



CONTINUITY OF NUTRITION CARE

optimal
nutritional care
for all

THE POWER OF CONCERTED EFFORTS AGAINST MALNUTRITION



International Conference Amsterdam 15 & 16 June



optimal
nutritional care
for all

Identification of malnourished older patients

Diagnostic accuracy of malnutrition screening tools in older hospitalized patients

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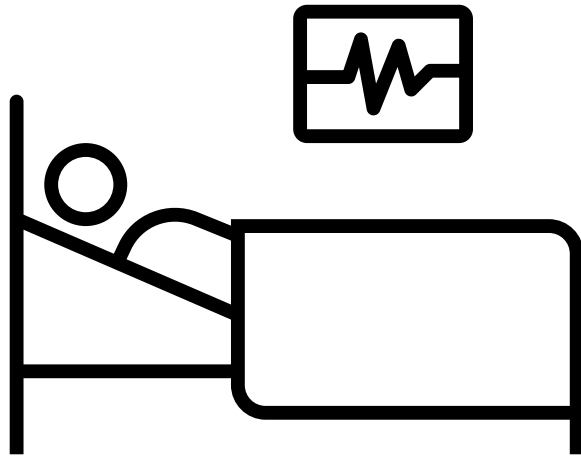
Amsterdam UMC
Universitair Medische Centra

Why screen for malnutrition?



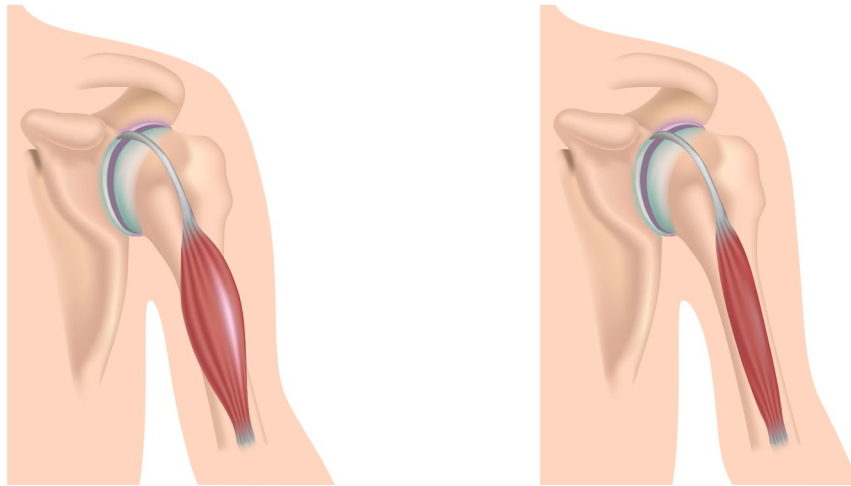
Only 40% of hospital patients meet their recommended protein intake

Why screen for malnutrition?



