



ROLE OF IMMUNE-NUTRITION IN SARS-COV 2 PATIENTS ADMITTED TO SEMI-INTENSIVE UNIT

E.Scarpellini*¹, M.Scarcella², M.Basilico³, N.Giostra², A.Di Bernardino², E.Lattanzi¹, P.Santori¹, G.Petrelli⁴, F.Frezza⁴, E.Ciannamei⁴, O.Di Ubaldo⁴, M.Parisciani⁴, C.Rasetti⁵

1 Internal Medicine Unit Ospedale San Benedetto del Tronto, 2 Anesthesia, Intensive Care and Nutritional Science, Azienda Ospedaliera "Santa Maria", 3 Nutrition Unit San Benedetto del Tronto, 4 Emergency Medicine, 5 Internal Medicine and Nutrition Units, Ospedale San Benedetto del Tronto.

Background and aims

SARS-COV 2 pandemic has hit on our lives since early 2020. During the first COVID-19 contagions waves, both malnutrition and overweight significantly correlated with mortality of patients admitted to mild intensity clinical units in hospitals. Immuno-nutrition (IN) has shown promising results in inflammatory bowel disease (IBD) clinical course and patients admitted to intensive care unit (ICU) extubation rate and mortality. Thus, we wanted to assess the effects of IN on clinical course of patients admitted to semi-intensive COVID-19 Unit.

Methods

We prospectively enrolled patients admitted to the semi-intensive COVID-19 Unit of San Benedetto General hospital from 2020 until 2021. All patients had biochemical, antropometric, HRCT chest scan and complete nutritional assessments at the time of admission and after oral immune-nutrition formula administration, at 15 days interval follow-up.

Results

we prospectively enrolled patients admitted to the semi-intensive COVID-19 Unit of San Benedetto General hospital from 2020 until 2021. All patients had biochemical, antropometric, HRCT chest scan and complete nutritional assessments at the time of admission and after oral immune-nutrition formula administration, at 15 days interval follow-up.

Conclusions

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

Figure 2a: riduzione PCR, IL-6 a T0

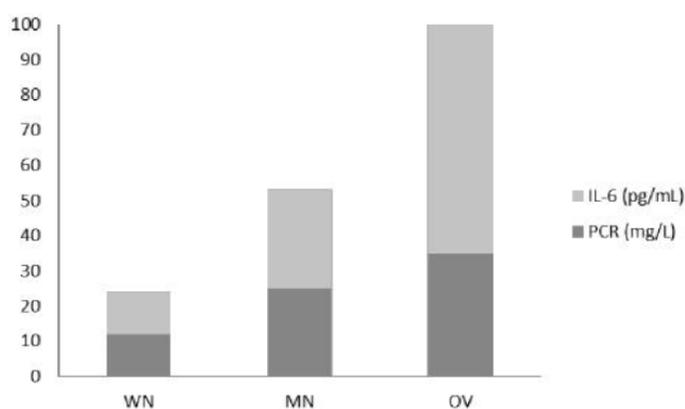


Figure 2b: riduzione PCR, IL-6 a T1

