M15 Impact of malnutrition using GLIM criteria on mortality in nursing home residents

Presentation poster

Ik neem deel aan de « Grant College for Quality Project »

First author Sophie Bastijns

Quality project

Ziekenhuisnetwerk Antwerpen sophie.bastijns@zna.be

junior

Ziekenhuisnetwerk Antwerpen

Maurits Vandewoude

Ziekenhuisnetwerk Antwerpen

Stany Perkisas

Ziekenhuisnetwerk Antwerpen

Abstract title

Impact of malnutrition using GLIM criteria on mortality in nursing home residents

Abstract body

Introduction

Recently GLIM criteria were proposed as a consensus for the diagnosis of malnutrition. Hereby three phenotypic (non-volitional weight loss, low body mass index, reduced muscle mass) and two etiologic criteria (reduced food intake/assimilation, disease burden/inflammatory condition) were stated. Diagnosis requires minimum one phenotypic and one etiologic criterium.

Aim

This study aims to assess the correlation between malnutrition using the GLIM criteria and mortality.

Methods

A longitudinal cohort study following nursing home residents aged ≥80 years was performed in 52 nursing homes in Belgium in 2007. Anthropometric data, body composition (BIA) and nutritional status (mini-nutritional assessment-short form, MNA-SF) were noted. Patients with inflammatory conditions were excluded. Mortality was noted during nine years. This study is a post-hoc analysis investigating the effect of malnutrition according GLIM criteria on mortality.

Results

In the post-hoc analysis 321 patients were included, of which 91 were males. Mean age at the start of the study was 84.3±7.3 years. Mean BMI was 27.9±5.3 kg/m². 15 patients met the GLIM criteria (4.7%). Diagnosis of malnutrition through positive GLIM criteria was significantly correlated to mortality with an odds ratio of 1.98 (range 1.11-3.53). Also positive score on the phenotypic criteria, age and BMI were significantly correlated with mortality.

Conclusion

Malnutrition is a known risk factor for mortality. This study suggests the GLIM criteria are a useful measure to evaluate the risk of mortality in older persons.