

22999 | Comparison of the MNA-FF tool and the GNRI and NRS-2002 indices for assessing nutritional status in patients admitted to an Internal Medicine Service

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Background & Aim: Nutritional status can be defined as the result of the balance between nutritional intake and nutritional needs, and its assessment is crucial for obtaining a prognosis and being able to intervene in the course of the disease to avoid complications. Malnutrition in the elderly increases the risk of health complications and mortality. To assess cognitive status (MMSE); nutritional status (MNA-FF) and nutritional risk (GNRI) and (NRS-2002); to compare the assessment of nutritional status with nutritional risk indices; to compare nutritional risk indices.

Methods: Individuals of both sexes aged ≥ 65 years were assessed at the ULSSJ Internal Medicine department on the day of hospital admission or up to 72 hours afterwards. Cognitive status (MMSE), nutritional status (MNA FF) and risk of malnutrition (GNRI and NRS-2002) were assessed.

Results: 154 patients were included (79 women and 75 men) with an average age of 77.9 ± 7.7 years, 69 ± 13.6 kg, 1.62 ± 0.1 m and 26.5 ± 5.5 kg/m². Of these, 42 patients had cognitive impairment, so the tools were only applied to 112 patients (72.7%). According to the GNRI, 17 per cent were at severe risk, 36.6 per cent at moderate risk and 25 per cent at low nutritional risk. According to the MNA-FF, 10.7 per cent were malnourished and 58 per cent were at risk of malnutrition. There was a positive and weak correlation ($\rho=0.314$, $p<0.001$) and very weak agreement ($k=0.096$, $p=0.289$) between the MNA-FF and GNRI; a negative and weak correlation ($\rho=-0.284$, $p=0.007$) and no agreement ($k=0.009$, $p=0.231$) between the NRS-2002 and GNRI; a negative and moderate correlation ($\rho=-0.509$, $p<0.001$) and no agreement ($k=0.002$, $p=0.765$) between the MNA-FF and NRS-2002.

Conclusions: It can be concluded that the majority of patients are at nutritional risk or are malnourished. The expected concordances between the GNRI and the other tools were not found, suggesting that it would be best to apply them in combination.

Keywords: Undernutrition, GNRI, MNA-FF, NRS-2002.