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Programme Overview

38th ESPEN CONGRESS

EUROPEAN SOCIETY OF PARENTERAL AND ENTERAL NUTRITION

Time	Friday 16 September 2016	Room
09:00–13:00	Session 1 – Nutritional Assessment and Techniques	Meeting room 17
09:00–13:00	Session 2 – Nutrition in the prevention of neurological diseases	Meeting Room 5/6
09:00–13:00	Session 3 – Approach to Parenteral Nutrition	Meeting Room 18
09:00–13:00	Session 4 – Nutrition in the Perioperative Period	Meeting Room 19
09:00–13:00	Session 5 – Nutrition in Renal Diseases	Meeting Room 20
13:00–14:00	Lunch Break	
14:00–18:00	Session 6 – Nutritional Support in Cancer	Meeting Room 5/6
14:00–18:00	Session 7 – Nutritional Support in Pancreatic and Liver Diseases	Meeting Room 18
14:00–18:00	Session 8 – Nutrition in pediatric patients 1	Meeting Room 19
14:00–18:00	Session 9 – Nutritional support in diabetes and dyslipidemia	Meeting room 17
14:00–18:00	Session 10 – Nutrition in obesity	Meeting Room 20

Time	Saturday 17 September 2016	Room
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09:00–13:00	Session 12 – Nutrition and Sports	Meeting Room 18
09:00–13:00	Session 13 – Nutritional Support in GI Diseases	Meeting Room 19
09:00–13:00	Session 14 – ICU Nutrition and Problem Solving	Meeting Room 20
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12:00–13:30	Satellite Symposium Nestlé	Auditorium 15
13:30–14:00	Break	
14:00–15:30	Inflammation and metabolism	Congress Hall A1
14:00–15:30	Malnutrition in infants and children	Congress Hall A3
14:00–15:30	Spreading Knowledge and interest in nutrition	Congress Hall A2
14:00–15:30	The diversity of obesity	Auditorium 10-11-12
14:00–15:30	Oral Communication I: Liver and GI tract	Auditorium 15
15:30–16:00	Coffee Break	Exhibition Area
16:00–17:30	Health from the Sea	Congress Hall A3

16:00–17:30	New concepts in peri-hospital nutrition for surgery	Auditorium 10-11-12
16:00–17:30	Nutrition in the ICU	Congress Hall A1
16:00–17:30	Taste preferences and palatability	Congress Hall A2
16:00–17:30	Oral Communication II: Nutritional chronic disease	Auditorium 15
17:30–18:45	Opening session	Congress Hall A1
18:45–21:30	Welcome reception	Exhibition Area

