support and hospital stay. Little is known about the nutritional and growth outcomes of surgical neonates (SNs) post-hospital discharge. This study evaluates the prevalence of "failure to thrive" (FTT) in SNs after hospital discharge.

Methods: A retrospective analysis was done at Chelsea and Westminster Hospital, a tertiary referral centre for neonatal surgery. Babies who had major GI surgery over an 18-month period (1Jan2006-31Jul2007) were identified from unit's database. Further data were collated from medical case notes, dietetic records, parental satisfaction survey and physician feedback. FTT was defined as weight decreasing over 2 centile lines using unit's standardized growth centile chart.

Results: Sixty-five of 80 eligible infants were analysed. Keysurgical diagnosis included necrotizing enterocolitis, duodenal stenosis, tracheoesophageal fistula, Hirschsprung's disease and exomphalous. Nineteen SNs (29%) developed FTT, 12/19 as inpatients (4 with further growth impairment post-discharge) and 7/19 after discharge/transfer to local hospital. Twenty SNs (30.8%) were referred for dietetic follow-up after discharge for associated comorbidity e.g. FTT, gastroesophageal reflux, and milk intolerance and in 22/65 (33.8%) they required milk change post-discharge e.g. to a hypoallergenic or hypercaloric formula. Post-discharge FTT was common if babies only had surgical without co-existing neonatal follow-up.

Conclusion: SNs are shown to be at high risk of FTT even after discharge from hospital, and they require significant dietetic input. We recommend increased awareness of the potential comorbidities and ongoing provision of dedicated multidisciplinary nutritional and neurodevelopmental support for early identification and intervention.

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AFTER INFANT NUTRITION: WHAT'S GOING WRONG?

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Background and aims: Infant nutrition with breast and/or formula feeding is safe and enables to grow and develop well. According to programming hypothesis, nutrition onwards with general family nutrition may influence later health. Aim was to investigate energy

and nutrient intake of 12 to 36 month old children compared to general recommendations.

Methods: Austrian Mothers of children selected by chance where interviewed, a 3d-recall recorded [1] and calculated by DGE-PC on basis of BLS data bank. Daily average intake was compared with DACH references of age 1-4 years.

Results: In Austria 176 interviews were performed from 79m & 97f children; 167 evaluated. Average age 23,7mo, height 87cm, weight 11,94kg and 15.94 BMI. These consumed 96±33 kcal/d with 0,77±0,19kcal/g energy density. From protein they got 13,9±3,1%E or 3,2±1,1g/kg. Total water intake (food and beverage) was 107±43 ml/kg. Energy from fat was 28,2±6,3%E and 56,5±8,0%E from carbohydrates. With CH 26,9±16,2% Monosacch, 40,9±14,7% Polysacch and total Fibre 10,6±5,1 g/1000kcal were consumed. Ca was 655±290 mg/d and Fe 6,4±2,9mg/d. Some nutrients are critical because of low intake (Vit. D & E, Folic acid, Fe, J) and Na because of extreme high intake.

Conclusions: Children consume high energy, extremely high protein, have critical intake of essential nutrients. After safe infant nutrition they acquire disadvantages of family nutrition still in intense development with need of high quality nutrition. Appropriate recommendations & training of responsible persons are necessary for good development and better health in later life.

[1] Students of nutritional paedagogic, Pädagogische Hochschule Graz 2004

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THE RELATION OF OBESITY AND OVERWEIGHT WITH A PERSISTENCE OF NUTRITIONAL DEFICIENCY ON SCHOOL CHILDREN IN PARELHEIROS, SÃO PAULO, BRAZIL

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Objective: A sample of schoolchildren in a low socioeconomic level, the persistence of nutritional deficiency, overweight and obesity.

Methods: Cross-sectional study with a sample of 1761 students from three schools of basic education of Parelheiros, without distinction of sex or ethnicity.

The survey was submitted to anthropometric assessment, with measurement of body weight and height to calculate the weight-for-stature and stature-for-age describing the children in overweight and obesity, or separating them in past malnutrition, acute, chronic, according to Waterlow / Batista.

Results: The prevalence of nutritional deficiency was 525 (29.81%), 52.76% males and 42.24% were female. The population enrolled in the region's EMEF Parelheiros (81.04%) showed a higher proportion of past malnutrition, 22.15%, while 6.13% are acutely malnourished, and 1.53%, chronically. The prevalence of overweight was 13% and of obese 9.09%. In this sample, 33.42% of males were overweight and 24.16% obese, 25.45% of females were overweight and 16.97% obese.

Conclusion: Malnutrition persists among the low-income population and its irretrievable form, the past malnutrition, is the most expressive. However, this study notes that overweight and obesity are a growing problem in low-income population due to its customs, food and lack of information. There is a difference in percentage between obesity and overweight among the genders and considering the whole sample, overweight individuals prevails against obese ones. Thus, it is important to stress that we are experiencing a period of transition in nutritional status, in which obesity and overweight have proved to be one of the most significant public health problems.

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FOOD CONSUMPTION HABITS AND PHYSICAL ACTIVITY IN CHILDREN AND TEENAGERS WITH CHRONIC DISEASES

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Background and aim: Patients with chronic diseases are exposed to increasing weight due to multiple factors. Study was orientated towards possibility of knowing and compare food habits and physical activity in chronic conditions group patients.

Methods: Across convenience sampling was carried out a comparative study, applying by consented form in one occasion to relatives of patients with chronic diseases attended in a general concentration medical unit in Mexico, an instrument

of habitual physical activity and frequency of food and healthy drinks consumption. We established groups by disease and gender to categorize them in four groups of physical activity and in two for food habits. Data analysis was non parametric statistics.

Results: We included information granted by 52 parents. Oncologic group was predominating (53.84%). Statistical difference determined by minor values in oncology group observed in: height ($p=0.012$), weight ($p=0.042$), degree of nutrition ($p=0.014$), energetic rest expense ($p=0.059$) and energetic total expense ($p=0.000$). Also presented between patients with solid tumors and rest, in physical activity index ($p=0.037$) and energetic total expense ($p=0.002$). Fifty one (98.07%) patients were classified sedentary. Oncologic group showed minor physical activity ($IAF < 2.00$) and major frequency in consumption of not healthy food habits.

Conclusions: This group were sedentary, being cancer patients more inclined to physical inactivity and a major not healthy food habits. Integral management of patients with chronic diseases must include programs orientated for change physical activity and food consumption habits like a health priority.

Key words: dietetic habits, physical activity, chronic diseases, fitness.

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ANALYSIS OF RELATED FACTORS AMONG SECONDARY SCHOOL STUDENTS IN CHONGQING, CHINA

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Objective: To analyze the prevalence of overweight and obesity, as well as the risk factors among secondary school students, and to put forward policy suggestions for health management department.

Methods: A stratified and cluster sampling trial was conducted in Chongqing City, China. A total of 524 students who met the criteria from 5 secondary schools were recruited in the present study. The study carried out by questionnaire.

Results: The overweight and obesity among the students were overall prevalent, and the rates were 7.82% and 1.72%, respectively. The body mass index (BMI) of parents and birth weight of the students were significantly correlated ($P <$