



ROLE OF IMMUNE-NUTRITION IN SARS-COV 2 PATIENTS FROM A MILD INTENSITY CLINIC

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Background and aims

Immuno-nutrition (IN) has shown promising results in inflammatory bowel disease (IBD), clinical course and patients admitted to intensive care unit (ICU), extubation time and mortality.

Thus, we wanted to assess the impact of a standardized IN oral formula on COVID-19 patients admitted to our mild intensity clinic on late 2021.

Methods

We prospectively enrolled patients admitted to the Internal Medicine COVID-19. All patients had biochemical, antropometric, HRCT chest scan and nutritional assessments at the time of admission and, after oral immune-nutrition formula administration, at 15 days interval follow-up.

Results

We enrolled 52 consecutive patients (mean age 60.9 ± 5.4 years, 17 F, BMI 23.5 Kg/m^2).

Main comorbidities were: diabetes (20%, type 2 90 %), hyperuricemia (15%), hypertension (38%), chronic ischemic heart disease (12 %), COPD (13%), anxiety (10%) and depression (8%), overweight (59 % ') of patients; MNA test (4.4 ± 0.7) and phase angle (PA) values, suggestive of malnutrition, were present in 13% of patients. Upon informed consent, 14 patients (mean age 67.9 ± 5.4 years, 7 F, BMI 26.7 Kg/m^2) accepted to be administered with IN. Overweight significantly correlated with exitus occurrence ($r = 0.65$).

IN-treated patients reported one death. IN administration was followed by a significant decrease of inflammatory markers with a tendency to be higher than those of non-treated patients. IN prevented worsening of BMI and PA vs. non-treated patients.

Conclusions

In this overweight COVID-19 population immune-nutrition prevented malnutrition development with a significant decrease of inflammatory markers.

Figure 1 Nutritional status Of patients

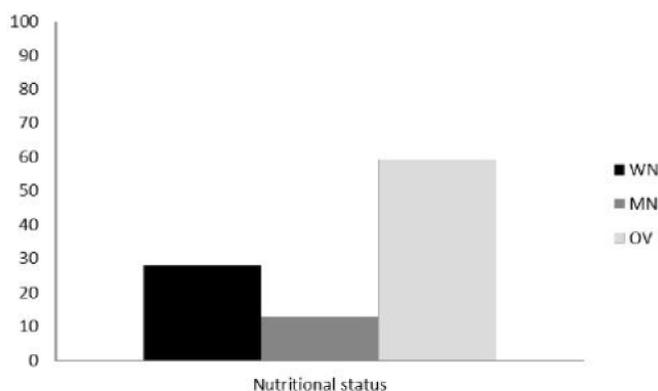


Figure 2 Patients treated with IN