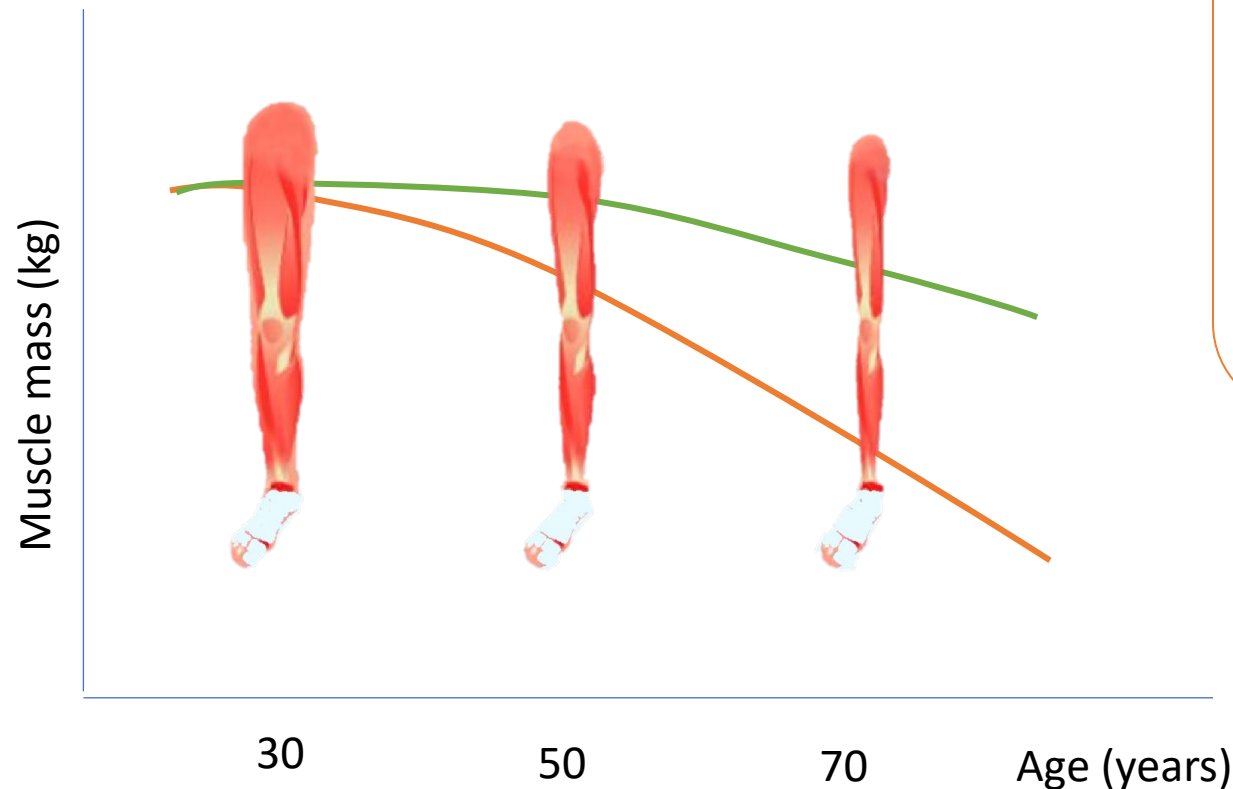
Patients are in bed 80% of the time

Why screen for malnutrition?



Muscle loss during hospitalization
~ 1 kg a week!

Why screen for malnutrition?



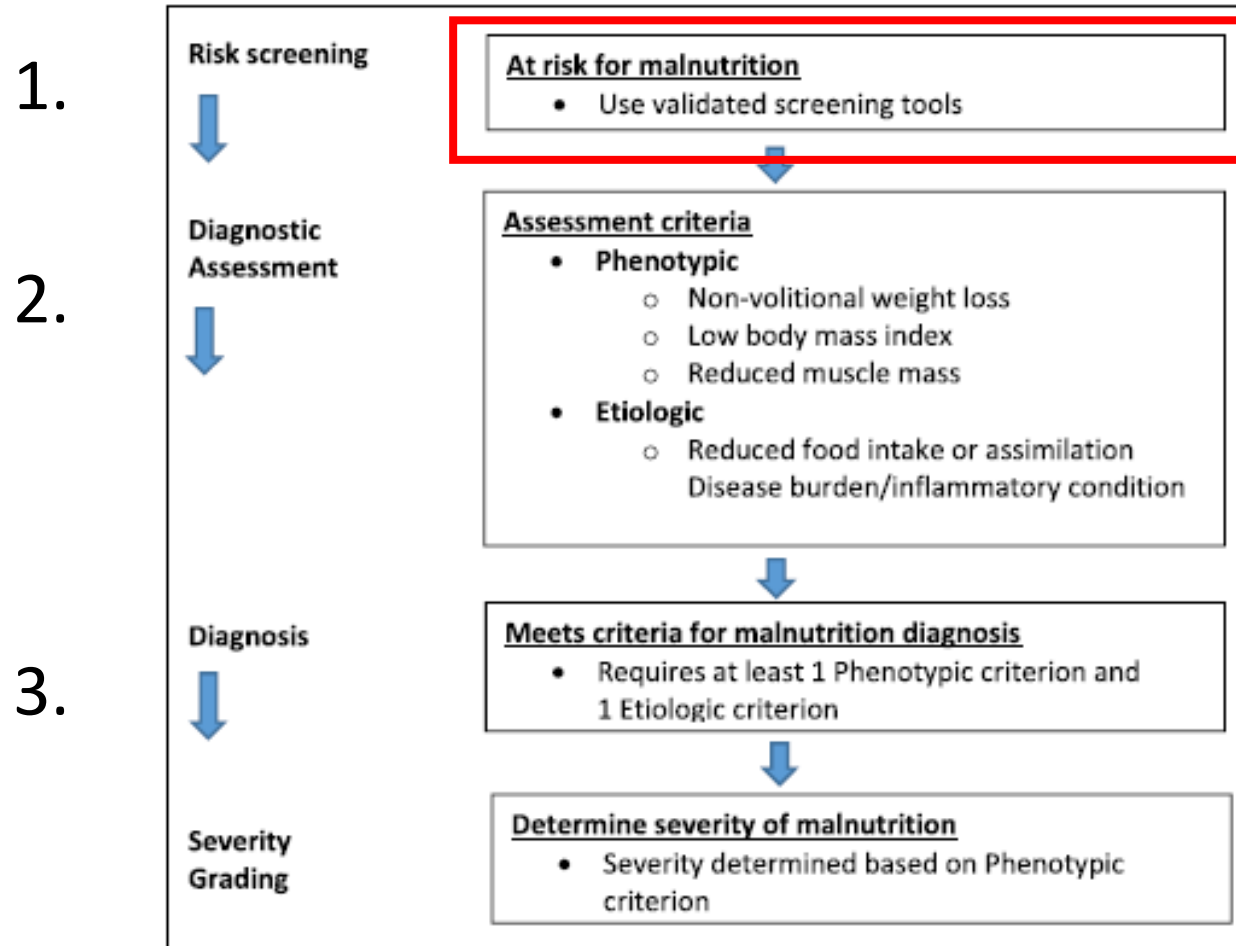
Its is even worse for older patients
+
40% of the hospitalized patient are
65-70 years old

