

LITTERATUROVERSIKT FOR KOMPETANSETJENESTEN FOR SYKDOMSRELATERT UNDERERNÆRING

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SCREENING

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SCREENING OG KARTLEGGINGSVERKTØY (MED LENKER TIL HVOR DE FINNES)

MNA (SF)

Mini Nutritional Assessment er et kartleggingsverktøy som fører til vurderingene «Normal ernæringsstatus», «Risiko for underernæring» eller «Underernært».

Lenk til norsk oversettelse av MNA

http://www.mna-elderly.com/forms/MNA_norwegian.pdf

Veiledning for utfylling av MNA skjema for ernæringsvurdering

http://www.mna-elderly.com/forms/mna_guide_norwegian.pdf

Veiledningen har følgende vedlegg:

Vedlegg 1 • Tabell over Kroppsmasseindeks

Vedlegg 2 • Regne ut BMI for personer med amputasjon

Vedlegg 3 • Måle høyde ved hjelp av et Stadiometer

Vedlegg 4 • Måle Pemispan

Vedlegg 5 • Måle Knehøyde

Vedlegg 6 • Måle Overarmens Omkrets (OO)

Vedlegg 7 • Måle Leggens Omkrets

17 referanser

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MUST

Malnutrition Universal Screenings Tool er et verktøy som vurderer risikoen for underernæring og skårer pasientene i «Lav risiko», «Middels risiko» eller «Høy risiko» for underernæring.

Lenk til norsk oversettelse av MUST

http://www.nutricia.no/images/uploads/3. MUST_flytskjema.pdf

Lenk til veiledning for utfylling av MUST

http://www.nutricia.no/images/uploads/MUST_brosjyre_32_sider.pdf

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Nutrition Risk screening 2002

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Norsk oversettelse

NRS 2002 finnes i heftet God ernæringspraksis på følgende lenk;

http://www.nske.no/pdf/290517_god_ernaringspraksis.pdf

PG-SGA

The Scored Patient-Generated Subjective Global Assessment

Det er mange versjoner av SGA oversatt til ulike språk. Side 1 av PG-SGA inneholder elementene i screeningsverktøy og kan derfor fungere som screeningsverktøy. Denne kalles PG-SGA-SF (short form) eller også abPG-SGA (abridged). PG-SGA setter i dag standarden for diagnostisering av underernæring og er det foretrukne verktøyet innen onkologi og ved andre kronisk katabolske tilstander. PG-SGA er et kartleggingsverktøy som leder til tilstandene velernært, moderat underernært eller alvorlig underernært.

Norsk oversettelse

http://pt-global.org/?page_id=13

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SNAQ

Short Nutritional Assessment Questionnaire (SNAQ) er ikke oversatt til norsk. Det finnes flere varianter av SNAQ for bruk på ulike nivåer av helsetjenestene og for ulike aldersgrupper.

Lenk til SNAQ verktøyene

<http://www.fightmalnutrition.eu/fight-malnutrition/screening-tools/snaq-tools-in-english/>

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Definisjoner og kriterier på underernæring

