MON-PP208: Measures of Abdominal Obesity and Inflammatory Profile in Subjects With Previous Heart Attack

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in 385 (44.4%). Complication rate in PN (CVC infections or obstructions) was 0.4%. ONS were prescribed to 25.5% patients. At discharge, 27.6% patients required AN at home (PN 48%, EN 9.5%, ONS 32.6%, MN 9.8%).

Conclusion: Hospital AN is increasingly prescribed, mainly as PN with an increasing trend for EN and ONS prescription. About one third of AN inpatients still required treatment at discharge.

Disclosure of Interest: None declared

MON-PP207
CLINICAL CHARACTERISTIC AND INDICATIONS TO ARTIFICIAL NUTRITION IN HOSPITALIZAED PATIENTS − A THREE YEARS SURVEY

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Rationale: To evaluate characteristics of inpatients on Artificial Nutrition (AN) at "Federico II" University Hospital in Naples, Italy.

Methods: One thousand nine hundred twenty-six adult inpatients (1063 M, 863 F; 59.3±17.6 years), followed during the years 2004, 2008 and 2012 were retrospectively evaluated.

Results: Of all patients evaluated, 1063 (56.3%) were oncological, 118 (6.2%) neurological, 364 (19.3%) had gastrointestinal (GI) diseases and 344 (18.2%) other diseases. The most frequent oncological diseases involved stomach (197; 18.5%), colon (230; 21.6%) and oral districts (187; 17.6%). As far as neurological patients, main diseases were stroke/vascular (55; 46.5%) and chronic-degenerative (32; 27.1%) diseases; GI diseases were Inflammatory Bowel Diseases (150; 41.2%), Hepatobiliary/Pancreatic (60; 16.5%) diseases and Short Bowel Syndrome/Chronic Intestinal Insufficiency (63; 17.5%). Main indication for AN in oncologic inpatients was protein-energy malnutrition (53%) due to surgery (456, 44.7%), and nausea/vomiting due to chemotherapy in 181 (17.8%). GI inpatients were on AN for malnutrition (111; 30.7%) and malabsorption (108; 29.8%) whilst neurologic patients needed AN mainly for dysphagia (70; 59.3%). As far as the nutritional treatment, 672 (64.6%) oncological patients were on PN, 96 (9.2%) on EN and 222 (21.3%) received ONS. Thirty-six (30.8%) neurological patients were on PN, 28 (23.9%) on EN and 45 (38.5%) received ONS. Two hundred seventy-four (75.7%) GI patients were on PN and 69 (19.1%) received ONS. At discharge, 325 (27.6%) patients required to continue AN at home; oncological (182; 52%) and GI patients (79; 27.3%) were mostly on PN (41.2% and 29.7%, respectively) whereas neurological patients (14; 4.3%) received ONS (71.4%).

Conclusion: Main indication to AN in hospital is malnutrition. About one third patients needed to continue AN at home after discharge.

Disclosure of Interest: None declared

Obesity and the metabolic syndrome

MON-PP208
MEASURES OF ABDOMINAL OBESITY AND INFLAMMATORY PROFILE IN SUBJECTS WITH PREVIOUS HEART ATTACK

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Rationale: Different abdominal obesity indexes have been proposed instead to waist circumference to detect a worse inflammatory profile in general population. However, they have been poorly tested in patients with cardiovascular disease.

Methods: This is a baseline cross-sectional analysis from a randomized clinical trial (GENUTRI Study, NCT02202265) conducted in Southern Brazil. Individuals with previous heart attack and ⩾45 years of age were enrolled. Demographic, clinical and anthropometric data [weight, height − in order to calculate body mass index (BMI, kg/m^2) and waist circumference (WC), in cm] were collected. Plasma C-reactive protein (CRP) and fibrinogen (md/dL) were assessed by ELISA. Lipid Accumulation Product Index (LAP Index, in cm·mmol·l) and Deep-Abdominal Adiposity Tissue Index (DAAT, in cm^2) were calculated according to gender. Nonparametric data were log-transformed and Pearson correlation and multiple linear regression were used for statistical analyses.

Results: In total, 64 patients (73.4% men) were evaluated with a mean age 56.2±16.0 years, 51.6% current or ex-smokers and 39.1% with obesity according to BMI ⩾30 kg/m^2. Regarding to clinical conditions, 50% had hypertension, 25% had type-2 diabetes mellitus and 53.1% had dyslipidemia. In men, CRP was significantly correlated with LAP (r = 0.30, P = 0.04), DAAT (r = 0.39, P = 0.007) and WC (r = 0.44, P = 0.002) and fibrinogen with DAAT (r = 0.34, P = 0.02) and WC (r = 0.35, P = 0.02); in women, CRP was significantly correlated with DAAT (r = 0.56, P = 0.02) and WC (r = 0.57, P = 0.02) and fibrinogen with LAP (r = 0.49, P = 0.04), DAAT (r = 0.63, P = 0.006) and WC (r = 0.59, P = 0.01). However, when adjusted for age and BMI, none of these abdominal obesity indexes were associated with the inflammatory profile in both genders.

Conclusion: Overall obesity seems to strongly influence the levels of inflammatory markers in a sample of patients with previous heart attack.

Disclosure of Interest: None declared