

translate nutrition knowledge to COVID-19 sensitive practice. A collaborative, scientific and politically neutral approach was intended to ensure the quality of outputs and the avoidance of hasty conclusions. Other challenges have been maintaining relevance to all geographic regions given the global variation of COVID-19 and maximising the reach of outputs to stakeholders who would benefit most from them. More recently the Taskforce has provided key inputs to consensus in a national guideline agency and global advisory bodies. Further progress will require involvement of researchers and innovators, policymakers, practitioners, patients and the public.

Discussion/Conclusion This Taskforce has already made a significant contribution to the scientific conversation about food and nutrition in the prevention and management of COVID-19. Future work should focus on multiple-stakeholder collaboration to transform research into positive action at all levels (from patient to policy) for the benefit of public health.

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THE INFLUENCE OF BODY MASS INDEX, GLYCEMIC CONTROL AND VITAMIN D STATUS ON OUTCOMES IN PATIENTS ADMITTED TO INTENSIVE CARE WITH COVID-19: A SINGLE CENTRE RETROSPECTIVE STUDY

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Background Coronavirus disease 2019 (COVID-19) is an inflammatory syndrome caused by a novel coronavirus (SARS-CoV-2). Symptoms range from mild infection to severe acute respiratory distress syndrome (ARDS) requiring ventilation and intensive care (ICU).¹ UK cases have exceeded 300,000 with a fatality rate of 13% necessitating >10,000 critical care admissions.² Nutrition is important to immune function and influences metabolic risk factors such as obesity and glycaemic control. Poor nutritional status is associated with worse outcomes in ARDS and viral infections yet limited research has assessed pre-morbid nutritional status and outcomes in patients critically unwell with COVID-19.³

Objectives Investigate the effect of body mass index, glycaemic control and vitamin D status on outcomes in adult patients admitted to a ICU with COVID-19.

Methods Retrospective review of all patients admitted to a central London ICU between March-May 2020 with confirmed COVID-19. Electronic patient records data was analysed for patient demographics; co-morbidities; admission BMI; serum vitamin D concentration and plasma HbA1c. Serum vitamin D and HbA1c were measured on admission, or

within one month of admission to ICU. Primary outcome was mortality. Secondary outcomes included time intubated, ICU stay duration, and ICU-related morbidity.

Results N = 72 patients; 54 (75%) male, mean age 57.1 (\pm 9.8) years. Overall mortality was 24 (33%). The highest rate was observed in the overweight BMI range (25-29.9kg/m²) p-value <0.001. In the survival arm admission HbA1c (mmol/mol) was lower 50.2 vs 60.8 but was not statistically significant. Vitamin D measures (n=51) correlated significantly higher mortality for individuals with vitamin D deficiency (<25 IU/L) 16%, p-value 0.013, versus no deaths in those with levels >50 IU/L (n=8).

Discussion/Conclusion There was a correlation between overweight and mortality, and possible (nonsignificant) association between glycaemic control and poor prognosis, as seen in larger observational studies.^{4 5} Increased adiposity and deranged glucose homeostasis may potentially increase risk of COVID-19 infection and severity, possibly relating to impaired lung and metabolic function, increased proinflammatory and thrombotic mechanisms. Vitamin D deficiency associated with poorer outcomes and mortality, supporting a possible role of vitamin D in immune function specific to pulmonary inflammation and COVID-19 pathophysiology.⁶ Further research is needed into specific nutritional markers influencing critical care admissions with COVID-19.

