

# Global nutrition group issues first-ever consensus criteria for diagnosing malnutrition

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Evidence of malnutrition—marked by "deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients—can be seen broadly around the world, with the World Health Organization reporting 1.9 billion adults who are overweight or obese and 462 million adults who are underweight. Yet, despite the serious concern associated with malnutrition's adverse outcomes and cost, no single existing approach to malnutrition diagnosis has achieved broad global acceptance. Now, thanks to more than two years' work by members of the Global Leadership Initiative on Malnutrition (GLIM) working group, a consensus report, which outlines five criteria for malnutrition, has just been published in the latest issue of both the *Journal of Parenteral and Enteral Nutrition* and *Clinical Nutrition*.

The report, titled *The GLIM Criteria for the Diagnosis of Malnutrition—a Consensus Report from the Global Clinical Nutrition Community*, was led by Gordon Jensen, M.D., Ph.D., senior associate dean for research at the Larner College of Medicine at the University of Vermont (UVM), and Tommy Cederholm, M.D., Ph.D., a professor at Uppsala University in Sweden, representing the American Society for Parenteral and Enteral Nutrition (ASPEN) and European Society for Clinical Nutrition and Metabolism (ESPEN), respectively. Collaborators included members of the Latin American Federation for Parenteral and Enteral Nutrition (FELANPE), and the Parenteral and Enteral Nutrition Society of Asia (PENSA).

The report provides a global, consensus scheme for diagnosing malnutrition in adults in clinical settings. The five criteria for malnutrition include involuntary weight loss, low body mass index, and reduced muscle mass as phenotypic (physical) criteria, and reduced food intake/assimilation and inflammation/disease burden as etiologic criteria. It is proposed that the diagnosis of malnutrition be based upon the presence of at least one phenotypic criterion and one etiologic criterion.

The four participating societies endorsed a two-step approach for the diagnosis of malnutrition. First, screening to identify "at risk" status by the use of any validated screening tool, and second, assessment for diagnosis and grading the severity of malnutrition. The GLIM team considered malnutrition criteria that were retrieved from established approaches to diagnosis. Potential criteria were subjected to a ballot among the team.

"We brought the international community together to develop consensus criteria for diagnosing [malnutrition](#) that are simple and can be readily applied by clinicians and other health practitioners using available tools and methods in their region," said Jensen, who is also a professor of medicine and nutrition and food sciences at UVM.

"We will seek to secure further collaboration and endorsements from leading nutrition professional societies, and to promote dissemination, validation studies, and feedback to secure future refinements of the [diagnosis](#)" said Cederholm, a professor of [clinical nutrition](#) and head of Clinical Nutrition & Metabolism in the Department of Public Health & Caring Sciences at Uppsala University in Sweden.

**More information:** Gordon L. Jensen et al, GLIM Criteria for the Diagnosis of Malnutrition: A Consensus Report From the Global Clinical Nutrition Community, *Journal of Parenteral and Enteral Nutrition* (2018). [DOI: 10.1002/jpen.1440](https://doi.org/10.1002/jpen.1440)

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