increased levels of Albumin, Transferrin and Lymphocytes (Alb: 3.0 ± 0.6 vs. 3.2 ± 0.5 g/dL, p < 0.001; Transf: 176.6 ± 44.0 vs. 202.7 ± 53.4 mg/dL, p < 0.001; Lynph: 1.8 ± 0.8 vs. 2.1 ± 1.0 x10^3/μL, p = 0.008) and reduced number (2.4 ± 1.4 vs. 0.5 ± 1.0, p < 0.001) and degree (2.2 ± 0.5 vs. 0.5 ± 1.0, p < 0.001) of PS. During hospitalization, the percentage of patients receiving enteral nutrition decreased (83% vs. 51%, p = 0.045), whereas that of patients receiving oral feeding increased (14% vs. 53%, p = 0.023).

Conclusion: The preliminary results of this study are consistent with the latest ESPEN Neurological Guidelines, highlighting the importance of a correct and timely nutritional intervention carried out by an experienced and qualified Nutrition Team in the improvement of the nutritional state. This intervention, as part of a multidisciplinary approach to the patient with SBI, could lead to the optimization of the patient's rehabilitation potential, aimed at improving the outcome both from a neurological (reduced DRS) and physical (reduced number and severity of PS) point of view.

A30
THE ASSESSMENT OF NUTRITION STATUS WITH THE MINI NUTRITIONAL ASSESSMENT (MNA) IN PATIENTS WITH CHRONIC-OSTRUCTIVE PULMUNARY DISEASE (COPD)

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Introduction: Chronic obstructive pulmonary disease (COPD) is a chronic disease with a high prevalence of malnutrition. There are a few data in the literature on the use of Mini Nutritional Assessment (MNA) in COPD patients. MNA is a widely used tool for assessing nutritional status in the elderly. Aim of the study is to identify the prevalence of malnutrition in COPD patients using MNA and evaluate the relationships between MNA and body composition (bioelectrical impedance analysis = BIA).

Methods: Two hundred and one patients with COPD were recruited for the study (137 M/64 F, age 72.4 ± 6.3 yrs, weight 65.4 ± 15.7 kg, body mass index 25.4 ± 5.8 kg/m^2). BIA was performed with a HUMAN IM-TOUCH device (DS Medica, Milan); in addition to estimating free-fat mass (FFM), impedance ratio (IR = impedance-Z at 250 kHz/Z at 5 kHZ) and phase angle (PhA at 50 kHZ) were considered as indi-ces of body cell mass and extracellular water (quality of FFM). The diagnosis of "normal nutritional status", "risk of malnutrition" or "malnutrition" were made using the MNA questionnaire.

Results: Patients at risk of malnutrition were 65.6% of F and 44.5% of M, and those malnourished 17.2% and 20.4%, respectively, with higher percentages in the advanced stages of disease or for a worse prognosis. The prevalence of underweight was 74.4% for malnourished patients vs. 7% for those with normal nutritional status. FFM and IR were inversely correlated, and PhA directly correlated, with the MNA score. Compared with patients with normal nutritional status, IR and PhA were significantly lower in patients with malnutrition but not those at risk of malnutrition (vs. normal nutritional status).

Conclusions: In patients with COPD, MNA shows a high prevalence of patients with malnutrition or at risk of mal-nutrition, especially in the advanced stages of the disease or for a worse prognosis. In addition, malnourished patients showed significant changes in IR and PhA (BIA variables that are indexes of FFM quality).

A31
IMPACT OF MEDITERRANEAN VS VEGETARIAN DIETS ON GUT MICROBIOTA AND SHORT CHAIN FATTY ACIDS: THE CARDIVEG STUDY

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Introduction: There is a growing interest in understanding how diet can modulate the intestinal microbiota, including its possible associations with diseases. The aim of the present project is to compare in a group of patients in primary prevention for cardiovascular disease (CV) the effects of Mediterranean (MD) and Vegetarian (VD) dietary patterns on the composition of the gut microbiota and on the production of short-chain fatty acids (SCFA).

Methods: Twenty-three clinically healthy subjects (16F; mean age: 58.6 years), enrolled in the CARDIVEG study, were randomly assigned to isocaloric MD or VD diets lasting 3-months each and then crossed. Anthropometric measurements, body composition, blood and fecal samples were obtained from each participant at the beginning and at the end of each intervention phase.

Results: At the end of the 3-month intervention phase, a total of 19 taxa reported a statistically significant variation (p < 0.05) due to diet: the relative abundance of 7 groups changed after MD and 12 groups after VD. No statistically significant differences were reported in the production of SCFA for MD, while a reduction in propionic acid (−23.7%) and an increase of both isobutyric (45%) and isovaleric (47.5%) acids emerged for VD. Correlation analyses showed a potential relationship − modulated by the 2 diets − between changes of taxa and the variations of clinical and biochemical parameters including the anthropometric parameters, the metabolic variables and the inflammatory parameters. In particular, a greater number of significant correlations for VD with respect to MD has been reported.

Conclusions: A 3-months period of dietary intervention with MD and VD was able to determine some effects on the gut microbiota. VD appears to have a greater impact as in the composition of the gut microbiota as in the production of SCFA and in correlations with changes in clinical and biochemical parameters.

A32
NON-LINEAR (J-SHAPED) ASSOCIATION OF ALCOHOL INTAKE WITH TOTAL MORTALITY: RESULTS FROM THE MORGAM PROJECT

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