were selected. Data collection tool was developed by the research team, consisting of a three-section form: A: Identification of the establishment, B: Characteristics of the establishment and C: Characteristics of the children's menu.

**RESULTS:** This study evaluated 613 different restaurants, 429 from São Paulo, Brazil (SP) and 184 from Portugal (PT). There are differences between the two countries, that include the availability of children's menus in restaurants (10% in SP vs. 24% in PT), menu components, namely protein sources, (e.g. whole meat (72% in SP) vs. minced meat (16% in PT), availability of vegetables (68% (SP) vs. 16% (PT)), beverages (no water (SP) vs. water included (PT)) and sweet desserts (12% (SP) vs. 27% (PT)). Nevertheless, menu prices are quite similar ( $\overline{x}$ =5,28€±1,98 (SP) vs.  $\overline{x}$ =5,35 € ±1,45 (PT)).

**CONCLUSIONS:** The majority of the children's menu options have poor nutritional quality in both countries. However, more availability of vegetables was observed in SP. PT offered soup and water, contrary to SP. Although the menu price is similar, the fact that the two countries have socioeconomic differences, since Portugal has a higher basic salary, the access to these poor quality menus might be facilitated.

## PO42. "+HEALTH, +SUCCESS" PROJECT: THE RELATIONSHIP BETWEEN FOOD EDUCATION AND SPEECH AND LANGUAGE THERAPY IN PRESCHOOL CHILDREN

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INTRODUCTION: Nutrition education and speech and language therapy together implemented are potential allies in the child context. Knowing what to choose to eat and how to eat properly are very useful knowledges that are important to share with children and their educators (family and preschool professional staff). **OBJECTIVES:** To evaluate the impact of sessions on food education and speech and language therapy on family members of children attending public preschools. **METHODOLOGY:** A questionnaire with 12 questions on the subjects of food education and chewing and language education was originally created and applied twice: before and after awareness sessions with the children's families. Response to the questionnaires was voluntary and participants signed an informed consent document before completing them. The study was performed during 2018/19 academic year.

**RESULTS:** Data collection took place in 14 preschools in the Viseu district of Portugal, were representatives of 126 families were present. The analysis of 96 questionnaires obtained before and after each session led to the conclusion that there was knowledge acquisition, and the respondents showed more assertiveness in their answers after the intervention of the nutritionist and the speech therapist. In addition, the evolution of questionnaire responses after the sessions showed that respondents became more aware of the relationship between the two areas addressed.

**CONCLUSIONS:** The study showed the importance of associating topics on food education and speech and language therapy and both being addressed simultaneously with the families of preschool children. It is considered that the empowerment of families in these areas is fundamental and it is necessary to extend this kind of multidisciplinary intervention to other preschools.

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## PO43. FOOD AND BEHAVIOURAL EDUCATION IN A PORTUGUESE PUBLIC ELEMENTARY SCHOOL Sofia Maia<sup>1,2</sup>; Paulo Eufrásio<sup>1</sup>; <u>Goreti Botelho<sup>2</sup></u>

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**INTRODUCTION:** Healthy eating habits are acquired in childhood and, additionally, in the school context, the cafeteria should be a space for non-formal learning, which aims to promote respect for food, knowing how to be and how to eat, as well as respecting colleagues and school staff.

**OBJECTIVES:** It was intended to develop and implement a food and behavioral education intervention to reinforce children's knowledge on healthy food and good behaviour topics.

**METHODOLOGY:** A questionnaire containing 20 questions centered on healthy eating and rules of proper behaviour in a school cafeteria was developed and applied. The target audience consisted of 50 students attending the 3<sup>rd</sup> and 4<sup>th</sup> grades, in an elementary school in the municipality of Coimbra, in the Centre region of Portugal. The intervention was performed during the 2018/19 academic year. The day after the application of the questionnaire, it was answered together with the action facilitator and the students were informed about all questions and doubts. At the end, an original puzzle was provided to each student with a positive message about healthy eating.

