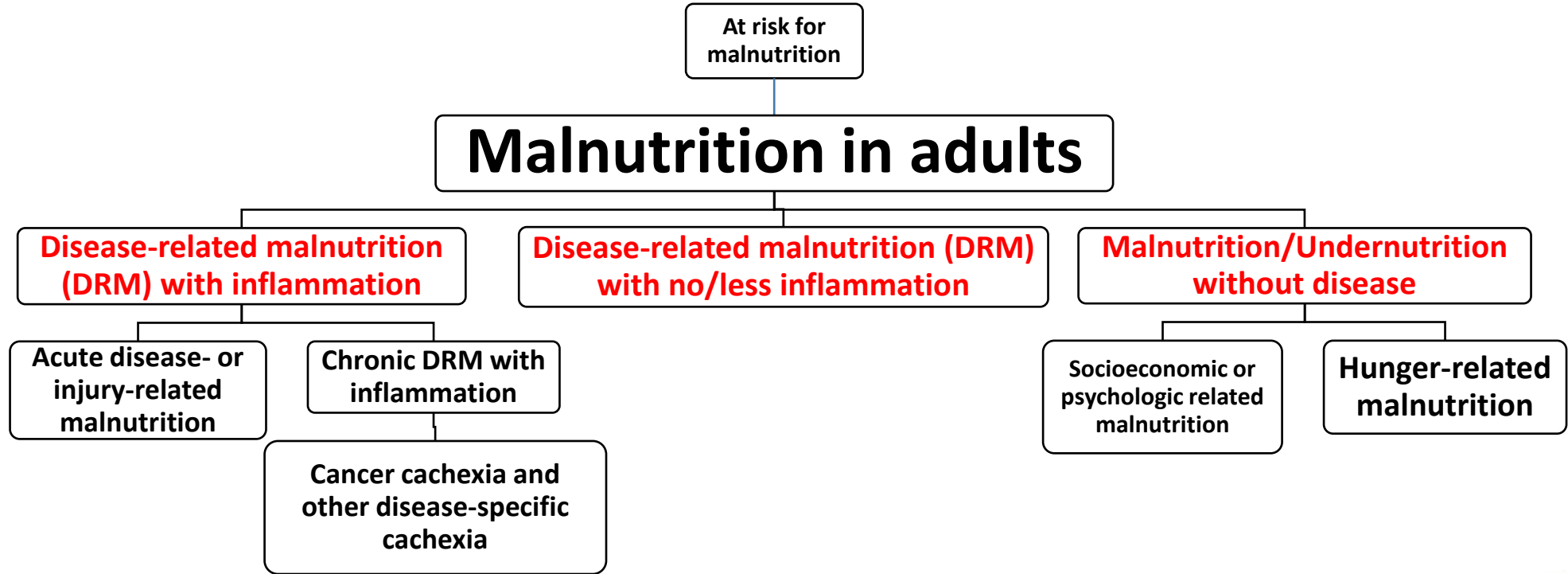


The current concept of malnutrition





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”Malnutrition in adults” is **clinically important**



Malnutrition in adults

- doubles length of stay in hospitals
- limits functionality
- increases morbidity and mortality
- generates the double cost of obesity





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Over the years many malnutrition diagnostic tools are used



- Subjective Global Assessment (SGA) 1987
- Patient-Generated (PG)-SGA 1995
- Mini Nutritional Assessment (MNA) 1999
- Malnutrition Universal Screening Tool (MUST) 2000
- MNA-Short Form (MNA-SF) 2001
- Nutritional Risk Screening-2002 (NRS-2002) 2002
- Cachexia (by Evans) 2008
- Protein Energy Wasting (kidney) 2008
- ESPEN 2010
- Cancer cachexia (by Fearon) 2011
- AND/ASPEN 2012
- ESPEN 2015
- **Global Leadership Initiative on Malnutrition (GLIM) 2019**





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The GLIM procedure for the diagnosis of malnutrition



Risk screening

At risk for malnutrition

Use validated screening tools



**Diagnostic
Assessment**

Diagnostic Criteria

Phenotype

- Weight loss
- Low BMI/underweight
- Reduced muscle mass

Etiology

- Decreased food intake or absorption
- Disease burden/inflammatory condition

All five criteria have to be assessed



Diagnosis

Meets criteria for malnutrition diagnosis

Requires the combined fulfilment of at least 1 Phenotypic criterion and 1 Etiologic criterion



**Severity
grading**

Determine severity of malnutrition

Severity determined based on phenotypic criteria



International Classification of Diseases – 11 is replacing ICD-10 over the next couple of years

ICD-11 classification of malnutrition

5B54 Underweight in adults

The screenshot shows the ICD-11 Mortality and Morbidity Statistics website. The search bar contains "undernutrition". The left sidebar shows a tree view of ICD-11 categories, with "5B54 Underweight in adults" selected. The main content area displays the details for 5B54, including its parent category "Undernutrition" and its description: "Body mass index (BMI) <math>< 18.5 \text{ kg/m}^2</math>". A red arrow points to the description, and another red arrow points to the text "BMI <math>< 18.5 \text{ kg/m}^2</math>". The website also shows a "Postcoordination" section with a table of severity levels.