White et al 2012

FROM THE ACADEMY

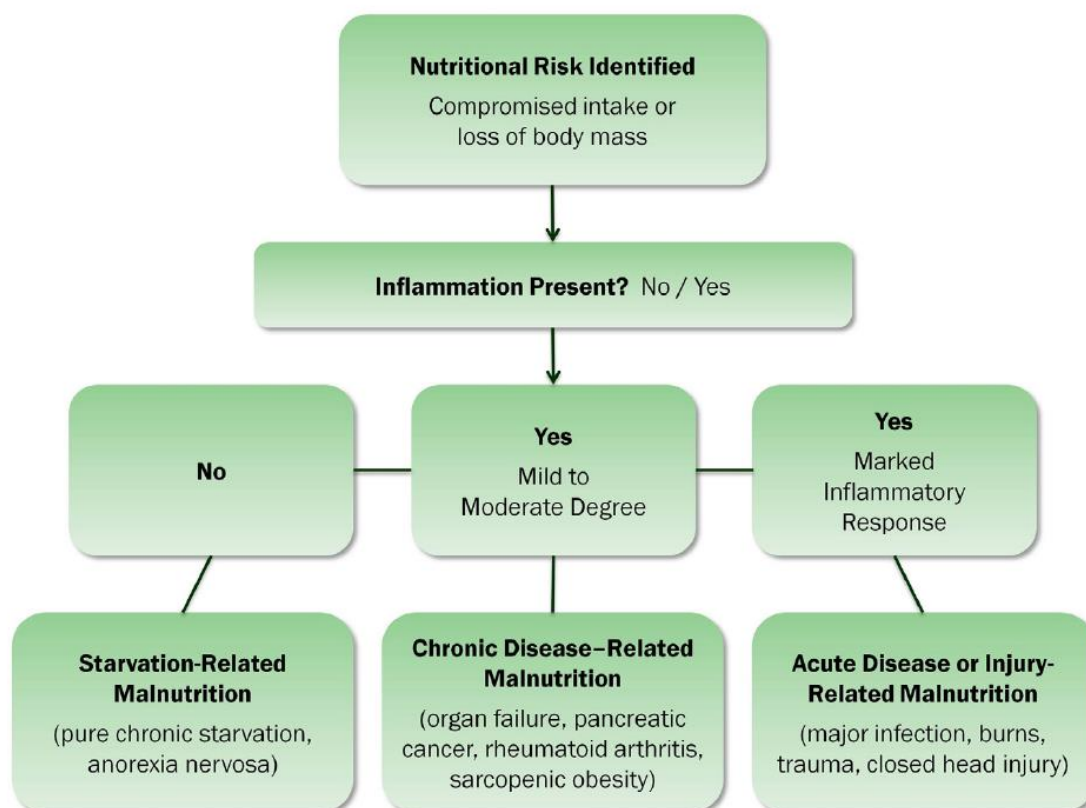


Figure. Etiology-Based Malnutrition Definitions. Adapted with permission from reference (8): Jensen GL, Bistrian B, Roubenoff R, Heimbürger DC. Malnutrition syndromes: A conundrum vs. continuum. *JPEN J Parenter Enteral Nutr.* 2009;33(6):710-716.

Since there is no single parameter that is definitive for adult malnutrition, identification of two or more of the following six characteristics is recommended for diagnosis (see the Table):

- insufficient energy intake (30-32);
- weight loss (33-36);
- loss of muscle mass (36,37);
- loss of subcutaneous fat (36,37);
- localized or generalized fluid accumulation (36,37) that may sometimes mask weight loss;
- and
- diminished functional status as measured by hand grip strength (3,36,38-42).

Table. Academy of Nutrition and Dietetics (Academy)/American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) clinical characteristics that the clinician can obtain and document to support a diagnosis of malnutrition^{ab}

Clinical characteristic	Malnutrition in the Context of Acute Illness or Injury		Malnutrition in the Context of Chronic Illness		Malnutrition in the Context of Social or Environmental Circumstances	
	Non-severe (moderate) malnutrition	Severe malnutrition	Non-severe (moderate) malnutrition	Severe malnutrition	Non-severe (moderate) malnutrition	Severe malnutrition
(1) Energy intake (reference 30)	< 75% of estimated energy requirement for > 7 days	≤ 50% of estimated energy requirement for ≥ 5 days	< 75% of estimated energy requirement for ≥ 1 month	< 75% of estimated energy requirement for ≥ 1 month	< 75% of estimated energy requirement for ≥ 3 months	≤ 50% of estimated energy requirement for ≥ 1 month
Malnutrition is the result of inadequate food and nutrient intake or assimilation; thus, recent intake compared to estimated requirements is a primary criterion defining malnutrition. The clinician may obtain or review the food and nutrition history, estimate optimum energy needs, compare them with estimates of energy consumed and report inadequate intake as a percentage of estimated energy requirements over time.						
(2) Interpretation of weight loss (references 33-36)	% 1-2	% >2	% 5	% >5	% 5	% >5
Time 1 wk	Time 1 wk	Time 1 mo	Time 1 mo	Time 1 mo	Time 1 mo	Time 1 mo
The clinician may evaluate weight in light of other clinical findings including the presence of under- or over- hydration. The clinician may assess weight change over time reported as a percentage of weight lost from baseline.						
Physical findings (references 36,37)						
Malnutrition typically results in changes to the physical exam. The clinician may perform a physical exam and document any one of the physical exam findings below as an indicator of malnutrition.						
(3) Body fat	Mild	Moderate	Mild	Severe	Mild	Severe
Loss of subcutaneous fat (eg, orbital, triceps, fat overlying the ribs).						