Why screen for malnutrition?



Early detection
+
multidisciplinary treatment
is essential

First step of GLIM framework



What is the diagnostic accuracy of a screening tool?

- SNAQ
- MUST
- MST
- MNA-SF
- PG-SGA-SF

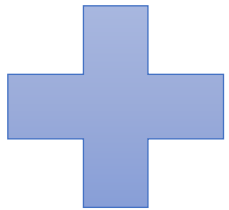


Methods



- 55 years or older
- <48 h since admission
- Ability to understand and speak Dutch
- No cognitive impairment
- Not in palliative phase
- Not in isolation

Methods

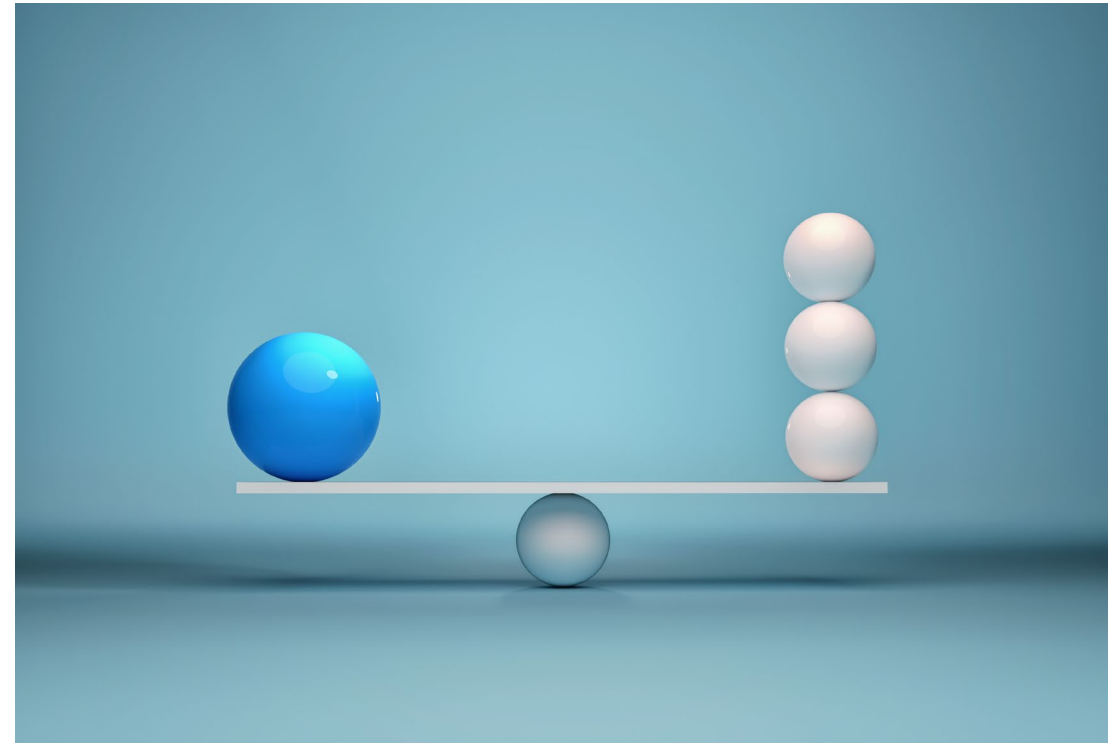


Sensitivity

Vs.