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08:30–10:00	Optimizing muscle mass and function	Congress Hall A2
08:30–10:00	Oral Communications III: Critical Care	Auditorium 15
10:00–10:30	Coffee Break	Exhibition Area
10:30–12:30	LLL live course – Nutrition in Neurological Diseases	Meeting Room 18
10:30–11:15	Sir David Cuthbertson Lecture	Congress Hall A1
11:15–11:30	Nutrition Day Celebration	Congress Hall A1
11:30–12:15	ESPEN Best Abstracts 2016 & ESPEN Travel Awards	Congress Hall A1
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13:30–15:30	LLL live course – Nutrition in metabolic syndrome	Auditorium 15
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14:00–15:30	Enabling nutritional intake	Congress Hall A2
14:00–15:30	Insulin resistance	Auditorium 10-11-12
14:00–15:30	Nutrition support in cancer patients	Congress Hall A1
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16:00–17:30	Intestinal failure	Congress Hall A1
16:00–17:30	Nutrition, epigenetics and disease	Congress Hall A3
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16:00–17:30	The nutrition support team: “Two and two equals five”	Congress Hall A2
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16:00–18:00	LLL live course – Nutrition in Metabolic Syndrome	Meeting Room 18
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Time	Monday 19 September 2016	Room
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08:30–10:00	Nutrition, gut microbiota and health	Congress Hall A3
08:30–10:00	Nutritional intervention to prevent age-related functional decline	Congress Hall A1
08:30–10:00	Oral Communication V: Body Composition and Nutritional Risk	Auditorium 15
10:00–10:30	Coffee Break	Exhibition Area
10:30–12:30	LLL live course – Home parenteral nutrition in adult patients	Meeting Room 18
10:30–11:15	Arvid Wretlind Lecture	Congress Hall A1
11:15–12:15	ESPEN-ENHA-MNI Joint Session: Optimal Nutritional Care for All – Medical Nutrition Supports Cost-Effective Care	Congress Hall A1
12:15–14:00	Lunch Break and poster viewing	Exhibition Area & Poster Area
12:30–13:30	Poster Tour 6: Liver and GI tract	Poster Area
12:30–13:30	Poster Tour 7: Micronutrients 2	Poster Area
12:30–13:30	Poster Tour 8: Nutrition and Cancer 2	Poster Area
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13:00–17:00	Final LLL examination for the ESPEN EUROPEAN DIPLOMA IN CLINICAL NUTRITION AND METABOLISM	Meeting room 17
13:30–15:30	LLL live course – Approach to oral and enteral nutrition	Auditorium 10-11-12
14:00–15:30	Case discussion: Hip Fracture	Congress Hall A2
14:00–15:30	Is there still a role for immunonutrition?	Congress Hall A1
14:00–15:30	Nutrition and post-hospital syndrome	Congress Hall A3
14:00–15:30	Oral Communication VI: Surgery	Auditorium 15
15:30–16:00	Coffee Break	Exhibition Area
16:00–17:30	Satellite Symposium Smartfish	Congress Hall A2
16:00–17:30	Satellite Symposium Baxter	Auditorium 15
16:00–17:30	Satellite Symposium B. Braun Melsungen AG	Congress Hall A3
16:00–18:00	LLL live course – Approach to oral and enteral nutrition	Meeting Room 18

Time	**Tuesday 20 September 2016**	**Room**
08:30–10:00	Albumin – a matter of nutrition?	Congress Hall A1
08:30–10:00	Appetite control	Auditorium 10-11-12
08:30–10:00	ESPEN Research Fellowships Symposium	Congress Hall A3
08:30–10:00	Parenteral nutrition in oncology patients	Congress Hall A2
10:00–10:30	Coffee Break	Exhibition Area
10:30–12:00	Case discussion: Anorexia nervosa	Congress Hall A2
10:30–12:00	ESPEN Guidelines	Congress Hall A1
10:30–12:00	Clinical Nutrition Symposium	Congress Hall A3
10:30–12:00	Oral Communications VII	Auditorium 15

Note

Kindly find the detailed programme of the Congress in the ESPEN 2016 Final Programme

Abstracts of the

38th ESPEN Congress

Copenhagen, Denmark, 17–20 September 2016

Authors are responsible for content and language quality of abstracts

Methods: In this quasi experimental pilot study from all our 175 adult HPN patients received a questionnaire "Lastmeter", 88 (50%) returned the questionnaire. We recruited 17/41 patients to undergo MBCT. Before, after the training and at six month follow up, QoL and obtained skills in mindfulness techniques were assessed using the Short Form Health Survey (SF-36) and Five Factory Mindfulness Questionnaire (FFMQ), respectively and three months after the training all patients were interviewed.
Results: We started the MBCT training with the intervention group, (n = 7; 3 males; mean age 55 yrs (37–63)) had 3 drop outs and the control group, (n = 10; 3 males; mean age 53 yrs (29–67)) had 9 drop-outs occurred due to intermittent illnesses/hospital admissions (n = 8) or logistic issues (n = 1). This high number of dropouts and the small number of enrolled patients precluded a formal statistical analysis. Interviews (n = 16) showed that the training programme is efficient and supportive and the training activated a process of change in participants. Although the daily performance of exercises and necessity to appear at training sessions for 8 consecutive weeks was a strain, all participants embraced MBCT in their lives.
Conclusion: This pilot suggests a possible beneficial effect of MBCT on QoL and obtained mindfulness skills, but the high dropout rate of especially controls leaves the results open for discussion. To our knowledge this is the first study in CIF patients on feasibility and effectiveness of MBSR. Despite the mentioned problems (dropout rate, missing data) the results of the post-training interviews helped to understand the effects of MBSR in these patients. The training program seems feasible. Future research should show whether a web-based coaching programme further enhances the quality of this support strategy.

