



# CALL FOR ABSTRACTS

The ICD 2020 Scientific Committee invites delegates to make a contribution to the 2020 Congress by submitting abstracts for oral or poster presentations

## Congress Theme:

**Improving Nutrition | Unlocking Potential | Accelerating Change**

## Sub Themes:

1. The Dietetic / Nutrition Professional (Training / Education / Development / Service / Regulation / Lifelong learning etc.)
2. Medical / Nutrition Therapy (Microbiome; Renal / ICU / Paediatric / Oncology / Mental health etc.)
3. Life Course Nutrition (Maternal Infant and young child nutrition; Developmental Origins of Health and Disease; Adolescent / Adult / Elderly)
4. Non-communicable Diseases: Etiology, prevention and management
5. Communicable / Infectious diseases: Etiology, prevention and management
6. Severe Acute Malnutrition (SAM) / Moderate Acute Malnutrition (MAM) / Nutrition in emergencies
7. Nutrition Education and behaviour change (New tools / Innovative approaches)
8. Sport Nutrition and physical activity
9. Research Methodologies for Nutrition (e.g. Dietary assessment methodologies; Design thinking etc.)
10. Sustainable Food systems (incl Environmental factors; Industry response to the changing food environment)
11. Food and Nutrition security (incl Indigenous foods)
12. Food Service Management
13. Nutrition-related Policy / Regulation / Legislation
14. Nutrition (specific / sensitive) interventions / Programming
15. Nutrigenetics / and Nutrition-omics (Genomics, Transcriptomics, Proteomics and Metabolomics)
16. Media / Communication / Advocacy for Nutrition (incl Leveraging for financial resources to support scale-up)
17. Ethics and Leadership for Nutrition
18. Other (specify)

A multi-sectoral approach is important in the planning of the scientific programme and the Scientific Committee intends to incorporate the Sustainable Development Goals (SDG's), with specific reference to the following five core themes, in the scientific planning of the programme:

Sustainable Food Production | Strong Systems of Infrastructure | Health Systems | Equity and Inclusion | Stability and Peace

### **INSTRUCTIONS TO AUTHORS:**

The Scientific Committee will peer-review all abstracts. In making a decision, the committee will consider the quality of the communication in terms of its relevance to the congress theme and sub-themes, research quality, the focus and substance of its results, how these are presented, and its originality.

The congress acknowledges and recognises that some programmatic presentations, though original and informative, may not be based on a standard scientific methodology format. Authors of such presentations are encouraged to submit abstracts for the specific thematic areas, but should nonetheless ensure that their abstracts meet the high scientific standards of submission expected for this congress.

Please read the following checklist and make sure that your abstract complies as it is likely to be rejected for any of these following reasons:

1. No objectives/ conclusion/ methodology
2. Lack of data/ statistics/ results not clearly presented
3. Non-original work (previously presented/ published)
4. Original Communication unclear and confusing
5. Failure to follow the instructions to authors

### **ASSIGNMENT TO ORAL OR POSTER ABSTRACTS:**

1. Abstracts will be assigned to poster or oral presentation sessions (after the peer-reviewing process) according to the best arrangement of the programme as decided by the Scientific Committee, taking into account (where possible) the stated preference of the presenting author
2. Authors will be notified of the assignment of their abstract following the peer review process
3. Abstracts that have been accepted for presentation will be published without editing on the congress website by 7 September 2020.

### **GUIDELINES ON SUBMITTING AN ABSTRACT:**

1. Delegates wishing to present oral or poster presentations are invited to submit a short abstract for consideration and inclusion in the Scientific programme
2. Results must be clearly presented in the abstract.
3. Abstracts must be submitted online via [www.icda2020.com](http://www.icda2020.com) by 15 October 2019
4. No late submissions will be accepted
5. The Scientific Committee reserves the right to select papers and posters for presentation
6. Abstracts received will be acknowledged on submission via automatic email
7. Notification of acceptance or rejection will be via email by 28 February 2020
8. Meeting rooms will be equipped with data projectors and only MS PowerPoint will be accepted
9. Please note that no more than three submissions will be allowed per presenter due to possible programme limitations

10. Please read the submission requirements carefully as abstracts submitted cannot be changed later
11. All presenting authors are requested to fully register for the congress by 30 March **2020**. If registration and payment has not been received by this deadline, the presentation will not be listed in the programme
12. Any **conflict of interest** must be declared.

