different food groups and alcohol in relation to the development and progression of AMD.

Methods: We conducted an electronic literature search through MedLine, Embase, Google Scholar, Web of Science, and bibliographies of retrieved articles up to January, 2018. Studies were included if they analysed prospectively the association between consumption of food groups and AMD. We did not limit our search to any language restrictions.

Results: At the end of the selection process, 26 articles were included in the meta-analysis, for a total of 211,676 subjects. The follow-up period ranged from 4 to 27 years. By comparing the highest vs. the lowest consumption, pooled analyses showed a significant ($p < 0.05$) reduction of AMD risk for the highest consumption of fish (RR 0.82 95% CI 0.75−0.90), and a significant increased risk for the highest consumption of alcohol (RR 1.20 95% CI 1.04−1.39). Moreover, high meat consumption was associated with a significant ($p = 0.003$) increased risk of early (RR 1.17 95% CI 1.02−1.34) but not late AMD. No significant association with AMD were found for vegetables, fruit, nuts, grains, dairy products, as well as dietary fats such as oils, butter and margarine.

Conclusions: The results of the present meta-analysis show a significant 18%-reduced risk for fish and a 20%-increased risk for alcohol consumption. In addition, an increased risk was observed for meat, but only in the subgroup of early AMD.

A19
RELATIONSHIP BETWEEN NUTRITIONAL RISK SCREENING 2002 AND SUBJECTIVE GLOBAL ASSESSMENT AND BIOCHEMICAL PARAMETERS IN HOSPITALIZED PATIENTS

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Introduction: Nutritional risk and malnutrition are highly prevalent among hospitalized patients. This study aims to evaluate how the biochemical and nutritional parameters vary according to the NRS 2002 and SGA score.

Methods: This prospective study was conducted since September 2016 to December 2017 and included 240 patients admitted in to Medicine and Surgery wards of the Federico II University Hospital coming from the Emergency Unit. All patients were evaluated for routine biochemical analyses, and the SGA and NRS 2002 test were consecutively administered within 72 h of admission.

Results: Hematologic data showed that hemoglobin concentration is changed in severely malnourished patients according to SGA (score a vs b,c; $p < 0.05$) and NRS (score <3 vs $\geq$3; <0.05). Most of the commonly used indexes of malnutrition (prealbumin, transferrin, and cholesterol) were normal; but serum albumin changed in severely malnourished patients according to score ($p < 0.05$). Blood cholinesterase was significantly lower in patients with NRS score $\geq$3 (8071 vs 3807 U/l; $p < 0.05$).

Conclusions: Our study describe changes of biochemical data in a large sample of hospitalized patients. The abnormal results were strictly related to protein energy malnutrition, and often masked by hemoconcentration of dehydration. Moreover, our results suggest that SGA and NRS scores are useful to identify the patients, at first hospital admission, at high risk for malnutrition.

A20
EVALUATION OF IODINE INTAKE COMPARED TO SALT CONSUMPTION IN AN ITALIAN POPULATION OF CHILDREN AND ADOLESCENTS

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Introduction: Prevention of iodine deficiency disorders is based on the use of food salt enriched with iodine. WHO recommends reducing salt consumption to less than 5 grams per day. This study analyzed the relationship between iodine intake and salt consumption in a sample of 1270 Italian children and adolescents.

Methods and Results: The estimate of iodine intake and salt consumption was made by measuring daily iodine and sodium urinary excretions. Mean $\pm$ SD of age and daily salt consumption in the studied population were 10.3 $\pm$ 2.9 years and 7.3 $\pm$ 3.6 g, respectively. Median ($\pm$IQR) for the daily iodine intake was 100.4 ($\pm$96.1) mcg. 72% of the population in exam had a daily intake of salt higher than levels recommended by the WHO (>5 g/24h) while 50% had an insufficient iodine intake (<100 mcg/24h). Iodine intake was positively but weakly correlated with salt consumption (r = 0.333, $p < 0.001$).When the population was stratified by WHO iodine status, the daily salt intake did not vary significantly between the different classes of iodine status. As 1 g of iodized salt furnishes 30 mcg of iodine, we'd expect to find iodine levels at least corresponding to real consumed salt. Considering this, we found that 86% of the population that we examined did not consume exclusively iodized salt, consumed more salt (7.7 g vs 4.9 g) and had a less iodine level (100 mcg vs 205 mcg), compared to the remaining 14 % of the population.

Conclusions: Although it is claimed that in our country iodized salt represents more than 60% of the cooking salt sold, results of this study instead show that in this young population examined only a little percentage was virtuous consuming small amounts of salt and it was probably iodized.

A21
CHANGING EATING HABITS AND EVALUATION OF THE KNOWLEDGE OF T2DM AFTER MEETING C-MAPS™

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Introduction: To date, the Mediterranean diet is the first therapeutic approach for patients with type 2 diabetes mellitus (T2DM). Conversation Maps™ (C-Maps™) are interactive educational tools on diabetes, with a strong visual impact. The "Healthy Eating and Keeping Active" provides for a healthy eating style and physical activity in order to better handle diabetes. The aim of the study has been to evaluate the impact on changing eating habits and increasing the knowledge of the disease with the group therapeutic education through the use of C-Maps™ tool.

Objectives: The meeting involved 31 individuals (13/18 F/M) of an average age of 68.2 $\pm$ 7.7 yrs with T2DM (75.3% on oral hypoglycaemic therapy, 16.1% without any therapy). The average disease duration was 9.7 $\pm$ 8 y. At baseline first, after 1 month and 6 months, subjects were asked to complete the INRAN questionnaire on eating habits and lifestyle, a food diary and the GISED questionnaire on food and glycaemia.

Results: Preliminary analysis of data and food diaries, the 6-month follow-up shows an increase in consumption of vegetables ($p = 0.004$), with an increase of fiber before treatment (13.1 $\pm$ 3.2 g/1000 kcal vs 15.4 $\pm$ 3.6 g/1000 kcal, $p = 0.09$) and fish intake, reaching a rate of 1-2 times/week vs <3 times/month, $p = 0.001$. Analyzing the nutrition GISED questionnaires, it is shown increase in correct answers given, even if not significant (60.4% vs 70.2%).

Conclusion: Attendance in educational meetings on diabetes and nutrition through the use of C-Maps™ seems to be effective in improving compliance of patients with T2DM to the Mediterranean diet. Increased fiber intake may lead to better glyco-metabolic control over the long term period. Finally, C-maps™ encourages a greater understanding of the disease and the healthy lifestyle in T2DM.

A22
DECENTRALIZED AND MOBILE MONITORING OF ASSISTED LIVINGS' LIFESTYLE "USE CASE PILOT WITHIN" INTEROPERABILITY OF HETEROGENEOUS IOT PLATFORMS INTER-IOT

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