Disclosure of Interest: None declared

SUN-LB286
SPECIALIZED ORAL NUTRITIONAL SUPPLEMENT (ONS) IMPROVES NUTRIENT INTAKE OF HOSPITALIZED, MALNOURISHED OLDER ADULTS WITHOUT DECREASING REGULAR FOOD INTAKE

L. E. Matarese[1], M. Luo[2], B. R. Loman[3], D. C. Mitchell[4], G. E. Baggs[2], J. L. Nelson[2], C. A. Steele[2], R. A. Hegazi[2], N. E. Deutz[5], on behalf of NOURISH Study Group. *[1]East Carolina University, Greenville, [2]Abbott Nutrition, Columbus, [3]University of Illinois, Urbana-Champaign, [4]Pennsylvania State University, University Park, [5]Texas A&M University, College Station, United States*

Rationale: The NOURISH study showed the specialized ONS, providing 350 kcal and 20 g protein per serving, improved nutritional and clinical outcomes in malnourished (SGA class B/C), ≥65 years, hospitalized patients compared to a low-calorie (48 kcal/serving) protein-free placebo (Pl). This analysis examined the impact of the ONS on regular food nutrient intake after discharge.
Methods: In a subset of NOURISH patients (14 ONS, 16 Pl), 24-hr dietary recalls were conducted by phone on 3 randomly selected days during the week of d30, d60 and d90 post-discharge by Penn State Diet Assessment Center. Nutrient intake was estimated using Nutrition Data System for Research. Adequacy of caloric intake was defined as 30 kcal/kg body weight/day and protein adequacy was defined as 1.2 g/kg/d. The Dietary Reference Intakes (DRIs) were used to assess adequacies of other nutrients.
Results: From food alone, calorie and macronutrient intake were similar between ONS and PI groups during the study (Table 1). Protein intake was maintained through d90 in ONS group while the Pl group declined from 1.05 at d30 to 0.66 g/kg/d d at d90 (37%). No patients met the DRIs for potassium, vitamin A and vitamin D at any time from food alone. However, with food + ONS (median consumption 1.5 servings/day), 56% and 78% of ONS patients met energy and protein goals at d90, respectively; 100% met DRIs for iron, selenium, phosphorus, and vitamins E, B1, and B2 at all times.

Table 1: Median daily intake of macronutrients from food alone

	Placebo			ONS		
Days	30	60	90	30	60	90
Total Calories (kcal)	1,465	1,222	1,327	1,373	1,651	1,637
Protein (g/kg)	1.05	0.78	0.66	0.93	0.94	0.93
Fat (g)	58	44	49	44	49	67
CHO (g)	172	176	175	168	212	193

Conclusion: In this small subset, high calorie, high protein ONS intake increases daily nutrient intake to meet DRIs without decreasing regular food intake. Supported by Abbott.

