

0.83)]. Intraclass correlation coefficients were moderate over 18-months for both the *Diagnosis* [ICC = 0.71, 95%CI (0.45, 0.88)] and *Symptom* scores [ICC = 0.72, 95%CI (0.58, 0.82)].

Conclusions: YFAS assessed food addiction *Diagnosis* and *Symptom* scores were found to be relatively stable over 18-months in a non-clinical population of young adults. Future research is required to determine the stability of YFAS scores in the context of intervention programs.

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WHAT IS THE TRADITIONAL MEDITERRANEAN DIET?

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Background/Aims: The Mediterranean diet is important for health and used in research and clinical practice. However, a range of definitions exist for this dietary pattern. The purpose of this study is to describe the 'traditional' Mediterranean diet and identify additional elements not covered by most educational and index tools, including that used in the PREDIMED trial.

Methods: We conducted a literature review of Mediterranean diet definitions, including those used in educational and index tools. Nine databases were searched from inception to July 2015.

Results: Definitions in the literature vary and mostly focus on the proportion of key foods. The traditional Mediterranean diet is described as high in plant foods (fruits, vegetables, cereals, legumes, nuts/seeds and extra virgin olive oil), moderate in fish/shellfish and red wine and low in meat, dairy, eggs and animal fats. In 2010, the United Nations Educational, Scientific and Cultural Organization (UNESCO) recognised the Mediterranean diet as an Intangible Cultural Heritage. Yet the definition accepted by UNESCO encompasses broader lifestyle aspects related to culinary and consumption habits. Additional elements of the traditional Mediterranean diet, not well documented in previous tools, include the intake of home cooked meals, cooking styles, frequency of eating in company, fasting practice, ownership of a kitchen garden and napping after the midday meal.

Conclusions: Scope exists for improved educational and index tools for use by researchers and clinicians. Existing tools should be reviewed to incorporate broader elements of the Mediterranean 'way of life' that may influence dietary adherence and/or provide independent health effects.

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DIET QUALITY IN END STAGE RENAL FAILURE PATIENTS ON DIALYSIS

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Background/Aims: Dialysis patients are at risk of consuming a poor quality diet, long chain (LC) omega-3 fatty acid intake is of particular interest. This study aims to investigate diet quality using numerous tools, and assess omega-3 erythrocyte fatty acid status in an End Stage Renal Failure population on dialysis.

Methods: Dietary intake was measured for participants ($n = 32$) using 3 × 24 hour recalls and the Polyunsaturated Food Frequency questionnaire (PUFA FFQ) which was compared to the evidence based practice guidelines (EBPG), a Patient Generated Subjective Global Assessment (PG SGA) was used to measure malnourishment and diet quality was assessed using the Total Diet Score (TDS). Erythrocyte fatty acid analysis was conducted to calculate the omega-3 index, the arachidonic acid to eicosapentaenoic acid ratio (AA/EPA) and levels of DHA deficiency.

Results: Adherence to the EBPG were poor, specifically for energy and protein intake and saturated fat and carbohydrates as a % of total energy. The PG SGA found 58% of participants mild to moderately malnourished and 3% severely malnourished. The mean TDS of the population was 10.23, which was significantly ($p < 0.05$) higher than the TDS of a healthy cohort.

The omega-3 index was the same between the dialysis cohort and a healthy cohort, but the AA/EPA ratio was significantly higher in the dialysis cohort.

Conclusions: Dialysis patients have a diet quality similar to a healthy cohort, however improvements are required for better adherence to the EBPG. Increased consumption of LC omega-3 fatty acids may also benefit this population.

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GENOME STABILITY OF INFANTS AS MEASURED BY THE CYTOKINESIS BLOCK MICRONUCLEUS CYTOME ASSAY AND INFLUENCE OF TYPE OF FEEDING

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Background/Aims: A longitudinal prospective cohort study was designed to investigate genome instability biomarkers in the offspring of Australian mothers at low risk of pregnancy complications and to test whether they are influenced by the type of infant feeding.

Methods: Genome instability was measured by the Cytokinesis block micronucleus cytome (CBMN-Cyt) assay in peripheral blood lymphocytes collected from cord blood ($n = 92$) and from infants at 3 ($n = 69$) and 6 months ($n = 56$). DNA damage biomarkers expressed *ex vivo* were measured per 1000 binucleated cells including micronuclei (MN), nucleoplasmic bridges (NPB), nuclear buds (NBUD), apoptotic and necrotic cells. Nuclear division index (NDI) was measured using the frequency of mono-, bi- and multinucleated cells. Each infant was assigned a feeding score (FS): exclusively breast fed: 4; partially breast fed: 3; exclusively formula fed or other milk (soy or cow): 2; partially formula fed or other milk: 1.

Results: None of the DNA damage biomarkers measured was correlated with average FS. The decline in MN, NPB and NBUD at 3 months (28%, 53%, 35% respectively) and at 6 months (23%, 58%, 36% respectively) relative to cord blood could not be attributed to the type of feeding.

Conclusions: To our knowledge, this is the first study to have collected genome instability biomarker data for South Australian infants using the CBMN-Cyt assay. 67% and 38 % of babies were exclusively breast fed in the cohort that may have influenced observed non association between FS and DNA damage biomarkers.

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FOREARM TO FINGER-TIP SKIN TEMPERATURE GRADIENTS CONTRIBUTE TO RESTING METABOLIC RATE IN THE THERMONEUTRAL ZONE

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Background/Aims: RMR is always measured in the thermoneutral zone. Forearm to finger-tip skin temperature gradients are an objective assessment of thermo-neutral conditions. The aim was to explore the relationship between the two variables after controlling for many confounders.

Methods: Data on 82 adult Australians (61 Europeans, 21 sub-Saharan Africans) were collated for this study. All participants had been measured at 25°C under standardized conditions in a temperature controlled chamber. RMR, RQ, in the ear tympanic temperatures (IET), and 30 min forearm to finger-tip skin temperature gradients (FFG) were complemented by fasting blood clinical chemistry. McAuley's index of insulin sensitivity (McA_{ISI}) and presence of metabolic syndrome (MetS) were determined. FM, FFM and android:gynoid ratio was obtained from DEXA measurements. Physical activity was determined from the short version of IPAQ. Multiple linear regression modelling of RMR and RQ was conducted on several potential predictors. A