MON-PP139

BODY IMAGE PERCEPTION IN PEOPLE WITH TYPE 2 DIABETES – DOES PERCEIVED IMAGE MATCH REALITY?

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Rationale: Body image misperception and body image dissatisfaction can lead to underestimation of weight and less predisposition to weight control.
Methods: Cross-sectional study with a non-random sample of 206 subjects with type 2 diabetes aged between18–65. Stunkard's figure rating scale was used to determine perceived body image and body image satisfaction. Perceived body weight and weight loss attempt were also measured. Weight, height and waist circumference were also assessed.
Results: 92.8% of participants were overweight, and 96.8% of women and 89.3% of men showed a waist circumference indicative of high metabolic risk ($p < 0.05$). 64.1% of participants underestimated their body image, and the weight of 67.5% of participants corresponded to their perceived body image ($rs = 0.670$ and $rs = 0.589$, $p < 0.05$). A significant relationship between perceived body image and need to lose weight was noted ($p < 0.05$). [CSG1] [RGP2] 83% of participants were unsatisfied with their body image, and high discrepancy scores [CSG3] resulted in less effort for weight loss ($rs = -0.379$, $p < 0.05$).
Conclusion: According to our results we may conclude that the evaluation of perceived body image and body image dissatisfaction must be included in dietary intervention in order to make it effective.

Disclosure of Interest: None declared

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HEMATOPOIETIC STEN CELL TRANSPLANTATION IN THE ELDERLY: NUTRITIONAL AND GERIATRIC ASSESSMENT

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Rationale: Hematopoietic stem cell transplantation (HSCT) may improve outcomes of patients with hematologic malignancies not curable with conventional therapies. Being in some diseases the only curative option. HSCT in elderly patients with good performance status and no comorbidities could, in fact, not only survive the transplant with reasonable risk, but also benefit in the same measure as younger patients.
Methods: A retrospective study of 17 elderly patients (>60 years) undergoing HSCT May 2012 to January 2014 in the Hematology-Oncology and Bone Marrow Transplantation Center at Albert Einstein Hospital in São Paulo, Brazil. All patients were evaluated approximately one month prior to HSCT. In the geriatric assessment were done hand-grip strength (HGS), questions about mobility and functional limitation. In the nutrition, we studied the Body Mass Index (BMI) (kg/m^2), and serum levels of vitamin D, zinc and albumin.
Results: We found the negative correlation between BMI and HGS ($rp = 0.42$). There were a significant and positive association between serum levels of zinc and albumin, and HGS and grades of mobility questions ($p < 0.05$). The serum levels of vitamin D weren't significantly associated with geriatric factors.
Conclusion: Our study showed that the obese patients with more risks of complications in HSCT had more functional limitation. Besides low levels of zinc and albumin were associated with the worst results in the geriatric assessment. In the elderly the immobility and weakness can increased the complications after HSCT. The geriatric and nutrition assessment are important to improve HSCT results.

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IIER NUTRITIONAL ASSESSMENT IS MORE EFFECTIVE THAN NUTRITIONAL RISK SCREENING-2002 (NRS-2002) AND BMI ITSELF AND CORRELATES TO LOS IN HIV/AIDS PATIENTS

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Rationale: Anthropometric changes are important steps in the evaluation and patient monitoring with HIV/AIDS in the point view of the catabolism caused by the disease. Body mass index (BMI) by itself and nutritional screening tools are commonly used, but other methods must be tested to improve nutritional risk and malnutrition diagnosis in these groups of patients.
Methods: A cross-sectional study between May to December 2013, evaluating nutritional risk and malnutrition in adult with HIV/AIDS patients hospitalized in a reference infectious diseases hospital was performed. The nutritional status was determined in the patient admission according classifying by IIER, which used the body mass index (BMI) classification of Sobotka (2008), arm circumference (CB), and percentage of weight losses. Results were compared to Nutritional Risk Screening-2002 and BMI itself considering number of diagnosed patients, with permanence higher than seven days (LOS) and mortality, were analyzed in methods
Results: 312 HIV/AIDS patients were evaluated. BMI itself detected lower malnutrition index compared to IIER method (31.4% vs 49%). NRS-2002 detected lower nutritional risk index compared to IIER method (65% vs 76.6%). There were no differences in LOS (72%) between the three methods. When mortality was considered in the results, it was lower in the NRS evaluation (9.8%), than when compared with BMI and the IIER own method.
Conclusion: IIER method considering CB, BMI and percentage of weight loss can diagnose malnutrition in HIV/AIDS patients better than the BMI itself. When compared to NRS-2002, it was more sensitive to diagnose the nutritional risk and mortality.

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