

# LITTERATUROVERSIKT

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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](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](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](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](http://www.nutricia.no/images/uploads/MUST_brosjyre_32_sider.pdf)

13 referanser



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## MST

Malnutrition Screening Tool er ikke oversatt til norsk.

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## NRS-2002

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](http://www.nske.no/pdf/290517_god_ernaringspraksis.pdf)

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## 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](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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	30 RCT with 3250 patients (mortality)
Complications	28% vs 46% (P<0.001)
Mortality	17% vs 24% (P<0.001)

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**ESPEN expert group recommendations for action against cancer-related malnutrition**  
Clinical Nutrition 36 (2017) 1187e1196

**ESPEN guideline: Clinical nutrition in surgery** Clinical Nutrition 36 (2017) 623-650

**ESPEN guideline: Clinical nutrition in inflammatory bowel disease** Clinical Nutrition 36 (2017) 321-347

**ESPEN guidelines on definitions and terminology of clinical nutrition** Clinical Nutrition 36 (2017) 149-64

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## Definisjoner og kriterier på underernæring

Cederholm et al 2015

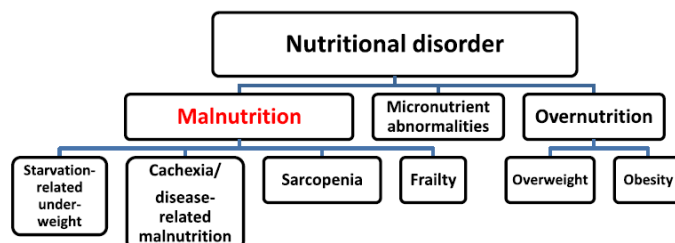


Fig. 3. A conceptual tree of nutritional disorders.

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/m<sup>2</sup>

### Alternative 2:

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

BMI <20 kg/m<sup>2</sup> if <70 years of age, or <22 kg/m<sup>2</sup> if 70 years of age or FFMI <15 and 17 kg/m<sup>2</sup> in women and men, respectively.

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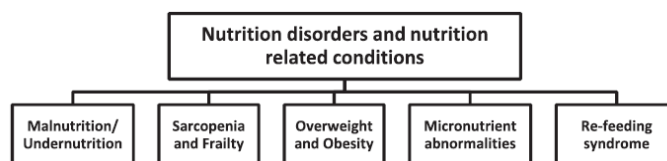


Fig. 1. Overview of nutrition disorders and nutrition-related conditions.

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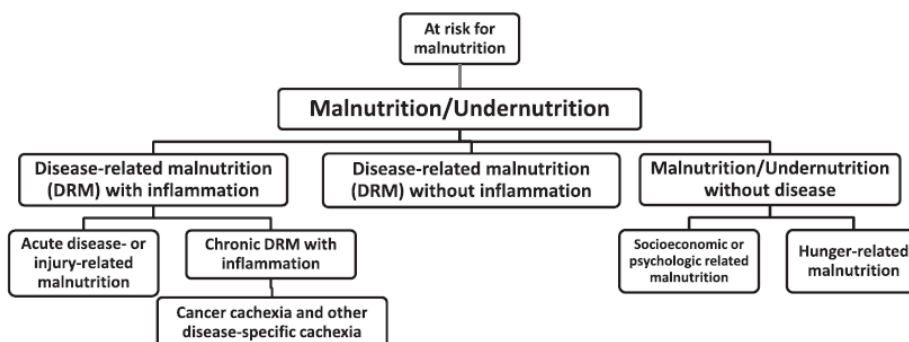


Fig. 2. Diagnoses tree of malnutrition; from at risk for malnutrition, basic definition of malnutrition to aetiology-based diagnoses

## **GLIM kriteriene**

### ***Moderat underernæring***

Det kreves at minst et kriterium for etiologi og et kriterium for fenotype er oppfylt.

#### Etiologi

- Redusert matinntak eller opptak. < 50 % av energibehov > 1 uke eller enhver reduksjon i > 2 uker eller en kronisk magetarmtilstand som negativt påvirker fordøyelse eller absorpsjon
- Inflammasjon. Akutt sykdom, skade eller kronisk sykdom

#### Fenotype

- Vekttap 5 - 10 % i løpet av siste 6 måneder eller 10 - 20 % i mer enn 6 måneder
  - BMI. < 20 hvis < 70 år, < 22 hvis >70 år
  - Redusert muskelmasse. Mild til moderat underskudd.
- 

### ***Alvorlig underernæring***

Det kreves at minst et kriterium for etiologi og et kriterium for fenotype er oppfylt.

#### Etiologi

- Redusert matinntak eller opptak. < 50 % av energibehov > 1 uke eller enhver reduksjon i > 2 uker eller en kronisk magetarmtilstand som negativt påvirker fordøyelse eller absorpsjon
- Inflammasjon. Akutt sykdom, skade eller kronisk sykdom

#### Fenotype

- Vekttap > 10 % i løpet av siste 6 måneder eller > 20 % i mer enn 6 måneder
- BMI. < 18.5 hvis < 70 år, < 20 hvis > 70 år
- Redusert muskelmasse. Alvorlig underskudd.