Disclosure of Interest: L. Matarese Grant/Research Support from: Abbott Nutrition, Speaker bureau of: Abbott Nutrition, M. Luo Other: Employee of Abbott, B. Loman Other: Intern at Abbott Nutrition, D. Mitchell Grant/Research Support from: Abbott Nutrition, G. Baggs Other: Employee of Abbott, J. Nelson Other: Employee of Abbott, C. Steele Other: Employee of Abbott, R. Hegazi Other: Employee of Abbott, N. Deutz Grant/Research Support from: Abbott Nutrition

SUN-LB287
THE PREVALENCE OF SWALLOWING DISORDERS IN PATIENTS WITH DIFFERENT TYPES OF DISABILITIES

M. Magdalena[1], K. Flis[1], M. Pańczyk[2], T. Czernicki[3], B. Jamróz[4], J. Chmielewska[4], D. Szostak-Węgierek[1]. *[1]Department of Human Nutrition, [2]2 Division of Teaching and Outcomes of Education, [3]Department of Neurosurgery, [4]Department of Otholaryngology, Medical University of Warsaw, Warszawa, Poland*

Rationale: Dysphagia in disabled patients usually receives limited attention. Unfortunately is not diagnosed and managed appropriately, what increase risk of complications. It is commonly known that swallowing disorders can lead to aspiration pneumonia, dehydration and malnutrition.
Methods: In total, 116 patients (40.5% men and 59.5% women) with different types of disabilities (physical, visual, hearing, speech and intellectual impairments) were enrolled to the study. Participants receiving enteral or parenteral nutrition were excluded. The assessment of swallowing disorders was taken by the Dysphagia Multiple Sclerosis (DYMUS) and Eating Assessment Tool 10 (EAT-10) questionnaire. Dysphagia was defined as having ≥3 points in both scales. The results were analyzed using SPSS version 17.0.
Results: Among 116 participants, 64.7% had more than one disability and 89% declared severe level of disability. The mean age was 45 ± 17 years and mean length of life with disability 43.4 ± 17.56 years. 17% patients were classified as having dysphagia according to EAT-10, while with DYMUS 26%. The pills swallowing difficulties (90%), necessity of multiple swallows

(56.6%), necessity of cutting foods in small pieces before swallowing (95%) and coughing during swallowing solid foods and liquids (respectively, 56.6 and 25%) were the most common observed problems. Swallowing disorders were more prevalent in patients with several disabilities different than physical impairment in comparison with patients with only physical disability (85% vs 15% $p \leq 0.002$). Analysis of regression did not show correlation neither between severity level of disability nor rehabilitation treatment and dysphagia.
Conclusion: Swallowing problems were relatively common in patients with more than one disability and occurred independently of severity level of disability. These results emphasize the importance of screening dysphagia assessment in patients with different types of disabilities.

Disclosure of Interest: None declared

SUN-LB288
A HOSPITAL FIGHTING MALNUTRITION. BETTER FOOD AND NUTRITIONAL CARE TO HOSPITALISED PATIENTS: A PILOT STUDY

N. M. L. Rasmussen[1], A. Erichsen[1], A. S. Christensen[1], K. G. Frederiksen[1], M. N. Nielsen[1], B. B. Noe[2], H. V. Sahl[1], L. Viggers[1]. *[1]Department of Clinical Nutriton, [2]Department of Research and Education, Regional Hospital West Jutland, Holstebro, Denmark*

Rationale: Inadequate food intake, short hospital stays, fixed meal times and lack of multidisciplinary collaboration makes it a challenge to improve the nutritional care of hospitalised patients. The aim of this pilot study was to investigate whether a new concept for food and nutrition support were feasible and could increase the energy- and protein intake in hospitalised patients with pulmonary disease.
Methods: A pilot study was carried out in a general district hospital in Denmark. In the prior period 12 patients were included as control group (CG). They received a set menu with limited choices served at fixed times. In the intervention group (IG) 26 patients were included. They received individual nutrition support by a registered dietitian in combination with a menu having individual dishes served on demand, prepared by nutrition professionals at the unit. The nutrition support consists of screening, counseling and monitoring. A descriptive analysis about patient satisfaction was performed as well as the staff experiences were gathered.
Results: The patients were very satisfied with the new concept especially the ability to eat what they want at the time they want. The staff responded: satisfaction with the concept, multidisciplinarity, more time to personal care and impossible to implement without nutrition professionals. There was a tendency to increased average intake of energy (8.8 ± 2.7 (SD) vs 7.3 ± 2.0 MJ, $p = 0.10$) and protein (74 ± 26 (SD) vs 60 ± 18 g, $p = 0.08$) in the IG. No significant differences were observed in baseline characteristic.
Conclusion: This pilot study showed that the concept was feasible and well liked among the patients and staffs. Further research with adequate power needs to be conducted to asses the impact of the concept on functional and clinical outcomes.

