longer period of time, we found an increased risk for CRBSI. We therefore conclude that the choice of catheter must still be determined on an individual basis.

**Disclosure of Interest:** None declared

**SUN-PP165**

**CONSUMPTION OF SUGAR SWEETENED BEVERAGES IN RELATION TO STROKE**

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**Rationale:** Although consumption of sugar-sweetened beverages (SSBs) has recently received great attention in the field of diet-disease relations, limited data are available linking SSBs intake to the risk of stroke. The present study was conducted to examine the association between habitual intake of SSBs and risk of stroke among Iranian population

**Methods:** This hospital-based case–control study included 195 stroke cases and 195 controls from Alzahra University Hospital, Isfahan, Iran in 2008. Cases were stroke patients aged >45 years with first ever symptomatic acute stroke (arterial) confirmed by brain computed tomography (CT) or MRI. Controls were selected from among hospitalized patients in this center without prior history of stroke or any neurologic disorders. A validated semi-quantitative food frequency questionnaire was used to assess the usual intakes of SSBs. Logistic regression method was used to examine the associations between SSBs consumption and stroke.

**Results:** Total intake of SSBs was not significantly different between cases and controls (48.2±6.2 vs. 47.2±6.2 g/d, P = 0.90). Those in the top tertile of SSB intake had higher intakes of energy, high fat dairy, HVOs and non-HVOs compared with those in the bottom tertile. Consumption of SSB intake was associated with lower intakes of vegetables and low fat dairy. After adjustment for potential confounders, the odds ratios for stroke across increasing tertiles of SSB consumption was 1.00, 0.78 (95% CI: 0.43–1.41) and 0.99 (0.52–1.87) ($P_{trend} = 0.35$). These associations did not reach statistically significant levels even after taking BMI into account [1.00, 0.84 (0.46–1.54), 0.85 (0.43–1.66); $P_{trend} = 0.12$].

**Conclusion:** No statistically significant association was found between habitual intakes of SSBs and risk of stroke among a group of Iranian population. Prospective studies are needed to further explore for this association.

**Disclosure of Interest:** None declared

**SUN-PP166**

**ADHERENCE TO A DASH-STYLE DIET IN RELATION TO STROKE: A CASE–CONTROL STUDY**

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**Rationale:** Despite the growing body of evidence from western societies on the association of dietary patterns and stroke, limited data are available in this regard from developing countries. This study was conducted to examine the association between adherence to the Dietary Approaches to Stop Hypertension (DASH) diet and risk of stroke among Iranian population.

**Methods:** This hospital-based case–control study, included 194 stroke patients and 194 controls, was conducted in Alzahra University Hospital, Isfahan, Iran. Cases were stroke patients that were hospitalized in neurology ward of Alzahra University Hospital. Controls were randomly selected among hospitalized patients in orthopedic or surgical wards of this center. A validated FFQ was used to assess the usual dietary intakes. We constructed the DASH diet score based on food and nutrients emphasized or minimized in the DASH diet.

**Results:** The prevalence of stroke among those in the top quartile of DASH diet score was 40%, which was 15% lower than that in bottom quartile; this difference was marginally significant (P = 0.10). After controlling for age, sex and total energy intake, adherence to the DASH diet was inversely associated with the risk of stroke (OR: 0.52; 95% CI: 0.28; 0.98). These associations remained significant even after additional controlling for physical activity, smoking, hypertension and diabetes; such that individuals in the highest quartile of the DASH diet score had 58% lower risk of stroke than those in the lowest category (OR: 0.48; 95% CI: 0.24, 0.96). However, after further adjustment for BMI, the association disappeared (OR: 0.62; 95% CI: 0.29, 1.31) indicating an obesity-dependent association.

**Conclusion:** We found an inverse relationship between the DASH style diet and prevalence of stroke. Prospective studies are needed to confirm this association

**Disclosure of Interest:** None declared

**SUN-PP167**

**INFLUENCE OF FEEDING HABITS ON METABOLIC PROFILE AND ACTIVITY INDEXES IN PATIENTS WITH PSORIATIC ARTHRITIS**

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**Rationale:** Dietetic advice is not routinely performed in clinical practice in patients with inflammatory arthropathies and the potential effect of diet on inflammatory activity is little known. The aims of this research were to describe the dietetic habits of a cohort of patients with psoriatic arthritis (PA) and to investigate whether these habits influence on metabolic profile and inflammatory activity.

**Methods:** In this cross-sectional study, forty out-patients with PA were included. Qualitative and quantitative characteristics of food intake were recorded in all patients. According to characteristics of diet, patients were classified in three groups: High protein, balanced or high carbohydrate diet. Demographic data and metabolic profile were collected. Inflammatory activity was measured by erythrocyte sedimentation rate (ESR), reactive C protein (RPC) and disease activity score (DAS 28).
**Results:** Balanced, high carbohydrate and high protein diet were followed by 54%, 30% and 17% of the cohort respectively. Patients with high protein diet had lower total cholesterol levels when compared to those with a balanced or a high carbohydrate diet (177.1±31.6 mg/dL vs 215.8±37 mg/dL vs 200.5±27.2 mg/dL respectively; p = 0.037). Also, atherogenic index was lower in these patients (1.8±1.3 vs 2.4±1.1 vs 2.6±1.3; p = 0.032). Fish was the main source of proteins in high protein diet group. With regard to inflammatory indexes, ESR and RCP were lower in patients with high protein diet but DAS 28 score was lower in high carbohydrate diet group but significant differences were not reached.
**Conclusion:** Metabolic benefits, at least on lipid profile, are more likely to be found in patients with PA that follow a high protein diet when fishes are the main sources of protein intake. However, diet habits were not linked to lower inflammatory activity.

