



Abstract 4 Figure 1

Discussion/Conclusion Our study reflects the disparity in the quantity of nutrition education provided by UK medical schools. We believe these results reflect a lack of comprehensive curriculum to guide nutritional teaching in medical schools, as noted in previous studies. Research and analysis of student experiences with nutrition education would be beneficial for improving nutrition education for future clinicians. Further research to assess nutrition curriculum standards and evidence of student learning and application is recommended.

5 POSTOPERATIVE ILEUS AND PERIOPERATIVE NUTRITION OPTIMISATION IN AN ENHANCED RECOVERY AFTER SURGERY PROGRAMME

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Introduction Malnutrition prior to Elective Lower Gastrointestinal Surgery (ELGIS) impacts on post-operative recovery. Prolonged post-operative ileus (PPOI) is a prevalent complication post-surgery that may require Total Parenteral Nutrition (TPN) with severe intestinal arrest.

The Malnutrition Universal Screening Tool (MUST) is validated for malnutrition screening. There has historically been poor uptake of nutrition screening and assessment in surgical patients.

Objectives To gauge severity of PPOI via proportion of patients requiring TPN, and association of PPOI with MUST scores.

Methods A retrospective audit of patients undergoing ELGIS at a 58-bedded tertiary Digestive Diseases Unit on the South Coast of England over 3 months was performed.

Primary outcomes: Incidence of PPOI; Proportion of patients requiring TPN for PPOI.

Secondary outcomes: Incidence of Preoperative MUST scoring; Post-operative time to MUST scoring and MUST scores documented.

Results 39 eligible patients were included. 11/39 (28%) developed PPOI; 0 (0%) progressed to TPN.

MUST scoring preoperatively was documented for 11 (28%) patients. 2/11 (18%) scored ≥ 1 [i.e. were at some risk of malnutrition]. Scores documented for these patients were: 1 and 2. Of these, 2/2 (100%) developed PPOI in their postoperative course.

MUST scoring postoperatively was documented for 36/39 (92%). 12/36 (33%) scored ≥ 1 . Of these, 6/12 (50%) developed PPOI. Average days to postop MUST scoring: 3.7 ± 2 . Of those with PPOI, 6/11 (55%) scored ≥ 1 on MUST postoperative.

Conclusions PPOI is prevalent among ELGIS patients, but not associated with high TPN use in this sample. Nutrition screening (MUST) is not routinely done preoperatively, reflecting a missed opportunity in nutrition optimisation for surgery. Larger studies are required to assess outcomes of improved nutrition screening. High rate but low accuracy and timeliness of MUST scoring postoperatively was suggested by this study.

Barriers to MUST utilisation and accurate scoring by surgical teams should be explored in future studies.

6 EATING IN OR OUT OF HOME IN THE PORTUGUESE POPULATION: ARE THERE DIFFERENCES IN DIETARY INTAKE?

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Background Eating out of home (OH) has been increasing due to social and contextual changes. This phenomenon varies according to age, region and eating location and can contribute to a poor diet quality. Overall, there is insufficient information on the nutrient intake and types of food groups consumed OH by the Portuguese population.

Objectives Describe and compare energy and nutrient intake and food groups (FG) consumption according to eating out patterns (EOP), by age groups.

Methods This analysis used data from the National Food, Nutrition and Physical Activity Survey (IAN-AF;2015–2016) and includes 5005 individuals (3–84 years). Dietary intake was estimated by two non-consecutive days of food dairies in children (<10 years) or 24-hrs recalls for the other age groups. Four EOP were defined according to eating location: ‘Home’ (at least 80% of meals at home) ‘Other homes’, ‘School/Work’ and ‘Restaurants/Other Places’ (<80% of meals at home and the highest prevalence of consumption of meals in the respective location).

Results Consumption at Home contributed in 70.3% for total energy intake (TEI). Compared with ‘Home’ EOP, ‘Restaurants/other places’ was characterized by higher TEI (2110 vs. 1780 kcal;p<0.001 in adults), saturated fatty acids (in adults, adolescents and children) and sodium intake (in children and adults). ‘Restaurants/other places’ presented also the highest consumption of sweets/cakes/biscuits and non-alcoholic beverages. ‘School/work’ presented the highest fibre intake and fruit/vegetables/pulses consumption, significant in children, adolescents and adults. ‘Non-alcoholic beverages’ presented higher mean daily intakes in ‘Restaurants and other places’, in adults and adolescents. In adults, a higher odds of drinking alcoholic beverages in ‘Restaurants and other places’ was found (OR=1.73;IC95%:1.17-2.56).

Conclusion ‘School/work’ and ‘Restaurants/other places’ are the EOP more relevant when considering OH-consumption; the first seems to contribute to higher consumption of nutrient-dense foods and the second to higher consumption of energy-dense foods, reflecting different nutrient profiles.

7 ASSESSMENT OF NUTRITION RELATED KNOWLEDGE, ATTITUDES AND PRACTICES OF PREGNANT AND LACTATING MOTHERS IN THE TRIBAL AREAS OF TELANGANA, INDIA

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Background Tribal population – especially pregnant and lactating women are susceptible to undernutrition because of low

socio-economic, cultural norms and practices regarding dietary habits and practices, market access and availability. Nutrition knowledge, attitudes and practices (KAP) studies offer an opportunity to better understand the socio-cultural-psychological-behavioural determinants of nutrition, providing an evidence for planning knowledge interventions.

Objectives This paper aims to assess nutrition KAP during pregnancy and lactation in selected locations of Adilabad and Komaram Bheem-Asifabad districts of Telangana, India.

Methods A cross sectional KAP baseline survey was conducted on 358 individuals in the selected locations during February–March 2020. Tablet based data collection was implemented for pregnant and lactating mothers, and frontline workers (Anganwadi workers, School teachers and Accredited Social Health Activist - ASHA workers). Data was validated, coded and analyzed using STATA. Alongside descriptive statistics, differential weightage method was adopted to generate the knowledge, attitudes and practices scores for the respondents.

Results The nutrition knowledge of pregnant and lactating mothers was inadequate less than 50 percent across all the respondents (table 1). Pregnant women scored low on attitudes regarding healthy diets compared to lactating mothers and frontline workers. Attitudes translate into practices, however the baseline data revealed that all categories of respondents were not adopting appropriate dietary and nutrition practices.

Abstract 7 Table 1 Scoring percentages on KAP during pregnancy and lactation periods

	Pregnant Women	Lactating Mothers	Anganwadi Workers	School Teachers	ASHA workers
Knowledge	27.74	32.90	41.63	47.81	40.99
Attitudes	44.52	92.03	92.36	92.71	94.71
Practices	48.57	42.27	46.42	47.57	45.53

Conclusion The inadequate knowledge by all categories of respondents indicates a gap in nutrition literacy and education. It is planned to co-design, co-create innovative approaches to improve nutrition knowledge through nutrition messaging for a transformative behavior change about nutrition, healthy diets, dietary behaviors and practices.

8 DO NUTRITION EDUCATION PROGRAMMES IMPROVE HEALTH OUTCOMES IN PATIENTS WITH CHRONIC DISEASES? A SYSTEMATIC REVIEW

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Background/Objective Nutrition education plays a key role in the management of chronic diseases. This review aimed to assess whether nutritional educational programmes (NEPs) utilising whole-diet approaches improved health outcomes in patients with chronic diseases.

Methods Searches were conducted on 5 databases (Medline, Pubmed, EMBASE, CINAHL and Web of Science)