Disclosure of Interest: None declared

SUN-LB289
ASPERGILLUS NIGER-DERIVED ENZYME AN-PEP EFFICIENTLY DEGRADES GLUTEN IN THE STOMACH OF GLUTEN-SENSITIVE SUBJECTS

J. König[1], S. Holster[1], M. J. Bruins[2], R.-J. Brummer[1]. *[1]Nutrition-Gut-Brain Interactions Research Centre, Faculty of Health and Medicine, School of Medical Sciences, Örebro University, Örebro, Sweden; [2]DSM Biotechnology Centre, Delft, Netherlands*

Rationale: The *Aspergillus niger*-derived prolyl endoprotease (AN-PEP) has previously been shown to degrade gluten in an *in vivo* setting in healthy subjects where AN-PEP was added to an intragastrically infused meal [1]. As gluten-sensitive subjects are often concerned about hidden gluten in gluten-free labelled foods, the current study investigated the efficacy of AN-PEP in a physiological meal setting with a low amount of gluten.
Methods: In this placebo-controlled cross-over study, 18 self-reported gluten-sensitive subjects (negative serological tests for coeliac disease) attended three test days. A multilumen nasoduodenal feeding catheter was placed to collect gastric and duodenal aspirates. Subjects consumed a porridge containing 0.5 g gluten in the form of two crumbled wheat cookies as well as two tablets either containing 160,000 PPI of AN-PEP (high dose), or 80,000 PPI (low dose), or placebo in a double-blind, randomized manner. Gastric and duodenal content was sampled at several time points over 180 min and analysed for gluten epitopes using the Gluten-Tec® ELISA. The 180-min areas under the curve (AUC) of epitope concentration were calculated using curve fitting.
Results: Both the high and the low dose AN-PEP significantly lowered the gluten concentrations in the stomach and in the duodenum compared to the placebo. In the stomach, gluten levels were reduced from 218 ± 155 μg × min/mL (mean ± SD) in the placebo to 31 ± 24 μg × min/mL in the high dose ($p = 0.001$) and to 31 ± 22 μg × min/mL in the low dose ($p = 0.001$). In the duodenum, gluten levels were reduced from 65 ± 88 μg × min/mL in the placebo to 12 ± 13 μg × min/mL in the high dose ($p = 0.019$) and to 8 ± 5 μg × min/mL in the low dose ($p = 0.015$).
Conclusion: Even in a physiological meal setting, AN-PEP significantly degraded most gluten before it entered the duodenum in self-reported gluten-sensitive subjects.

Reference

[1] Salden *et al. Aliment Pharmacol Ther* 2015;42:273–285.

Disclosure of Interest: None declared

SUN-LB290
NUTRITIONAL ASSESSMENT OF TRACE ELEMENTS AND VITAMINS STATUS IN PREGNANT WOMEN

A. M. Sobańska[1], R. Kocyłowski[2], J. Poznaniak[1], J. Suliburska[1]. *[1]Department of Human Nutrition and Hygiene, Poznan University of Life Sciences, Poznań, [2]Department of Perinatology and Gynecology, Polish Mother's Memorial Hospital Research Institute, Łódź, Poland*

Rationale: Objective of this study was to evaluate participants' daily intake of iron, zinc, copper, magnesium, calcium, folic