**Disclosure of Interest:** None declared

## SUN-PP168

## INFLUENCE OF DIETETIC AND LIFESTYLE HABITS ON LIPID PROFILE IN PATIENTS WITH RHEUMATOID ARTHRITIS: A COMPARATIVE STUDY BETWEEN SOUTH EUROPEAN AND NORTH AMERICAN COHORTS

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**Rationale:** Limited and contradictory evidence is found regarding the influence of dietetic habits on lipid profile in patients with rheumatoid arthritis (RA). The main aim of this study was to analyze this influence comparing two geographically distant populations with RA with different dietetic habits and food culture.
**Methods:** A descriptive, observational and cross-sectional study was conducted. Data related to lifestyle habits (diet, exercise, alcohol and tobacco use), body mass index (BMI) and laboratory data (glucose, lipid profile, uric acid, erythrocyte sedimentation rate and reactive C protein) were collected in patients with RA from South Spain. Those data were compared with treatment, sex and age-matched patients with RA from Central Mexico.
**Results:** 50 European patients (mean age: 43±14.3 years; 84% women) and 50 Mexican patients (mean age: 43.5±13.6 years; 84% women) were included. Levels of LDL cholesterol were lower in Mexican patients (86±31.5 vs 128±24.9; p < 0.001). In contrast, levels of triglycerides (102.4±47.7 vs 145.3±67.2; p < 0.001), HDL cholesterol HDL (60.5±12.8 vs 52.1±21.4; p = 0.041) and BMI (24.9±4.6 vs 26.7±3.6; p = 0.045) were significantly more favourable for European patients. Also, regular exercise practice was significantly more frequent in European population (54.1% vs 20%; p = 0.001). Frequencies of tobacco use and alcohol consumption were similar in both populations (p > 0.05).
**Conclusion:** In general, dietetic habits of our cohort of European patients with RA have more beneficial effects on metabolic and body weight than American sample. Nevertheless, exercise can modulate the observed results. Longitudinal studies are warranted in order to verify our observation.

**Disclosure of Interest:** None declared

## SUN-PP169

## MALNUTRITION AND ADVANCED CHRONIC KIDNEY DISEASE

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**Rationale:** Malnutrition in ACKD is highly prevalent increasing morbidity. The aim of this study is to assess the nutritional status in patients not dialyzed with ACKD.
**Methods:** A descriptive, observational study to assess the nutritional status by global subjective assessment (GSA), remember intake 24 hours, biochemical parameters and body composition with anthropometric data and bioimpedance.
**Results:** 40 patients with a mean age of 58.9 years and 19.3 FG ml/min/1.73 m$^2$. The average weight was 75 kg and BMI 27.94 kg/m$^2$. The waist circumference was 99 cm. The mean arm circumference was 28.66 cm, triceps and subscapularis skinfold 23.04 and 21.10 mm. The grip strength 21.9 kg. By bioimpedance overhydration 0.2 l, 5.4 phase angle, lean mass (LTM) 38.9 kg (52%) and fat mass (FM) 25.8 kg (34.3%), Index Na+/K+ 0.9.
Hemoglobin 12.3 mg/dl, transferrin 239.3 mg/dl, 1795 lymphocytes, total protein 6.9 g/dl, albumin 4.2 g/dl, prealbumin 27.1 mg/dl and C-reactive protein 6.36 mg/dl. By GSA 22 patients (55%) good nutritional status, 16 (40%) moderately malnourished or at risk of malnutrition and 2 (5%) severe malnutrition. Mean total calories ingested was 1583 (21.69 kcal/kg/day). Carbohydrates 46.9%, protein 17.6% (0.9 g/kg/day), 35.7% fat, sodium 1319 mg and potassium 1625 mg.
**Conclusion:** In our study 40% of patients are moderately malnourished or had suspected to be malnourished. Malnutrition is presented as overweight. The biochemical parameters showed no special significance, only C-reactive protein was elevated. Our patients diet is characterized to be a poor diet energy. There is a poor distribution of macronutrients, with abuse of fats and proteins. Nutritional assessment indicates that patients with ACKD not on dialysis has a malnutrition type of overweight. Malnutrition and inflammation are closely related and increase morbidity and mortality after starting dialysis, so we have to face it before starting dialysis.

**Disclosure of Interest:** None declared

## SUN-PP170

## ENDOSCOPIC GASTROSTOMY FOR NUTRITIONAL SUPPORT IN POST STROKE PERSISTENT DYSPHAGIA

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**Rationale:** Post-stroke persistent dysphagia occurs in 15% of cases and is associated with increased risk of malnutrition,