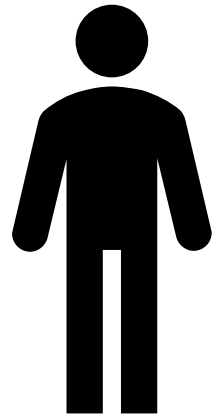


Specificity

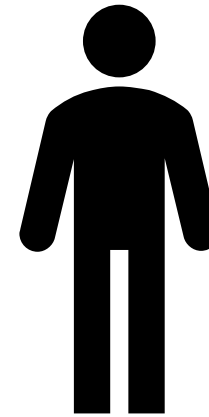
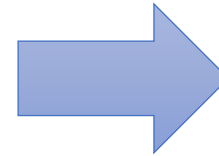


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Results

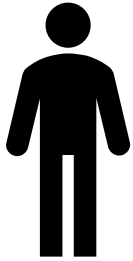


- n=2623
- 57% male
- Av. Age 72 years
- Av. BMI 25.9 kg/m²

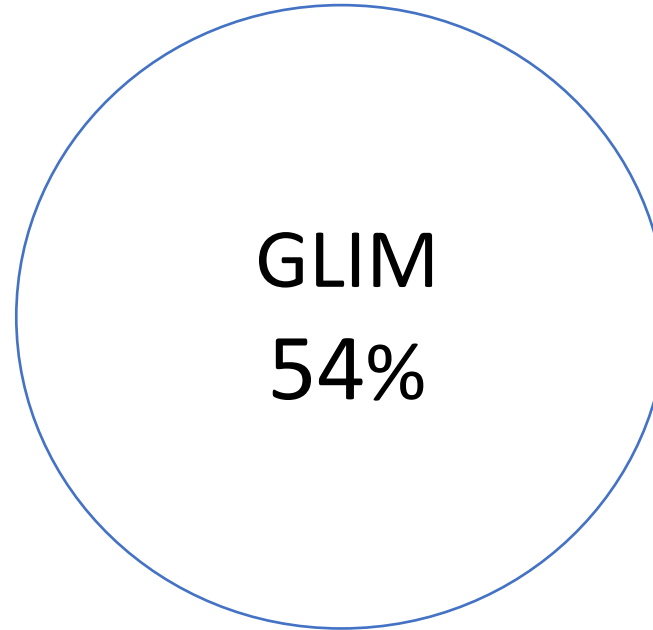


- n=356
- 54% male
- Av. Age 70 years
- Av. BMI 25.6 kg/m²

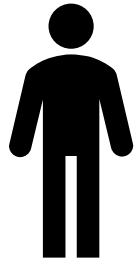
Results - Prevalence



- n=356
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Results - Prevalence



- n=356
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Weight loss
32%

Low BMI
17%

Low
muscle mass
45%

Phenotypic criteria

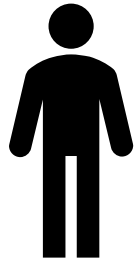
GLIM
54%

Etiologic criteria

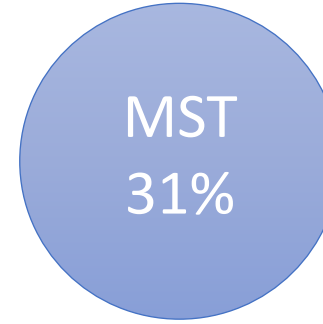
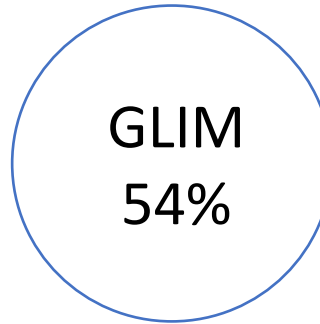
Reduced intake
71%

