

RESULTADOS: Obteve-se informação nutricional para 524 refrigerantes, distribuídos por 9 marcas diferentes. Excluindo os refrigerantes comercializados como sendo *light* ou sem açúcares adicionados, registou-se um teor médio de 6,9±3,94 g de açúcares por cada 100 mL, o que corresponde a aproximadamente 23 g de açúcares numa lata de 330 mL. Para além da água, os açúcares são o ingrediente mais comum nos refrigerantes deste tipo. O refrigerante Fanta Laranja foi identificado como o produto que apresenta maior amplitude no teor em açúcares: de 4,5 g, em Portugal, a 11,8 g, em Itália. Apesar das diferenças no teor de açúcar deste refrigerante entre países não serem consideradas estatisticamente significativas ($p>0,05$), podem ser nutricionalmente importantes. No geral, a Bulgária e a Eslováquia apresentam refrigerantes com maior teor de açúcares. Não se encontrou uma correlação estatisticamente significativa entre o preço e o teor de açúcares ($r=0,086$; $p=0,136$), nem diferenças significativas no preço entre refrigerantes na fórmula original ou na versão com baixo teor de açúcares ($U=1,79$; $p=0,073$).

CONCLUSÕES: No geral, os refrigerantes não-*light* apresentam um teor de açúcares elevado. Alguns produtos, apesar de terem o mesmo nome comercial, apresentam diferenças na composição nutricional entre países da UE. Ainda que as diferenças na composição nutricional não sejam estatisticamente significativas, podem ser nutricionalmente importantes e relevantes para futuras políticas de saúde promotoras de saúde nutricional.

CO28. UNDERSTANDING THE INFLUENCE OF BREASTFEEDING DURATION ON THE TIMING OF PUBERTY ONSET

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INTRODUCTION: Breastfeeding has been associated with a reduced risk of several health outcomes during childhood, but the findings of the potential consequences on pubertal timing are not always consistent.

OBJECTIVES: To clarify the association between exclusive and non-exclusive breastfeeding duration (BD) and earlier puberty onset (PO).

METHODOLOGY: The sample includes 4890 children from the Portuguese birth cohort Generation XXI, with complete information on exclusive and non-exclusive BD, collected at 6-, 15-, 24-month subsample and 4 years (y) follow-up, and on PO assessed by trained nurses at 10y by physical exam, following the Tanner stages criteria. The association between BD and PO was conducted using Tanner stages as a continuous and categorized according to the child's exact age as 'Normal puberty' or 'Early puberty'. Linear regression models adjusted for the child's exact age, were used to estimate the association between BD and the continuous Tanner stages. Logistic binary regression models were employed to estimate the association between BD and the categorical Tanner stages. Both analyses were adjusted for maternal age and education, maternal age at menarche, child's birth weight, and child's Body Mass Index z-score (zBMI) at 10y.

RESULTS: The mean exclusive and non-exclusive BD was 3.1 and 7.2 months, respectively. Early PO at 10y was observed in 13.2% of girls and 2.2% of boys. A longer duration of exclusive breastfeeding was associated with a lower probability of PO at 10y in girls ($\beta=-0.018$; 95%CI: -0.032;-0.004) but not for boys. When comparing early and normal and developers at 10y, the odds of being in the 'Early Puberty' category decreased for both exclusive (OR=0.930; 95%CI:0.875;0.988)

and non-exclusive (OR=0.983; 95%CI:0.966;0.998) BD in girls. However, the associations ceased after adjusting for zBMI.

CONCLUSIONS: The study findings suggest that a longer breastfeeding is a protective factor against early puberty, especially among girls.

CO29. PRENATAL SUPPLEMENTS IN PORTUGAL: IODINE AVAILABILITY FROM PHARMACY DISPENSES

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INTRODUCTION: In countries without sufficient iodized salt coverage, as Portugal, iodine supplementation is recommended for populations at risk. Portuguese health authorities recommend the supplementation of folic acid, iodine, and iron to be considered and adjusted by the physician during preconception, pregnancy, and lactation. Despite the recommendation, recent studies show that Portuguese pregnant women are still iodine deficient.

OBJECTIVES: To evaluate iodine-containing supplement sales and iodine availability through dispenses in Portuguese pharmacies. To characterize nutritional composition of prenatal supplements not subject to prescription.

METHODOLOGY: Data from supplement sales in Portuguese pharmacies since 2008 was provided by CEFAR-ANF (Centre for Health Evaluation and Research, National Association of Pharmacies), product information was complemented with INFOMED (human medicinal products database) and Web research. Iodine, folic acid, and iron content was obtained through the label. Pharmacy dispenses of iodine supplements were collected from a sample of female consumers with at least one prescription associated to one fiscal number, between 2019 and 2021.

RESULTS AND CONCLUSIONS: Iodine-containing supplements represented 72% of prenatal supplement sales in 2023. Of 30 prenatal supplements, only 67% have iodine content as recommended. From 2008, the units of iodine-containing supplements sold increased ($F(1,12)=211$, $p<0.001$, $R^2=0.94$), with a mean of 29% over the years. From a sample of 86012 women with dispenses between 2019 and 2021, mean duration of supplementation was 4.5 months ($sd=3.8$). Less than one percent is covered for the advisable period of 18 months. Despite not controlling purchases outside pharmacies (main limitation), these findings are in accordance with reported urinary iodine content in the pregnant population. Evidence is mounting for the need of additional measures for women to comply with the recommendations; healthcare professionals to inform on supplementation benefits, and health authorities to implement policies that ensure iodine sufficiency to the population (universal salt iodization).

CO30. THE IMPACT OF STEVIA CONSUMPTION DURING THE REPRODUCTIVE STAGE: A CARDIOMETABOLIC PERSPECTIVE

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