Rationale: Cardiac cachexia (CC) is a common complication in patients with advanced heart failure (HF) and a significant risk factor for poor prognosis. Several factors are involved in the development of CC. However, there are no longitudinal studies to assess RHF as a risk factor for the development of CC in HF patients.

Methods: Objective: to investigate whether RHF is a risk factor for CC in HF patients.

A prospective cohort study. Subjects with confirmed diagnoses of HF were included. Patients with congenital heart disease, cancer, HIV, drug use and end-stage renal disease were excluded. CC was defined according to bioelectrical impedance vectorial analysis criteria. Follow-up at 42 months.

Results: From 282 without CC at the initial evaluation, after 42 months follow-up 65 subjects had developed CC. They were older (63.7 ± 16.8 vs. 54.7 ± 16.5 years, p < 0.001) with less handgrip strength (20.5 ± 8.5 vs. 25.8 ± 11.2 kg, p < 0.001) and smaller phase angle (5.0 ± 1.2 vs. 5.7 ± 1.1°, p < 0.001) than those who did not develop CC. RHF was an independent predictor of CC (HR: 2.91, 95%CI; 1.61 to 5.26, p < 0.001)

Conclusions: RHF was an independent predictor for the development of CC in HF

Disclosure of Interest: None declared.

SUN-PO143
AGGRESSIVE WEIGHT LOSS PROGRAM WITH A KETOGENIC INDUCTION PHASE FOR THE TREATMENT OF CHRONIC PLAQUE PSORIASIS

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Rationale: Chronic plaque psoriasis is an inflammatory skin disease associated with obesity, a condition characterized by low-grade inflammation. Weight loss (WL) has been demonstrated to reduce psoriasis severity and inflammation. Very low-calorie ketogenic diet (VLCKD) has been associated with a significant reduction in visceral adipose tissue and ketone bodies likely have anti-inflammatory proprieties. We evaluated the efficacy of an aggressive WL program with a ketogenic induction phase as first-line treatment of chronic plaque psoriasis.

Methods: We conducted a single-arm trial conducted (NCT03531528). Adult overweight/obese patients (N = 37) with stable chronic plaque psoriasis underwent a 10-week two-phase WL program consisting in a 4-week protein-sparing, VLCKD (<500 kcal/day; 1.2 grams of protein/kg of ideal body weight/day) and a 6-week balanced, hypocaloric (25–30 kcal/kg of ideal body weight/day), low glycemic index, Mediterranean-like diet. The primary endpoint was the reduction in the Psoriasis Area and Severity Index (PASI) at week 10. Major secondary endpoints included: improvement of PASI ≥50% and ≥75%, reduction in body surface area (BSA) involved, improvement of itch severity (visual-analogue scale) and Dermatology Life Quality Index (DLQI) at week 10.

Results: With a mean body weight reduction of 12.0%, dietary intervention resulted in a significant reduction in PASI (mean ± standard deviation baseline score, 13.8 ± 6.9 [range, 7–32]); mean change, –10.6 [95%CI, –12.8 to –8.4] (P < 0.001). A reduction in PASI ≥50% and ≥75% was recorded in 36 (97.3%) and 24 (64.9%) patients, respectively. Treatment resulted also in a significant reduction of BSA involved and an improvement in itch severity and DLQI (P < 0.001 for all).

Conclusions: In adult overweight patients with stable chronic plaque psoriasis an aggressive dietary WL program consisting in a ketogenic regimen followed by a balanced, hypocaloric Mediterranean-like diet appeared an efficacious first-line strategy for improving disease severity. Comparative studies with other dietary regimens and long-term efficacy data are warranted.

Disclosure of Interest: None declared.

SUN-PO142
SCREENING FOR MALNUTRITION IN RENAL WARDS: AN AUDIT COMPARING THREE MALNUTRITION SCREENING TOOLS TO INFORM SERVICE QUALITY IMPROVEMENT

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Rationale: People with chronic conditions like renal disease are more likely to be malnourished, due to the impact of uremia, inflammation, comorbidities, metabolic changes and dialysis. It is estimated that around half of the patients admitted to a renal ward are malnourished (1). Malnutrition screening tools are essential in identifying patients who require further dietetic input (2). This audit was conducted to help establish an appropriate malnutrition screening tool for patients with CKD at Imperial College Healthcare Trust.

Methods: This pre-implementation audit compared the Renal iNUT (renal specific, validated) (3), MUST (used widely in UK hospitals) and ESPEN (currently used across all wards in the Trust) tools (2) against individualised dietetic screening, on all tertiary renal wards of Hammersmith Hospital. 43 patients out of 72 inpatient beds (60%) were included. Patients with congenital heart disease, cancer, HIV, diabetes, metabolic changes and dialysis. It is estimated that around half of the patients admitted to a renal ward are malnourished (1). Malnutrition screening tools are essential in identifying patients who require further dietetic input (2). This audit was conducted to help establish an appropriate malnutrition screening tool for patients with CKD at Imperial College Healthcare Trust.

Methods: Objective: to investigate whether RHF is a risk factor for CC in HF patients.

A prospective cohort study. Subjects with confirmed diagnoses of HF were included. Patients with congenital heart disease, cancer, HIV, drug use and end-stage renal disease were excluded. CC was defined according to bioelectrical impedance vectorial analysis criteria. Follow-up at 42 months.

Results: From 282 without CC at the initial evaluation, after 42 months follow-up 65 subjects had developed CC. They were older (63.7 ± 16.8 vs. 54.7 ± 16.5 years, p < 0.001) with less handgrip strength (20.5 ± 8.5 vs. 25.8 ± 11.2 kg, p < 0.001) and smaller phase angle (5.0 ± 1.2 vs. 5.7 ± 1.1°, p < 0.001) than those who did not develop CC. RHF was an independent predictor of CC (HR: 2.91, 95%CI; 1.61 to 5.26, p < 0.001)

Conclusions: RHF was an independent predictor for the development of CC in HF

Disclosure of Interest: None declared.

References

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