Inflammation
83%

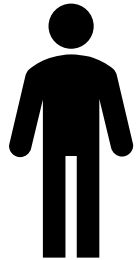
Results - Prevalence



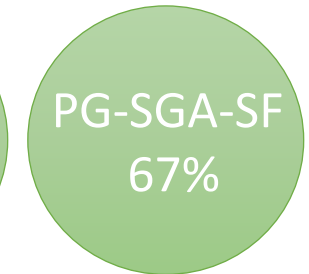
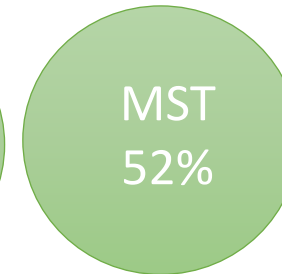
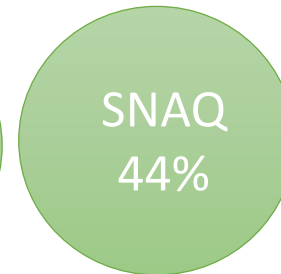
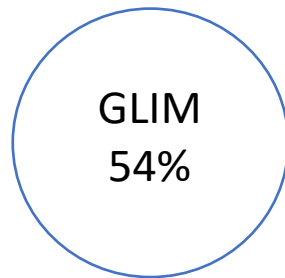
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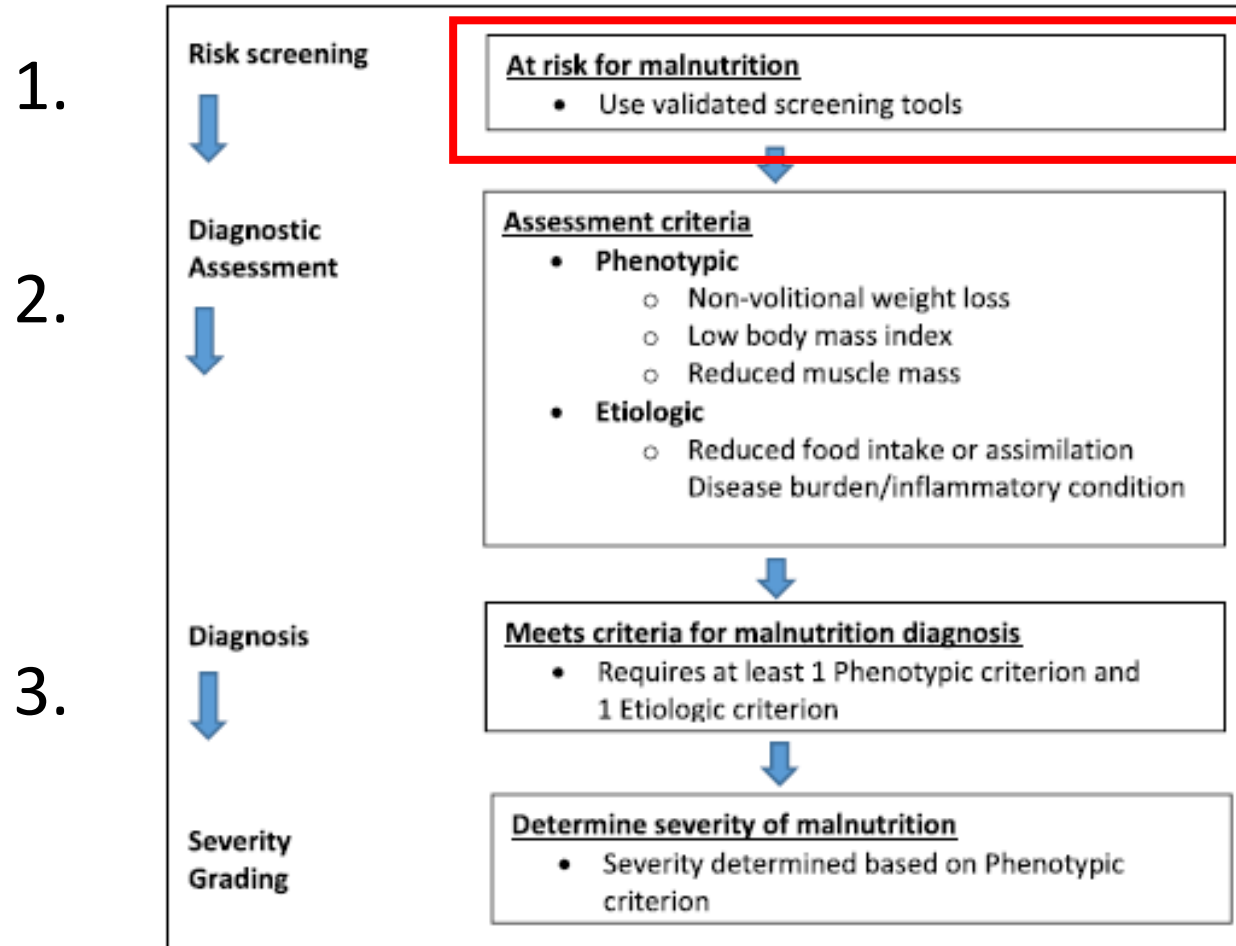
Results - Sensitivity



