

drink including smoothies and sweets. Nutritional composition (macro and micronutrients) of the recipes was analyzed based on one serving size. Post demographics including number of likes, hashtags and comments were also recorded.

Results We identified a total of 98 recipes. The majority of the posts were shared as photo (80.6%) whereas the rest of the posts (19.4%) were shared as video. The mean (SD) number of likes was 6108.9 (17971.2). The most shared recipe category was sweets category (36.1%), followed by salads category (17.0%). Salads category had the highest energy (381.4 ± 126.8 kcal), protein (15.1 ± 14.5 g) and fat content (24.0 ± 10.0 g) per one serving. Sweets category had the lowest energy (139.9 ± 63.2 kcal) per one serving. Soup category had the highest carbohydrate content (44.1 ± 24.0 g).

Conclusion Our research provides important information about the nutrient content of the recipes shared by dietitians on Instagram, which is an increasingly popular avenue for the general public, especially for those who do not have an opportunity to see a dietitian. Healthy recipe posts of dietitians on Instagram may be potentially misleading for public who may believe these foods are healthier than the regular alternatives. As such, following healthy recipes may be unlikely to confer any additional health benefits to the individual. There is a need for social media guidelines on how dietitians can effectively communicate via social media with the potential clients as trusted source of information.

17 ADOLESCENT'S FRIENDSHIPS AND NUTRITIONAL STATUS IN VIETNAM: A CROSS-SECTIONAL STUDY

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Background Relation between peer network and adolescent's weight status has been investigated in Western, and high-income countries, yet little was known in low- and middle-income countries, especially in Vietnam.

Objectives The study investigated how peer network structure indicators were associated with adolescent's weight status in Vietnam.

Methods The study obtained data of 1049 children who participated in two different surveys in the Young Lives Study in Vietnam. Sociometric indicators (in-degree, out-degree, reciprocity, reciprocal in-degree, reciprocal out-degree) were generated from class-based networks in the school survey conducted from 2011–12 using UCINET program. Anthropometric measurements and other demographic characteristics were collected in another survey from 2013–14. Nutritional status was categorized into Thinness, Normal weight, and Overweight using International Obesity Task Force BMI cut-off points. Multinomial logistic regression was employed to estimate the relative risks ratio (RRR) of being thin or overweight compared with normal weight adjusted for gender, wealth index, birthweight, class-level network density, friends' gender homophily, and BMI z-scores in round 3. Gender-network attributes interaction was also evaluated.

Results Reciprocity was associated with overweight in adolescents: model 1 (adjusted gender, wealth, birthweight, network density, gender homophily): $RRR_{ov}=1.82$, 95% CI: 1.10, 3.02, p-value <0.05, model 2 (added BMI z-scores round 3): $RRR_{ov}=1.90$, 95% CI: 0.94, 3.87, p-value <0.1). In-degree and out-degree were not related to either thinness or

overweight among adolescents in Vietnam. Interaction analysis showed that teen boys with least reciprocal in-degree were more affected by overweight: $RRR_{ov}=3.60$, 95% CI: 1.09, 11.89, p-value <0.05.

Conclusion Reciprocity in peer relationships has a salient role in adolescents' social life in Vietnam. Teen boys with low level of reciprocal incoming friendships were more affected by overweight. This is the first study to examine the link between peer network and adolescent nutritional status in Vietnam. Future work has many potentials to explore the association at different stages of child development.

18 THE EFFECT OF CHRONIC DISEASE ON FOOD STRESS AMONG THE LOW-INCOME POPULATION IN CYPRUS

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Background Food stress can be defined as the product of the cost of healthy food relative to the income of the household and occurs when households spend 30% or more of their income on food costs.

Objectives To examine the effect of chronic disease on food stress among low-income population in Cyprus.

Methods Three Food Baskets were developed for two different types of households (men and women). Healthy Food Baskets (HFB) were constructed based on the National Guidelines for Nutrition and Exercise. The Gluten Free Healthy Food Baskets (GFHFB) were based on the HFB and all products containing gluten were replaced with gluten free products. The Diabetic Healthy Food Baskets (DHFB) were based on the HFB and the guidelines of the American Diabetes Association (ADA). Affordability was defined as the cost of each basket as a percentage of the Guaranteed Minimum Income (GMI). The value of the GMI is set to be equal to €480 for a single individual and increases with the size of the recipient unit accordance to the Organization for Economic Co-operation and Development equivalence scales.

Results The monthly cost of the HFB for a man is 258.8 euros and for a woman is 187.1 euros. Also, a healthy man on GMI would need to spend 53.9% of his income on the HFB whereas the relative percentage for a healthy woman is to equal to 39%. The monthly cost of the GFHFB is about 16% (47 euros) and about 17% (33.6 euros) more expensive compared to the HFB for man and woman, respectively. Adults with celiac disease receiving GMI would need to spend 59.5% and 41.9% of their income on the GFHFB (man and woman, respectively). Moreover, the total monthly budget for a diabetic man is 16% (37.6 euros less) lower compared to the HFB and the relative percentage for the diabetic woman is about 15% (25.7 euros less). Moreover, for low-income adults with diabetes the proportion of income that would need to be spent on the DHFB is 50.1% and 35% for man and woman, respectively.

Conclusion The HFB, the GFHFB and the DHFB are characterized by low affordability causing food stress among the low-income population in Cyprus. Notably, healthy and non-healthy men seem to experience higher level of food stress compared to women. Moreover, results of the current study indicate that the occurrence of a chronic disease has a different impact on food stress.