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RISK OF MALNUTRITION ASSOCIATED WITH GASTROINTESTINAL SIGNS AND SYMPTOMS AND THE LOCATION OF THE DISEASE: RESULTS OF BRAZILIAN RESEARCH ON NUTRITION ONCOLOGY

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Rationale: Nutritional Patient-Generated Subjective Global Assessment (PG-SGA) plays an important role in the diagnosis of malnutrition in cancer patients. The objective was to evaluate the prevalence of malnutrition and its association with tumor location and nutritional impact signs and symptoms at the time of hospital admission in all regions of Brazil.

Methods: Multicenter, cross-sectional study, included 45 hospitals. 4783 nutritional status of adult and elderly patients, of both genders, was assessed at the time of hospital admission using PG-SGA. The association between the independent variables (signs and symptoms of nutritional impact and tumor location) and the nutritional status classification was evaluated in three levels: A (well nourished), B (moderately malnourished or nutritional risk) and C (severe malnourished), using the ordinal polytomic regression with proportional odds model.

Results: The overall prevalence of malnutrition (B (n = 1601) = 33.5% + C (n = 564) = 11.8%) was 45.3%. The prevalence of malnutrition was 74.5% (B= 44.3% and C=31.2%) in patients with upper abdominal tract tumors and 64.0% (B=39.7% and C=24.1%) in patients with head and neck tumors. The presence of more than 3 symptoms considerably increased the odds ratio for malnutrition (OR = 27.3, 95% CI: 22.9 - 32.6; p<0.001). Dysphagia (OR = 4.05, 95% : 3.25 - 5.05; <0.001) and anorexia (OR = 3.38, 95% CI: 2.91-3.93; p <0.001), among the signs and symptoms, were those with the highest risk for malnutrition.

Conclusion: Nutritional impact signs and symptoms, such as anorexia and dysphagia, and upper abdominal tract (OR: 5,53, IC: 4,09-7,5; p< 0,001) and head and neck tumors (OR: 4,54, IC: 3,29-6,26; p< 0,001) presented the highest risk for malnutrition in oncology patients at the time of hospital admission.

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