P003/S1-P3 LANDSCAPE OF NUTRITION OR DIET-RELATED RANDOMISED CONTROLLED TRIALS: DATA FROM PROTOCOLS PUBLISHED BETWEEN 2012 AND 2022

Dr. Flávia Moraes[2], Dr. Simone Bernardes[2], Solange Durão[3], **Dr. Fabio da Silva Gomes**[4], Dr. Michael Schlussel[1]
[1]University Of Oxford, Oxford, United Kingdom, [2]Universidade Federal de Ciências da Saúde de Porto Alegre, Porto Alegre, Brazil, [3]Cochrane Nutrition, Cape Town, South Africa, [4]Pan-American Health Organization, World Health Organization, Washington, DC, USA.

Introduction: As part of a project to consolidate reporting guidance for randomized controlled trials (RCTs), protocols of RCTs and systematic reviews of nutritional interventions, it was important to understand the nutrition interventions research landscape over the past decade. Objectives: To assess the nutrition or diet-related interventions research landscape using data from RCT protocols published as research articles between 2012 and 2022. Methods: We searched six databases for eligible protocols published between January/2012 and March/2022. Data extracted included bibliometrics, study scope (population, intervention, comparator, outcome, study design), and research transparency practices (protocol registration, conflicts of interest and funding statements, mention of reporting guidelines). We screened the "Instructions for Authors" webpages of each journal contributing publications to our sample for checking whether they endorsed reporting guidelines. Results: We included 1,068 protocols. The frequency of publication of RCT protocols as research articles increased annually, with a mean of 161 (range: 155 to 163) publications/year. Healthy (n=342; 32.0%) adults and elderly (n=350; 32.7%) composed the most frequent target population. Isolated nutrition or diet-related interventions (n=724; 67.8%) were most frequently studied, with supplementation (n=405; 37.9%) being the most common type of intervention. The most frequent primary outcome reported was clinical status (n=308; 28.8%). Most protocols described a single-centre (n=838; 78.5%), two-arms (n=844; 79.1%), parallel (n=1014; 94.9%) RCT. Of the 148 journals in which the included protocols were published, general medical journals (n=518; 48.5%) contributed with more publications compared to methods journals (n=479; 44.9%), and nutrition journals (n=71; 6.6%). The SPIRIT statement was endorsed by 33.8% (n=50) of the journals, CONSORT by 75.3% (n=111) and TIDieR by 2.7% (n=4). In 32.1%, 27.8% and 1.9% of publications the authors mentioned SPIRIT, CONSORT, and TIDieR, respectively. Most protocols (n=1,006; 94.2%) reported the study registration and included conflicts of interest (n=952; 89.1%) or funding (n=994; 93.2%) statements. Conclusions: The number of nutrition or diet-related RCT protocols being published as research articles is increasing over time, showing the importance of this type of publication. The adoption of research transparency practices by researchers and journals can still improve. Keywords: research integrity, research transparency, randomized controlled trials, nutritional interventions, reporting guidelines

Keywords: randomized controlled trials, nutrition, diet, research articles 2012- 2022.

P004/S1-P4 ADHERENCE TO THE MEDITERRANEAN DIETARY PATTERN, ITS FOOD COMPONENTS', AND ITS ASSOCIATION WITH LOW-GRADE SYSTEMIC INFLAMMATION IN BRAZILIANS

Mrs. Amália Almeida Bastos[1], Ms. Paula Victoria Félix[1], Ms. Regina Mara Fisberg[1], Ms. Sandra María Lima Ribeiro[1]
[1]University of São Paulo, São Paulo, Brazil.

Introduction: The Mediterranean dietary pattern (MDP) is well established as a healthy dietary pattern (DP), modulating low-grade systemic inflammation (LGSI). The MDP is directed at Mediterranean populations; thus, Brazilians' use of this DP may signify different health benefits. Objectives: This study aimed to characterize the degree of adherence to the MDP and investigate the association with LGSI. Methods: The sample consisted of 583 adults and older adults from a cross-sectional population-based study in São Paulo City, SP, Brazil (2015 ISA-Nutrition). Dietary databases from two non-consecutive 24-hour dietary recalls were used to calculate the MedDietscore that, based on tertiles, determined a low, moderate, and high adherence to the MDP. An LGSI score was created by summing the normalized C-reactive protein (CRP) and Tumor necrosis factor alpha (TNF-α) values and subtracting the normalized Adiponectin values. We adopted logistic regression models to investigate the association between the LGSI score and the MDP (Statistical significance level of 5%; Stata software v.14). Results: Participants with high adherence to the MPD had a greater intake of whole grains (6 servings/week), fish (4 servings/month), potatoes (2 servings/week), fruits (5 servings/week), olive oil (3 servings/week) and vegetables (14 servings/week); and a lower intake of poultry (3 servings/week). High adherence to the MDP was directly associated with 8.3% lower inflammatory status (β=-0.083; p=0.023). Computing the consumption of whole grains, potatoes, olive oil, and full-fat dairy was more relevant since their exclusion led to the loss of this association. Conclusions: Even in a Brazilian sample, high adherence to the MDP presented a specific profile inversely associated with LGSI.

Keywords: degrees of adherence, mediterranean dietary pattern, low-grade systemic inflammation.