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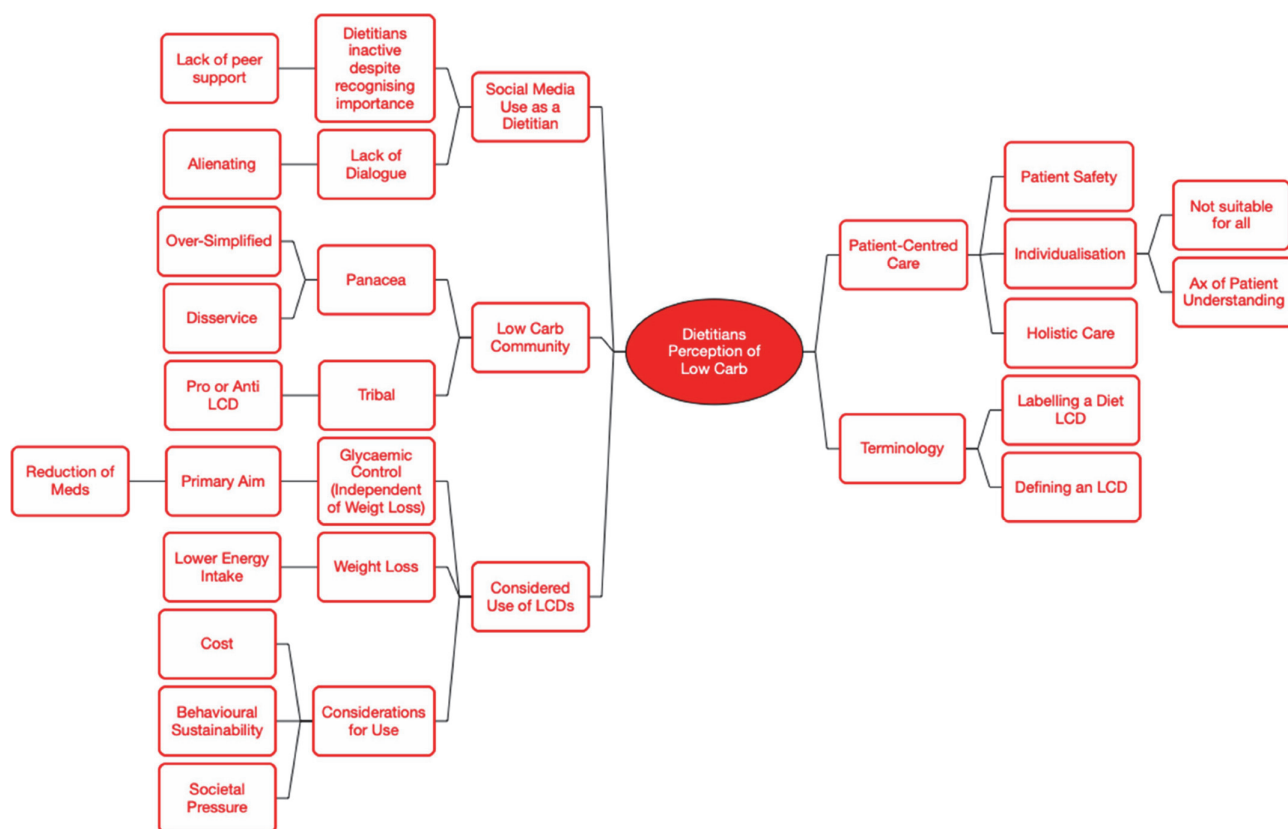
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A QUALITATIVE STUDY OF THE PERCEPTIONS OF LOW CARBOHYDRATE DIETS AND THEIR DISCUSSION ON SOCIAL MEDIA AMONG DIETITIANS IN ENGLAND

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Background Low carbohydrate diets (LCDs) have gained popularity among those seeking to lose weight and improve glycaemic control. They feature heavily in online discussions such as on social media. Evidence exists to support their use,¹ but at present no universal definition of 'low carbohydrate' exists. Though the practices of dietitians around LCDs have been examined,^{2 3} none have assessed this in relation to use of social media.



Abstract 23 Figure 1 Themes

Objectives The objective was to establish what a representative sample of dietitians in England believe, think and do with LCDs in their clinical practice.

Methods Recruitment of 10 dietitians working in weight management and/or diabetes in England took place online. They completed a short survey and a one-to-one, semi-structured interview using online teleconferencing. Interviews lasted 30 minutes and explored their knowledge, attitudes and practices towards LCDs, and how they are discussed online. Interviews were transcribed for content and thematic analysis.

Results A number of themes became apparent, namely: (1) patient-centred care, (2) LCD community, (3) considered use of LCDs, (4) social media and (5) terminology. Each also had a number of sub-themes, such as individualisation, lack of dialogue and labelling of diets for the themes above.

Discussion Overall, the dietitians in this study were happy to use LCDs with their patients, in a safe and individualised manner. They expressed concerns about how the diets are sometimes represented online as a panacea and the inability to engage in respectful discussion with some of its proponents. These findings add to existing work completed in the area.^{2 3}

Conclusions The dietitians in this study were happy to support patients to follow an LCD, in a safe and individualised manner such as under dietetic supervision. They considered them more useful for improving GC and medication reductions. A standard definition of LCDs would help patients and practitioners to communicate effectively. Additionally, education in online engagement could help improve dietitians overall confidence and practice in operating effectively in this environment.

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