Table. Academy of Nutrition and Dietetics (Academy)/American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) clinical characteristics that the clinician can obtain and document to support a diagnosis of malnutrition^{ab} (continued)

Clinical characteristic	Malnutrition in the Context of Acute Illness or Injury		Malnutrition in the Context of Chronic Illness		Malnutrition in the Context of Social or Environmental Circumstances	
	Non-severe (moderate) malnutrition	Severe malnutrition	Non-severe (moderate) malnutrition	Severe malnutrition	Non-severe (moderate) malnutrition	Severe malnutrition
(4) Muscle mass	Mild	Moderate	Mild	Severe	Mild	Severe
Muscle loss (eg, wasting of the temples [temporalis muscle]; clavicles [pectorals and deltoids]; shoulders [deltoids]; interosseous muscles; scapula [latissimus dorsi, trapezius, deltoids]; thigh [quadriceps] and calf [gastrocnemius]).						
(5) Fluid accumulation	Mild	Moderate to severe	Mild	Severe	Mild	Severe
The clinician may evaluate generalized or localized fluid accumulation evident on exam (extremities; vulvar/scrotal edema or ascites). Weight loss is often masked by generalized fluid retention (edema) and weight gain may be observed.						
(6) Reduced grip strength (reference 42)	N/A ^c	Measurably reduced	N/A	Measurably reduced	N/A	Measurably Reduced
Consult normative standards supplied by the manufacturer of the measurement device.						

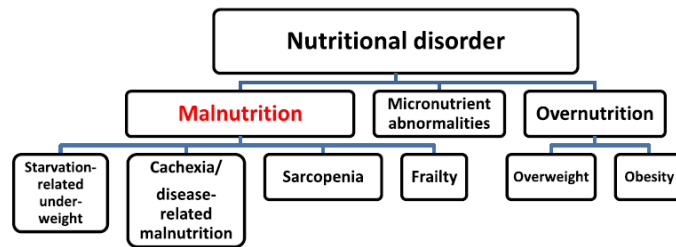


Fig. 3. A conceptual tree of nutritional disorders.

Fact box:

Two alternative ways to diagnose malnutrition.

Before diagnosis of malnutrition is considered it is mandatory to fulfil criteria for being “at risk” of malnutrition by any validated risk screening tool.

Alternative 1:

BMI <18.5 kg/m²

Alternative 2:

Weight loss (unintentional) > 10% indefinite of time, or >5% over the last 3 months

combined with either

BMI <20 kg/m² if <70 years of age, or <22 kg/m² if 70 years of age or

FFMI <15 and 17 kg/m² in women and men, respectively.

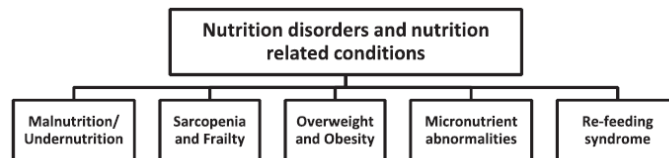


Fig. 1. Overview of nutrition disorders and nutrition-related conditions.

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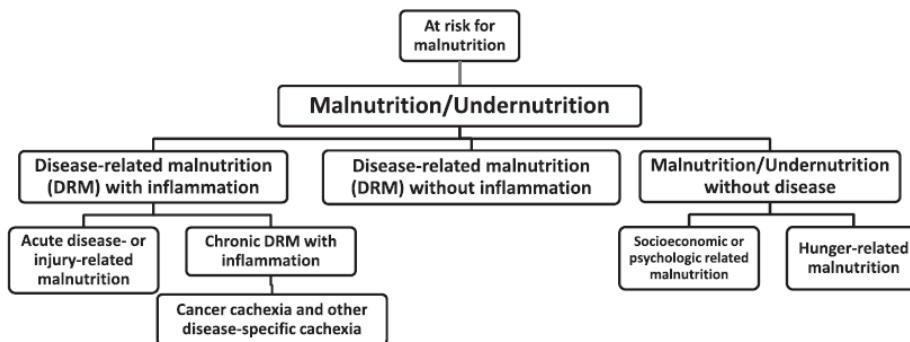


Fig. 2. Diagnoses tree of malnutrition; from at risk for malnutrition, basic definition of malnutrition to aetiology-based diagnoses