disease although any specific amount has not been stablished. This study aimed to analyze the amount and type of dietetic fat and carbohydrates related with hepatic steatosis in a group of Mexican adults in a typical diet.

Materials and Methods: In a group of Mexican adults without hepatic steatosis, a registered cross- sectional study INCMNSZ- 3794-21/22 consuming a typical diet, were applied food frequency questionnaires, anthropometry and transient elastography. If they had any chronic disease, uncontrolled diabetes, hypertension or thyroid disease, bariatric surgery or pacemaker, were not included. Dietary fat and carbohydrates were identified and quantified with The Food Processor software v11.11.32 (ESHA Co.); manually, the proportion of fats was classified according to WHO recommendations. Differences among steatosis group (CAP> 268 dB/m) were calculated with t- Student and a logistic regression to determine odds ratio with type and amount of nutrients related to hepatic steatosis.

Results: Of 321 participants, 200 were women; 162 had steatosis and were older, with higher BMI, waist circumference, fat mass and visceral fat (p=0.000); they also consumed more carbohydrates, total sugar and added sugars (113.8 g, 98.1 g and 52.6 g, respectively) compared to non- steatosis group (p=0.000). There were no statistical differences in total either type of fats. For carbohydrates were obtained OR= 2.44 (IC95% 1.4- 4.62, p=0.002), total sugar OR= 2.67 (IC95% 1.48-4.63, p=0.001) and added sugars OR= 2.68 (IC95% 1.49- 4.83, p=0.001).

Conclusions: Unlike fats, type and amounts of dietary sugars are relevant risk factors for hepatic steatosis in a typical Mexican diet. In this study, we identified the amount that could be related to damage for non- alcoholic fatty liver disease.

P- 47 ACCURACY OF MAFLD-S SCORE TO DIAGNOSE HEPATIC STEATOSIS IN A GROUP OF APPARENTLY HEALTHY PEOPLE.

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Introduction and Objectives: Non-invasive methods for diagnosing metabolic associated fatty liver disease (MAFLD), like Fatty Liver Index (FLI) are gaining attention due to their potential to diagnose patients and reduce healthcare costs. A recent development in non-invasive diagnostics is the MAFLD-S score, which utilizes clinical data exclusively to predict MAFLD risk. This study aimed to evaluate the accuracy of MAFLD-S to diagnose hepatic steatosis previously identified by transient elastography.

Materials and Methods: A cross-sectional study was conducted. Transient elastography with controlled attenuation parameter (CAP) threshold of >268 dB/m was performed to measure hepatic steatosis (HS). Medical histories and anthropometric measurements were collected, and both the MAFLD-S score and FLI were calculated for each participant using cut-off points of 0.548 and 60, respectively. Statistical analysis, including Spearman's correlation and receiver operating characteristic (ROC) curve analysis, was performed to evaluate the diagnostic of HS.

Results: The study included 513 participants, with 64% being females and a mean age of 41.4 years. Hepatic steatosis was diagnosed in 46% of the population using transient elastography. Significant correlations were observed between the MAFLD-S score and FLI (s=0.726, p=0.000) The MAFLD-S score demonstrated a sensitivity (Se) of 63% and specificity (Sp) of 80% for detecting hepatic steatosis, and an area under the curve (AUC) of 0.795; the predictive positive value (PPV) was 0.728 and the positive likelihood ratio (+LR) was 3.15. FLI demonstrated Se= 58%, Sp= 81%, AUC= 0.818, PPV= 0.726 and +LR= 3.11.

Conclusions: In a group of apparently healthy people, both MAFLD-S score and FLI exhibited significant performance to diagnose hepatic steatosis. Implementing this clinical score can aid in identifying individuals at prompt early intervention to improve patient outcomes. Additional research is required to assess the diagnostic performance of these scores in patients with MAFLD.
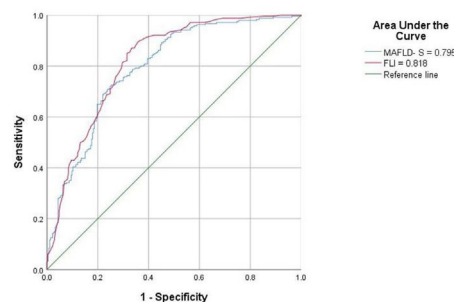

Figure 1. Performance of MAFLD-S and FLI scores for the diagnosis of hepatic steatosis compared to CAP.

P- 48 EFFECT OF THE COMBINATION OF ORLISTAT AND L-CARNITINE ON THE QUALITY OF LIFE (SF.36) IN 16 OVERWEIGTH PATIENTS

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Introduction and Objectives: Orlistat is a drug widely used in overweight/obese patients, while the combination with l-carnitine could offer an improvement in these patients. To our knowledge, the effect of this combination on the quality of life of overweight patients has not been determined. We aimed to evaluate the effects on the quality of life of patients who took the combination of orlistat and l-carnitine at 4 and 8 weeks of treatment.

Materials and Methods: We evaluated the quality of life (Short Form-36) in 16 patients [41.81±8.26 (37.77-45.86) years, 81% women] undergoing pharmacotherapy of the combination of orlistat and l-carnitine at 4 and 8 weeks of treatment. Data express mean SD and 95%IC or percentages as correspond. We use paired Student t Test, two tails with an alpha=0.05.

Results: Figure. Patients lowered their weight in about 5%. Patients show improvement on body pain, general health, vitality and in both Mental [45.68±6.51 (42.49-48.86) vs. 49.88±3.21 (48.31-51.46), p=0.02] and Physical [59.4±8.92 (55.03-63.77) vs. 63.36±9.64 (58.63-68.08), p=0.01] summaries.