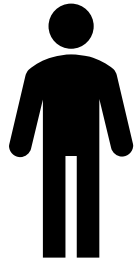
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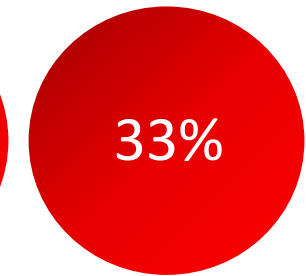
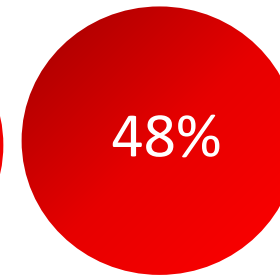
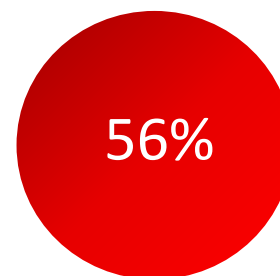
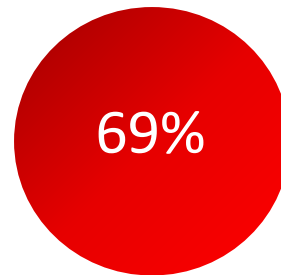
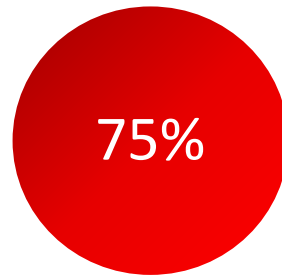
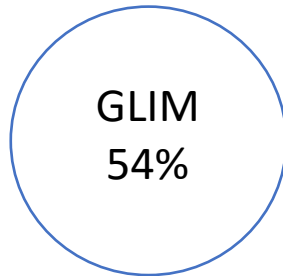
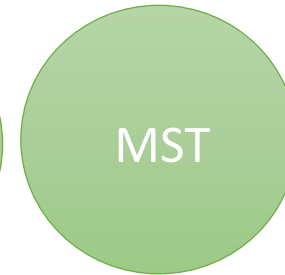
First step of GLIM framework



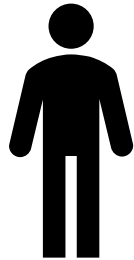
Results – Missed classified



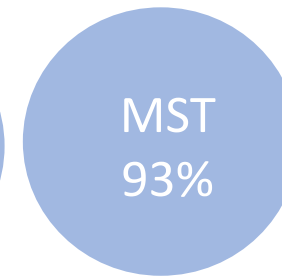
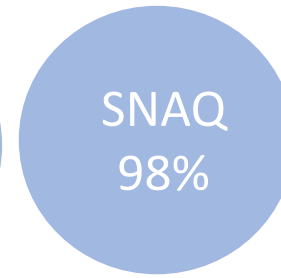
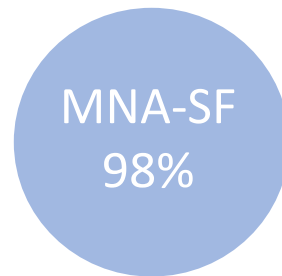
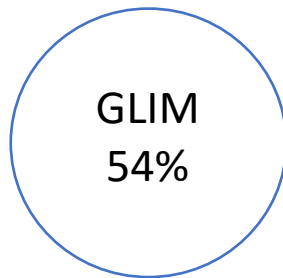
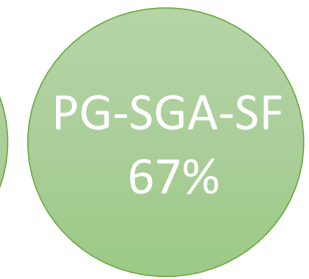
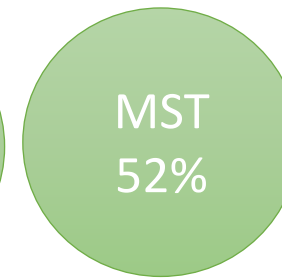
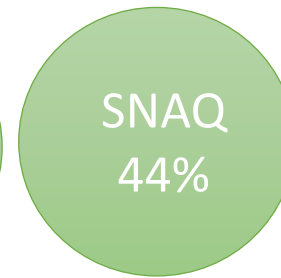
- n=356
- 54% male
- Av. Age 70 years
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Results - Specificity



