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EFFECT OF SMART GOAL SETTING AND NUTRITIONAL ASSESSMENT ON TREATMENT COMPLIANCE IN PRIMARY CARE DIETETIC TREATMENT
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Rationale: Primary care dieters need to demonstrate their effectiveness to both patients and stakeholders. Treatment compliance influences overall treatment effectiveness. We studied the influence of (SMART) goal setting and the use of Nutritional Assessment on treatment compliance after 1 consultation.

Methods: This study was part of the DIEET study (Di-Etects: Effective and Towards a sustainable profession). Trained students performed structured observations during first dietetic consultations in the primary care setting. Primary focus was on SMART goal setting and Nutritional Assessment (measuring weight, height, waist circumference, bioelectrical impedance analysis (BIA)). At 6-month follow-up data were obtained on moment of treatment termination. Univariate logistic regression analysis was used to express associations between goal setting and Nutritional Assessment and treatment compliance after 1 consultation.

Results: Data were obtained from 289 patients (41% male; 57±14 y; primary diagnosis: overweight (44%), DM2 (37%), other (19%). 47 patients (16%) had only one dietetic consultation. During first consultation, treatment goals were defined in 199 patients (69%), SMART goals in 57 (20%). Nutritional assessment was performed in 230 patients (80%). Treatment compliance after 1 consultation was associated with goal setting in general (OR 2.8 [95% CI 1.5–5.3] p < 0.01) and SMART goal setting (OR 3.0 [95% CI 1.0–8.8] p = 0.03), and performing Nutritional Assessment (OR 2.4 [95% CI 1.2–4.8] p = 0.01).

Conclusion: Setting SMART treatment goals and performing Nutritional Assessment during first dietetic consultations are related to higher treatment compliance in primary care setting. The DIEET study will further explore whether SMART goal setting and performing Nutritional Assessment during the first consultation will result in higher long-term effectiveness.

Disclosure of Interest: None declared

SUN-PP191
RELATIONSHIP BETWEEN THE NUTRITIONAL RISK SCREENING 2002 (NRS-2002) AND MEAN HOSPITAL STAY, MORTALITY AND READMISSIONS IN PATIENTS HOSPITALIZED IN GENERAL HOSPITAL (GH) OF PARC SANITARI SANT JOAN DE DÚ (PSSJD) FROM SANT BOI DE LLORREGAT, BARCELONA
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Rationale: Study the relationship between the questions assessed by Nutritional Risk Screening 2002 (NRS-2002) and mean hospital stay, mortality and readmissions; and the relationship between the above mentioned and number of affirmative answers in NRS-2002.

Methods: Retrospective observational study that analyzes data from a previous cross-sectional study that valued the nutritional risk in hospitalized patients (NRS-2002), and data related to mean hospital stay, readmissions and mortality (2012–14). Valued issues: BMI <20.5 kg/m², weight loss in last 3 months, decreased intake in the last week and presence of severe pathology. The results are expressed as mean, standard deviation and frequencies (%) (SPSS 19.0, graphPad Prism 6.0). χ² and Mann–Whitney tests were made. Variables are age and morbidity corrected.

Results: 69 patients were included (72±14.24 years). Weight loss in last 3 months and BMI <20.5 kg/m² had a positive relation with mean hospital stay (p = 0.092, p = 0.096 respectively). A statistically significant relationship has been found between decreased intake last week and mean hospital stay (p = 0.038) and a positive (not statistically significant) relation with mortality (p = 0.096) at 12 months. There is also a statistically significant relation between mean hospital stay and number of affirmative answers in NRS-2002 (p = 0.045).

Conclusion: A decreased intake the last week was significantly related to mean hospital stay as well as a positive (not statistically significant) relation with mortality. Weight loss has a positive impact on hospital stay. It has been observed a statistically significant relationship between hospital stay and number of affirmative answers in NRS-2002, with a higher mean of hospital stays associated to more affirmative responses.

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SUN-PP192
ASSESSMENT OF NUTRITIONAL STATUS OF ELECTIVE COLORECTAL CANCER PATIENTS
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Rationale: Over the past three decades, the incidence of colorectal cancer in Singapore has increased dramatically. It is now the most common cancer in males (18%) and the second most common cancer in females (14%) in Singapore [1,2]. Studies have demonstrated the adverse effects of malnutrition on overall mortality and morbidity and length of stay in this group of surgical patients [3]. To evaluate the nutrition screening assessment process for elective colorectal cancer patients admitted surgery to district general hospital in the North of Singapore during a 1 year period.

Methods: A retrospective analysis of all subjects admitted to KTPH for colorectal cancer surgery during a one year period was performed. Patient demographics, characteristics of surgery and nutrition screening assessment completed by nurses on admission were collected. Nutrition screening was rescourced retrospectively by a dietician as a comparison.

Results: A total of 96 patients underwent colorectal surgery. Out of these 96 cases, 19 case notes were not available to be reviewed. The nurses’ assessment of a patients’ nutritional status was found to be incongruent with that of the dietician in 80% of cases examined. The nutritional status in 50% of these patients was underestimated.