The intent is to openly identify any potential conflict of interest so that the congress delegates may form their own judgement about the presentation with the full disclosure of the facts.

This process of declaring conflicts of interest is *not* intended to reduce or inhibit collaboration, partnerships, networks or involvement in the congress, but rather to encourage transparency and integrity in decision making.

COI pertains to a financial relationship for research support, consulting, employment, or *non-financial* interest ie personal relationships consulting with pharmaceutical, trade companies, manufacturers or corporations whose products or services could be related to the congress. *Non-financial* interests could include religion, ideology, personal relationships, political. Where there is no conflict of interest please enter the word: None

### **Poster presentation & Exhibition:**

The poster panels must be A0 or A1 (Portrait style)

It is recommended that poster presenters should make 10 x A4 photocopies for placement next to the poster (this is optional)

Adhesive as well as A4 plastic sleeves will be provided at the poster boards for the poster copies

Authors will not be required to do a presentation on their poster/s.

### **DEADLINE DATES:**

<b>15 October 2019</b>	Deadline for abstract submissions
<b>28 February 2020</b>	Feedback in terms of whether your submission has been accepted for inclusion in the 2020 Congress
<b>30 March 2020</b>	Registration and payment of registration fees to have been received by the Congress Secretariat

For any queries, please Email Kristy Muller: [kristy@confpartner.co.za](mailto:kristy@confpartner.co.za)

### **INFORMATION REQUIRED:**

#### **Instructions to Submit an Abstract**

1. Abstract Sign In: Please sign into the Abstract Portal with your account email address and password. If you have not yet submitted a presentation, please create a new account. The **presenting author** needs to create the account as results will be sent to the account holder
2. Contact Information: Complete the information required on the Contact Information tab.

#### **Instructions to Author**

3. Title & Presentation Type:
  - Insert the full title of the proposed presentation. The title should not exceed 30 words
  - Preferred format of presentation (Oral or Poster)
4. Theme:
  - Choose the theme you wish to submit under
5. Authors & Affiliations:
  - Author(s) Affiliation
  - Abstract Authors(s)
  - The name of the presenting author must appear first in the list of authors
  - Presenting Author Biography
6. Abstract Upload:
  - Abstracts must be typed in English and a special character keyboard is available

- The body of the text must not exceed **300 words**

**The abstract must adhere to the following format:**

- **Introduction:** should be brief and informative and state the aim of the study
  - **Methods:** include description of subjects and research methodology
  - **Results:** outline the findings of the study supported by statistics as appropriate. Do not use figures, graphs or tables in the abstract. The data provided must be sufficient to permit peer review of the abstract
  - **Conclusion:** provide summary and relevance of the main findings
  - **Conflict of Interest (COI) Declaration:** Include or state: None
  - **Keywords:** (*Maximum of 5*): Include
7. AV Requirements:
- The meeting rooms are equipped with data projectors and only MS PowerPoint will be accepted
  - MAC plug-points will be provided at the lecterns for those wishing to present using their own MACS
8. Review:
- This will allow you to review your completed submission
9. Submit:
- Before you submit your abstract you must agree to the 'Terms & Conditions'.

**EXAMPLES OF ABSTRACTS:**

**Original Research Template**

**Impact of a structured patient educational intervention on Glycaemic control in adult type 2 diabetes patients in Qatar**

Introduction: Glycosylated haemoglobin (HbA1c) is a known clinical marker of long term glycaemic control with implications for complications associated with type 2 diabetes mellitus (T2DM). Objectives: To test the impact of a patient-centred diabetes educational toolkit on clinical measures of glycaemic control.