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High prevalence

misclassification

No treatment



Potential improvement

Phenotypic criteria

Weight loss

Low BMI

Low
muscle mass

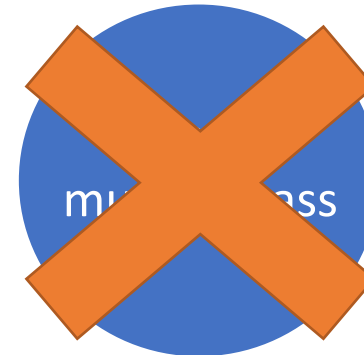
Etiologic criteria

Reduced intake

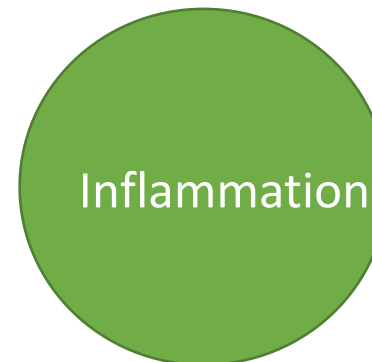
Inflammation

Potential improvement – GLIM minus

Phenotypic criteria



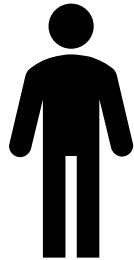
Etiologic criteria



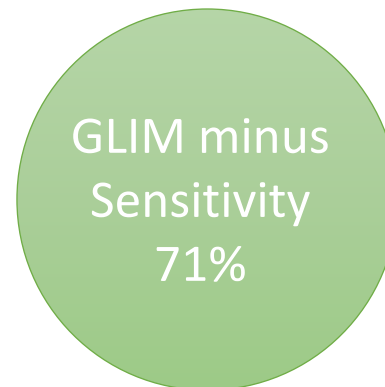
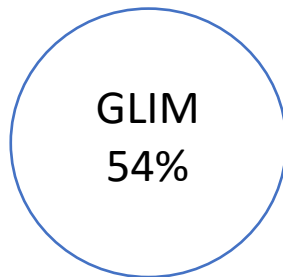
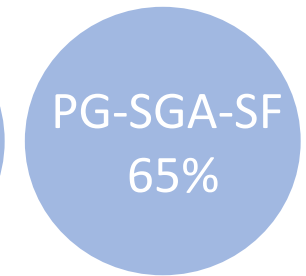
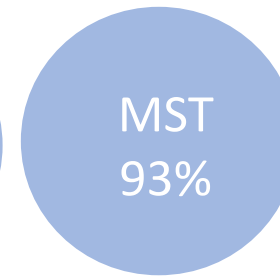
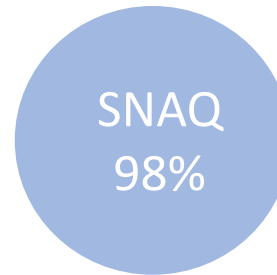
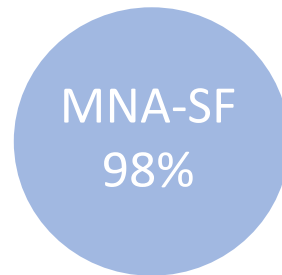
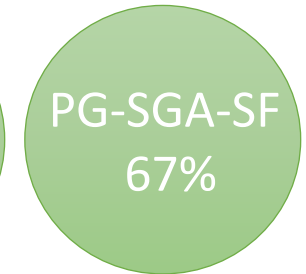
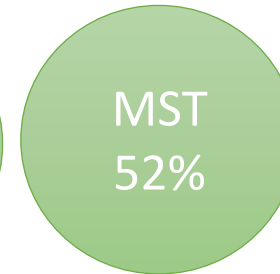
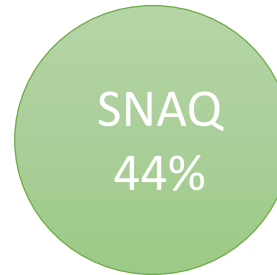
Potential improvement



