classification indicated more male doctors 15(39.5%) and 5 (13.9%) less overweight females. Only 4(11.1%) obese females, consumed (179.19±44.91gm/day) carbohydrates but 2 (5.3%) obese male doctors, consumed more carbohydrates (213.02±38.9gm/day) and less physically active (P < 0.001). Among female nurses, 23(25.8%) were overweight, consumed 45.05±10.08gm protein per day. Only 10 (11.24%) female nurses were obese but more obese males consumed 49.56 ±11.41gm/day fat and energy intake as 178 kcal/per day. Increase in number of working hours among nurses (8 to 10 hours/day), significantly raised stress level (r = 5.996, P =0.05). NAR micronutrient intake showed (70%) were 'inadequate' to 'fairly adequate' for calcium, iron and vitamin B12. The Mean Adequacy Ratio (MAR) 82.18% and 44.62% respectively (P < 0.001 for doctors and nurses) and (P = 0.003 for nurses and paramedical staff). Pittsburg Sleep Quality Index (PSQI) scale showed (36%) 'poor sleep' quality and (20%) 'need help' category. Perceived Stress Scale (PSS) showed (72.68%) were moderately stressed with compromised sleep quality.

Conclusion When BMI was compared with macronutrients and micronutrient, sleep and stress patterns results showed a positive correlation (r = 0.312; t=4.679; p< 0.001). Indicating stress can influence body composition, nutrition intake and sleep quality.

| 22 | **PRELIMINARY FINDINGS OF THE UK OPTOMETRIC WORKFORCE'S POSITION REGARDING NUTRITION WITH GENERAL PRACTICE USING AN OCULAR VERSION OF THE NUTCOMP QUESTIONNAIRE** |

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Background The link between nutrition, systemic disease and ocular conditions is well established. Additionally, in England government initiatives are in place to make every contact count between health professionals and patients, which can require discussing nutrition to improve long-term health.[1] Optometrists discuss general health with patients which often will include nutrition, and many sell nutritional supplements in their practice. However, the role of nutrition in systemic disease and ocular health does not form part of the core competencies of optometry training,[2] therefore a patient's overall diet could be overlooked. The self-perceived confidence, competence, and relevance of dietary advice within optometry care in the UK are unknown.

Objectives To investigate the self-perceived confidence, competence, and relevance of providing nutritional advice by the UK optometric workforce, within routine eye care. This survey will be used to identify if any knowledge gaps and if there is a need for further nutrition related education.

Methods The UK optometric workforce was invited to anonymously complete the standardised NUTrition COMPetence (NUTCOMP)[3] questionnaire via professional networks and organisations, social media, and personal optometric contacts of the research team, during winter 2020/21. The NUTCOMP questionnaire was modified for the UK dietary guidelines with additional domains relating to optical health. Ethical approval was granted by the College of Health and Life Science Research and Ethics Committee.

Results A total of 259 participants, including 200 who identified as optometrists completed the survey. The modal age was 35–44 years with 20 ± 12 years (mean±S.D.) experience of working in optical care. Although 95.37% (n=247) somewhat or completely agree it is important to encourage patients to eat healthily, 33.2% (n=86) somewhat or completely disagree that providing specific nutritional recommendations falls within their current scope of practice. Over two-thirds (68.73% (n=178)) of respondents agreed there is a need for further education, with only 36.68% (n=95) having previously completed CET or CPD on nutrition and 56.37% (n=146) being unaware of national or professional guidelines relating to nutritional management.

Conclusion This is the first survey of a UK optometric workforce regarding nutrition and health. It found that nutritional advice is regarded as an important part of eye health, although identified a clear gap in current practice, with an expressed need for further training Further work is needed to assess the scope and type of post-registration training and education required to help eye professionals holistically support the health of their patients.

REFERENCES
1. Harling M, Stephens K. London: Public Health England; Making Every Contact Count (MECC): Consensus statement; 2016 [cited 2020 Dec 6]. 18p. Available from: https://www.england.nhs.uk/publication/making-every-contact-count-mecc-consensus-statement/
2. General Optical Council. Core competencies. [internet]. N.d. [cited 2021 June 6]; Available fromL https://www.optical.org/en/Education/core-competencies--core-curricula/index.cfm
3. Ball LE, Leveritt MD. Development of a validated questionnaire to measure the self-perceived competence of primary health professionals in providing nutrition care to patients with chronic disease. *Fam Pract*. 2015;**32**(6):706–710. doi:10.1093/fampra/cmv073.

| 23 | **APPLYING CHAOTIC EATING INDEX TO VALIDATE A CLOCK-HOUR BASED MEAL REGULARITY QUESTIONNAIRE** |

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Background Meal regularity is an elusive construct of eating patterns. There were various methods to assess meal regularity/irregularity, but no validation has been done so far.

Objectives To evaluate the validity of a clock hour-based meal regularity questionnaire.

Methods The study recruited 125 healthy young adults. Participants were interviewed on three separate days within 2–3 months. The participants provided three days of 24-hour dietary recall, recalling time of eating occasions on the previous day of interview. The three non-consecutive days of dietary recalls were used as reference method assessing meal regularity. At the third visit, the participants also administered the clock hour-based meal regularity questionnaire about meals (breakfast, lunch, dinner) and snacks (morning snack, afternoon snack, and nighttime snack). Participants recalled the number of days per week eating the indicated meal/snack in the past three months, and recalled all the hours they had consumed the indicated meal/snack. The dietary recall data and meal regularity questionnaire data were respectively converted into Chaotic Eating Index (CEI) by Annie Zimmerman et al. The algorithm of Meal Regularity (mReg) Score by Barbara Lohse et al. was also used to summarize the meal regularity based on 3-day recalls. Pearson correlation coefficient