Methods: A culturally targeted randomised controlled educational intervention was carried out among 430 eligible adults with T2DM in Doha, Qatar. Subjects were randomly assigned to either a 6 week structured educational class (intervention, n=215) or a self-study toolkit over 6 weeks (control, n=215) and followed for 12 months. Fasting blood glucose (FBG), HbA1c and albumin-creatinine ratio (ACR) were monitored at baseline, 6 and 12 months. Between group means of quantitative clinical indices were compared using Student's t-test and multivariate analyses. Results: In the intervention group, 109 subjects (M=40, F=69) completed the study (compliance rate, 51%) and 181 controls (M=50, F=131; compliance rate, 84%). Baseline HbA1c % was not significantly different between groups (p=0.794). Decreasing trends in HbA1c% were observed in all groups with significant differences at 6 months (p=0.032) and 12 months (p=0.006) in the intervention group compared to the controls. Similar trends in FBG were observed in all groups at 6 months (p=0.117) and 12 months (p=0.015) in the intervention and controls. ACR values at baseline were moderately high but not significantly different (p=0.870) between the groups. The intervention group showed a significant drop in ACR at 6 months (p<0.001) and 12 months (p<0.001). Conclusions: Both groups had access to the educational kit but the intervention group showed better glycaemic control over the follow-up period. This educational intervention influenced clinical outcomes of Qatari T2DM patients. Conflict of Interest: None. Key words: type 2 diabetes, patient-centred education, toolkit, HbA1c, glycaemic control

**Review Type Abstract Template**

**Bibliographic analysis of scientific research on selected topics in public health nutrition in West Africa: review of articles published from 1998 to 2008**

**Introduction:** Few countries in West Africa have the capacity for carrying out advanced training in nutrition and public health. To provide additional background information on the current regional applied nutrition research capacity and productivity, we have analyzed the collection of peer-reviewed articles on key topics in public health nutrition that were published during the period 1998-2008. **Materials and methods:** Using PubMed bibliographic search engine, we identified peer-reviewed studies on major public health nutrition issues in the West African region. The following terms were searched: “breast feeding”, “infant nutrition physiology” (comprising complementary feeding and weaning), “protein energy malnutrition”, “nutrition and infection”, “vitamin A”, “iodine”, “zinc”, and “overweight”. **Results:** The search identified a total of 412 unique articles ( $37 \pm 6$  articles per year) that were published during the 11-year period. Most research focused on infant and young child feeding practices, selected micronutrient deficiencies, and the emerging problem of overweight and obesity. The primary author of nearly half (46 %) the publications was located in an institution outside of West Africa. Most articles were published in English (90 %), and nearly half of all articles (41 %) were cross-sectional observational studies. **Conclusions:** Few peer-reviewed research studies are published on key public health topics in the West African region. Considering the magnitude of nutrition problems in this region, new approaches are needed to encourage and support research capacity and output in West Africa. Action to establish centers of advanced nutrition training and applied research is long overdue. **Conflict of Interest:** None  
**Keywords:** Nutrition, Public Health, Applied Research, Advanced Training, West Africa

### **Programmatic Case Study Type Abstract**

#### **Potential use for lot quality assurance sampling (LQAS) assessments in nutrition surveillance in Somali**

**Introduction:** Small sample cluster surveys like use of LQAS design of 33 clusters by 6 children (33X6) with use of the Decision Rule to determine relationships between global acute malnutrition rates and predetermined thresholds have been proposed for emergency assessments when Probability Proportionate to Size (PPS) cluster surveys are expensive, risky and difficult but rapid humanitarian response is required. **Objectives:** To compare the nutrition situation outcome and relative costs from PPS and LQAS assessments and to determine the potential application of LQAS in nutrition surveillance for Somalia.

**Method:** A comparative study in a series of three independent and simultaneous PPS and LQAS (33X6) cross sectional surveys in same population samples was conducted in 2007-2008 in Hargeisa IDP settlements, Bakool Pastoral and Shabelle Riverine areas. The mean differences for the malnutrition rates and costs were analyzed using independent t-test and Analysis of variance. **Results:** Similar prevalence of acute and chronic malnutrition rates and similar estimates for phase classification of severity of nutrition situation were obtained. The mean costs were US\$ 5,026 ( $\pm 829$ ) and US\$ 13,179 ( $\pm 750$ ) for conducting a LQAS and PPS assessment taking an average of 73 ( $\pm 6$ ) and 245 ( $\pm 32$ ) person-days respectively. Overall there was a 54% ( $p=0.016$ ) reduction in children assessed, 54.0% ( $p=0.001$ ) person-days, and 44.8% ( $p=0.0002$ ) amount of money spent for LQAS compared to PPS method. **Conclusion:** The LQAS design on average assessed significantly fewer children, required less person-days and cost 49% less, providing significant cost-saving in classifying the nutrition situation and thus has a good potential for use in nutrition surveillance in Somalia. **Conflict of interest:** none.

**Key Words:** LQAS, PPS, emergency, nutrition, surveillance