

Methods: Sample size and sampling method- All the LC patients (68 patients) who were admitted to the medical wards and gastroenterology ward were included from 1st of September 2019 to 31st of October. Relevant data were collected prospectively during inward stay of the chosen LC patients.

Results: Results of the clinical audit.

indicators	GASTROENTEROLOGY WARD	MEDICAL WARDS
Percentage of patients screened by RFNPT	0	0
Percentage of patients whose BMI was measured	100	0
Percentage of patients whose child-pugh score was calculated	100	5
Percentage of patients who were followed up at specialized nutrition clinic	10	30
Percentage of patients to whom were on high protein diet	5	20
Percentage of patients who were asked to get a late evening snack	10	30

Conclusion: Nutritional screening with BMI and child Pugh score was up to the standards in gastro-enterology wards. Referral to a specialized nutrition clinic, giving high protein diet and late night snack should be considered in both medical wards and gastro-enterology ward.

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Disclosure of Interest: None declared

LB-125

MEDITERRANEAN DIET AND GASTROESOPHAGEAL REFLUX DISEASE IN LEBANESE ADULTS

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Rationale: The symptoms of gastroesophageal reflux disease (GERD) are associated with several risk factors including diet and stress. The objective of this study was to identify foods and factors related to the Lebanese population and implicated in increasing GERD symptoms.

Methods: This observational cross-sectional study was carried among Lebanese adults in 2016. A convenient sample of 264 participants was equally divided into a GERD group and a control group. Data on socio-demographic characteristics, lifestyle, health status and dietary habits including Lebanese traditional dishes were collected. The perceived stress scale (PSS) was also used to assess the participants' perception of stress. Logistic regression analyses were conducted with GERD symptoms (presence or absence) being the dependent variable.

Results: GERD symptoms were significantly associated with the consumption of coffee, Lebanese sweets, fried foods, 'Labneh' with garlic, pomegranate molasses, and tomatoes. Participants who ate three meals or less/day, between meals and outside home were 2.5, 2.9 and 2.4 times at a higher risk of experiencing GERD symptoms than others respectively. Age, family history of GERD symptoms, smoking and chronic medical conditions were also significantly associated with GERD symptoms.

Conclusion: Several components of the Lebanese Mediterranean diet were associated with GERD symptoms.

References: No references

Disclosure of Interest: None declared

LB-126

EFFECT OF SOLUBLE FIBER IN ELDERLY WITH CONSTIPATION

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Rationale: Constipation is one of the most common clinical conditions at any age. However, the elderly have a higher risk of development. The evidence suggests that certain care, especially at food level, may influence the symptomatology of this clinical condition.

Methods: The study lasted four weeks, being a simple clinical trial with intervention. 70 individuals were part of the study and were divided into two groups. Both received nutritional guidance directed to constipation, but only one group received 100% soluble fiber supplement. The individuals were subsequently evaluated in three moments.

Results: After four weeks of intervention, gastrointestinal symptomatology improved significantly in both groups, however, there were greater differences in the group where 100% soluble fiber was applied, significantly improving the results of Bristol Scale ($p=0,00$ vs $p=0,001$) and in the variable excretion facility ($p=0,000$ vs $p=0,000$). Regarding the frequency of defecation also increased in both groups, being statistically different in all moments of evaluation in the group with fiber.

Conclusion: Nutritional recommendations that promote adequate fiber intake accompanied by an increase in 100% soluble fiber supplementation seem to have a positive influence on the symptomatology of obstipated individuals.

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LB-127

DIETITIAN-LED MEDITERRANEAN DIET (MD) PROGRAM LEADS TO WEIGHT LOSS, DIET CHANGE AND REDUCTION IN WAIST CIRCUMFERENCE IN PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)

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Rationale: NAFLD is emerging as a significant cause of chronic liver disease. Lifestyle modification and weight loss are fundamental. Patient centred, economical and clinically effective models of care are required to support NAFLD patients.

Methods: 192 patients with NAFLD attended a 12-week dietitian-led program at a tertiary hospital in Brisbane, Australia from December 2017 to February 2020. The program consists of an initial group session delivering lifestyle education, fortnightly individual telephone 'coaching' calls and a final group session. Quantitative data (weight, body mass index, waist circumference, MD score and quality of life score) were recorded at initial and conclusion sessions and statistically analysed using SPSS. Qualitative data around barriers to attendance were collected and thematically analysed.