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Background

CORRELATION OF MUSCLE (RECTUS FEMORIS CROSS-SECTIONAL AREA) AND ADIPOSE TISSUE (FEMORAL AND ABDOMINAL) PARAMETERS OF NUTRITIONAL ULTRASOUND WITH THE VECTORIAL BIOIMPEDANCE **MUSCLE MASS AND FUNCTIONALITY TEST IN HIP FRACTURE PATIENTS.**



- Elderly hip fracture patients (EHFp) undergoing surgery are often malnourished or at risk.
- Baseline nutritional status of these patients could worsen clinical outcomes. Muscle wasting during the convalescence could contribute to functional disability.
- Nutritional ultrasound (NU) is positioning itself as a "point of care of ultrasound" (POCUS) technique in the nutritional assessment of sarcopenia risk and complications.

Results

85 patients, 75.9% female, mean age 80.7 years (± 6.8), weight 69.2±12.1 kg and length 159±9.15 cm. 72% of the fractures were extracapular and 28% intracapsular. According to MNA 10.6% were at risk of malnutrition and according to EWGPT they had sarcopenia 42.7% (HGS<27/16, 70.2%, ASMM <20/15 51.8%). The Barthel questionnaire showed 54.9% independent, 38% with mild dependency, 7% with moderate-severe dependency.

				_	Fi	Figures 1: Description of the morphofunctional						Figures 2: Reliability of the morphofunctional assessment model													
Baseline characteristics:	HHS (n=45)	Control (n=40)	þ		techniques by gender :							A positive correlation is observed between the muscle parameters (BIVA-NU-HGS).								A positive correlation is observed between the adipose tissue parameters (BIVA-NU					
Mean age: years (SD)	80.6 (6.8)	80.7 (7.3)	p(median)=0.831	5.25 -			27 ·	-		25 -			Cronbac	ch's=0.8	30.					anthro	opome	etry). Cr	onbac	h's=0.5	0.
Gender: Female Male	32 13	34 6	p(χ2)= 0.125	5.00 - VU 4.75 -	0		₩ 00 24 ·			20 - S 5 5 5 5 5 5 5 5 5 5 5 5 5	0	○ Mean (95% CI)□ Median	HGS	Pe	arson elation				1	СС		Pearson Correlation			1
Femoral fracture type: Intracapsular Extracapsular	20 25	17 23	p(χ2)= 0.857	4.50 -	Male	Female	21 ·	Male	Female		Male Female Gender	_	BCM FFM	-1.0 -0.5	0.0 0.5 1.	D	1	1 0.83	0.61	BMI	-1.0 -0	0.5 0.0 0.5	1.0	Ť	0.38
Hospital length: days (min-max)	6 (4 – 11)	7 (5 – 17)	p(median)=0.369	4.5 -	1		2.00 -		T	^{0.9}]			ASMM			1	0.97	0.8	0.51	FM			1	0.82	0.44
Anthropometrics:				4.0 - K	- •		1.75 -		°	0.8 -			PhA	_	1	0.25	0.28	0.65	0.57	T-SAT		1	0.51	0.5	0.34
Waist circumf, cm (SD)	27.1(4.3) 101(7.5)	27 (2.7) 103 20.8	p(median)=0.274 p(median)=0.666	3.5 - Ľ 3.0 -			LA T 1.20 -	ļ		U.7 -	°	○ Mean (95% CI)□ Median	RFYaxis	1	0.06	0.55	0.53	0.36	0.29		1	0.48	0.57	0.6	0.32
BIA: PhA: degrees(SD)	4.59 (0.8)	4.82 (1.1)		25-		0	1.25 -			0.5 -			RFCSA	1 0.6	0.3	0.64	0.67	0.62	0.47	L-SAT	1	0.46	0.57	0.8	0.32
Hand grip strength: Kg(SD)	14.4(6.4)	15.9 (9.0)		2.0	Male	Female		L Male F	Female		Male Female		205	P Jatis	PHA	SMM	EFN R	CM .	Has		LSAT	T.SAT	EN.	BW	o ^C

Figures 1. Description of the morphofunctional

Method

- Inclusion criteria: Males and females with hip fracture, age>65 years, surgery <72 hours after hospital admission
- Exclusion criteria: pathologic fracture, kidney or liver insufficiency, insulin-treated diabetes mellitus, pacemaker patients, previous orthopedic hip surgery.

Double-blind, randomized, placebo-controlled trial



(2): Bioimpedance analysis: phase angle (PhA), resistance, reactance, lean body mass, fat mass, total body water, intracellular and extracellular water.

(3): Rectus femoris cross-sectional area measured at the midpoint of muscle.

(*): Safety data: adverse events, product tolerance.



Written informed consent Selection criteria(1) Randomization Bioimpedance analysis (BIA)₍₂₎ Hand-grip strength Blood testing (preoperative)

Demographic data Anthropometrics Barthel Index (disability measure) Charlson Index (comorbidity) Mini Nutritional Assessment (MNA) Subjective Global Assessment (SGA) Rectus femoris ultrasonography₍₃₎ Bowel habits / Bristol Stool Form Scale Clinical and Safety data*

Anthropometrics **BIA** - Hand-grip strength Barthel Index - Charlson Index Nutritional status: MNA - SGA Bowel habits / Bristol Stool Form Scale Blood testing (if available) Clinical and Safety data*

Anthropometrics BIA - Hand-grip strength **Rectus femoris ultrasonography Barthel Index - Charlson Index** Nutritional status: MNA - SGA Bowel habits /Bristol Stool Form Scale Blood testing (if available) Clinical and Safety data*

Nutritional ultrasound shows a good correlation with other basic (anthropometry) and advanced (BIVA and HGS) nutritional assessment techniques. It is o e necessary to establish new simple tools that relate the nutritional and functional situation of the patient in this complex pathology with high morbidity and mortality, in order to define strategies to optimize treatment.

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