Results – GLIM minus



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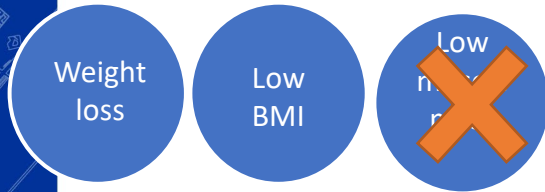
Potential improvement

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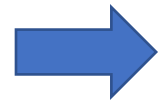
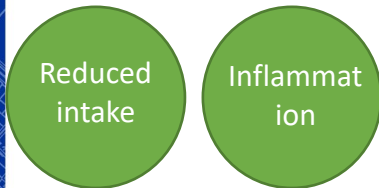
High prevalence



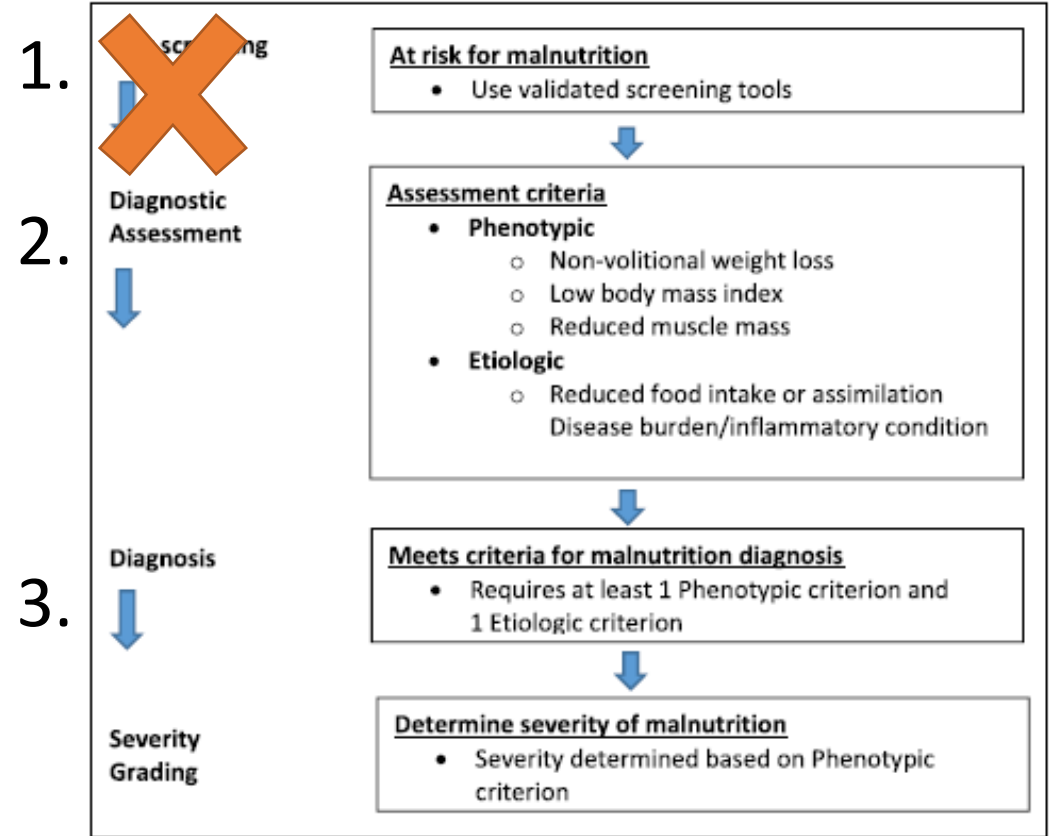
Phenotypic criteria



Etiologic criteria



- Diagnostics
- Muscle mass measure
- Intake registration
- Counselling



Summary

- Quick and easy identification of malnourished older patients is essential
- Current screening tools are limited in identifying malnourished older patients
- Diagnostic assessment can be improved by the use of electronic patient files (weight loss, BMI, reduced intake, inflammation)
- Body composition assessment is needed to complete the diagnosis of malnutrition



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Thank you



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