ICD-11 for Mortality and Morbidity Statistics (Version : 04 / 2019)

Search [Advanced Search]

Browse Coding Tool Special Views Info

ICD-11 - Mortality and Morbidity Statistics

- 01 Certain infectious or parasitic diseases
- 02 Neoplasms
- 03 Diseases of the blood or blood-forming organs
- 04 Diseases of the immune system
- 05 Endocrine, nutritional or metabolic diseases
 - Endocrine diseases
 - Nutritional disorders
 - Undernutrition
 - 5B50 Underweight in infants, children or adolescents
 - 5B51 Wasting in infants, children or adolescents
 - 5B52 Acute malnutrition in infants, children or adolescents
 - 5B53 Stunting in infants, children or adolescents
 - 5B54 Underweight in adults
 - 5B55 Vitamin A deficiency
 - 5B56 Vitamin C deficiency
 - 5B57 Vitamin D deficiency
 - 5B58 Vitamin E deficiency
 - 5B59 Vitamin K deficiency
 - 5B5A Vitamin B1 deficiency
 - 5B5B Vitamin B2 deficiency
 - 5B5C Vitamin B3 deficiency
 - 5B5D Vitamin B6 deficiency
 - 5B5E Folate deficiency

Foundation URI : <http://id.who.int/icd/entity/1153296343>

5B54 Underweight in adults

Parent

Undernutrition

Show all ancestors

Description

Body mass index (BMI) $< 18.5 \text{ kg/m}^2$

Postcoordination

Add detail to **Underweight in adults**

Has severity (use additional code, if desired .)

XS5W	Mild
XS0T	Moderate
XS25	Severe

Release Notes

18:05 2020-09-15



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GLIM consensus of core criteria



American Society for Parenteral and Enteral Nutrition

	NRS-2002	MNA-SF	MUST	ESPEN 2015	ASPEN/AND 2012	SGA	Evans 2008	Fearon 2011
<i>Etiology</i>								
Reduced food intake	Y	Y	Y	Y	Y	Y		Y
Severe disease /Inflammation	Y	Y	Y	Y	Y	Y	Y	Y
<i>Phenotype</i>								
Weight loss	Y	Y	Y	Y	Y	Y	Y	Y
Low body mass index	Y	Y	Y	Y			Y	Y
Low lean/fat free/muscle mass		Y		Y	Y	Y	Y	Y



Cederholm et al. Clinical Nutrition 2019
 Jensen et al. J Parenteral Enteral Nutrition 2019





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The nutrition community **needs** an ICD-11 code for Malnutrition in adults



- Numerous health workers encounter malnutrition every day
- There is no relevant diagnosis code in the coming ICD-11 system
 - **BMI<18.5 kg/m² - not relevant**
- Only few patients receive the diagnosis of malnutrition
- 5-10 million older people only in Europe are estimated to be malnourished
- We don't know the true prevalence numbers regionally/globally
- We don't know what happens over time



Proposal for ICD-11 amendment (launched 2020)

Standardizing the diagnosis of malnutrition:

Swedish CDC initiative supported by >40 PEN and other societies

5B72 Malnutrition in adults

When malnutrition is confirmed by the presence of a **combination of phenotypic criteria**; e.g. weight loss, low body mass index or reduced muscle mass, **and etiologic criteria**; e.g. reduced food assimilation (intake/digestion/absorption) or disease burden/inflammation.

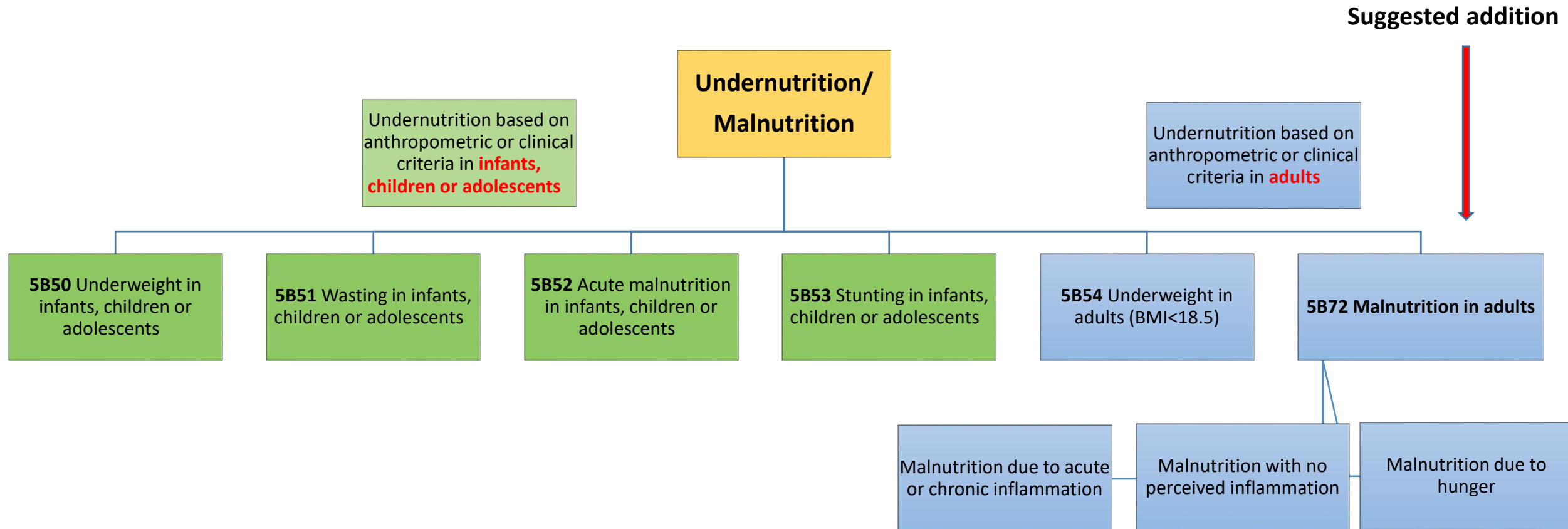
5B72.0 Malnutrition in adults related to acute or chronic disease, injury or infection with moderate to severe **inflammation**

5B72.1 Malnutrition in adults related to disease with **non-discernible** or low level of **inflammation**

5B72.2 Malnutrition in adults related to pure **starvation/hunger**

Post-coordination: XS0T Moderate XS25 Severe (for all codes)

Suggested classification of malnutrition based on ICD-11 in its current form





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The global nutrition community **supports** an ICD-11 code for malnutrition in adults based on this concept



Swedish initiative – SWESPEN and The Swedish National Board of Health and Welfare - supported by >40 societies

- **The 4 continental clinical nutrition societies (ASPEN, ESPEN, FELANPE, PENSA)**
- **European Federation of Associations of Dietitians (EFAD)**
- **European Patient Forum (EPF)**
- **United European Gastroenterology (UEG)**
- **>30 national clinical nutrition societies from the globe**



ICD/WHO Communication – time line


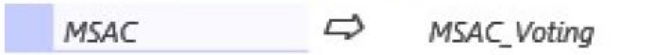




- SWESPEN and Swedish CDC meeting January 2020
- Proposal submitted to WHO/ICD December 2020
- WHO/MSAC discussion spring 2021 – no decision

Medical and Scientific Advisory Committee (MSAC) TOR and Governance

A Medical and Scientific Advisory Committee (MSAC) was launched at the Revision Conference in 2016 and will be comprised of no more than 12 experts selected by WHO, some of whom may be drawn from the existing vertical TAGs. A primary role of the MSAC will be to advise WHO on scientific updates to ICD-11.

The advice by this committee will accelerate the decision process in relation to updates to ICD-11, make the advice less dependent of national experts, and allow inclusion of important scientific innovations in a timely fashion.

Proposal History

Creation	<i>current version</i>		by Magdalena Fresk	2020-11-30 07:12
State change			by Team 5 WHO	2021-01-11 12:10
State change			by MSAC Secretariat	2021-04-20 11:45
Voting	<p>Voting Summary 2021 MSAC Voting 5</p> <p>Yes : 1</p> <p>No : 0</p> <p>Undecided : 4</p>			2021-04-20 12:00 - 2021-05-10 12:00
State change			by MSAC Secretariat	2021-05-31 03:25
State change			by Team3 WHO	2021-08-13 12:10
State change			by Team3 WHO	2021-08-13 12:10
Current status				

ICD/WHO Communication – time line

- SWESPEN and Swedish CDC meeting January 2020
- Proposal submitted to WHO/ICD December 2020
- WHO/MSAC discussion spring 2021 – no decision
- ICD-11 decision meeting Octobre 2021 – not on the agenda
- ZOOM meeting with WHO/ICD May 2022 – preliminary positive response
- ICD-11 decision meeting Octobre 2022 – not on the agenda
- E-mail contact Swedish CDC – WHO + repeated reminders – no response
- ICD-11 decision meeting Octobre 2023 – ?
- Interpretation?: Is the proposal blocked? Is this what to expect?
- Next steps?