

Prognostic values of 4 sets of criteria for malnutrition on overall survival in a general hospital population

Anne Lieke Rondel, Jacqueline Langius, Marian de van der Schueren, Hinke Kruijzenga
 Nutrition and Dietetics, Internal Medicine, VU University Medical Center, Amsterdam, The Netherlands

Introduction & Methods

Recently, ESPEN presented new consensus criteria for the diagnosis of malnutrition.

In this study the association between this ESPEN set of criteria and 3 other sets of criteria for malnutrition and three months, one year and five years survival was determined in 335 general hospital patients.

1. New ESPEN consensus statement¹

2. Wasting by the Dutch Malnutrition Steering Group²

(WL > 5% in 1 month and/or > 10% in 6 months and/or a low BMI (<18.5kg/m² (<65jr) or <20kg/m² (>65jr)

3. Cachexia by Evans³

4. Cachexia by Fearon⁴

Log rank tests and cox regression analyses were used. In multivariate analyses adjustments were made for age, gender, care complexity and length of hospital stay.

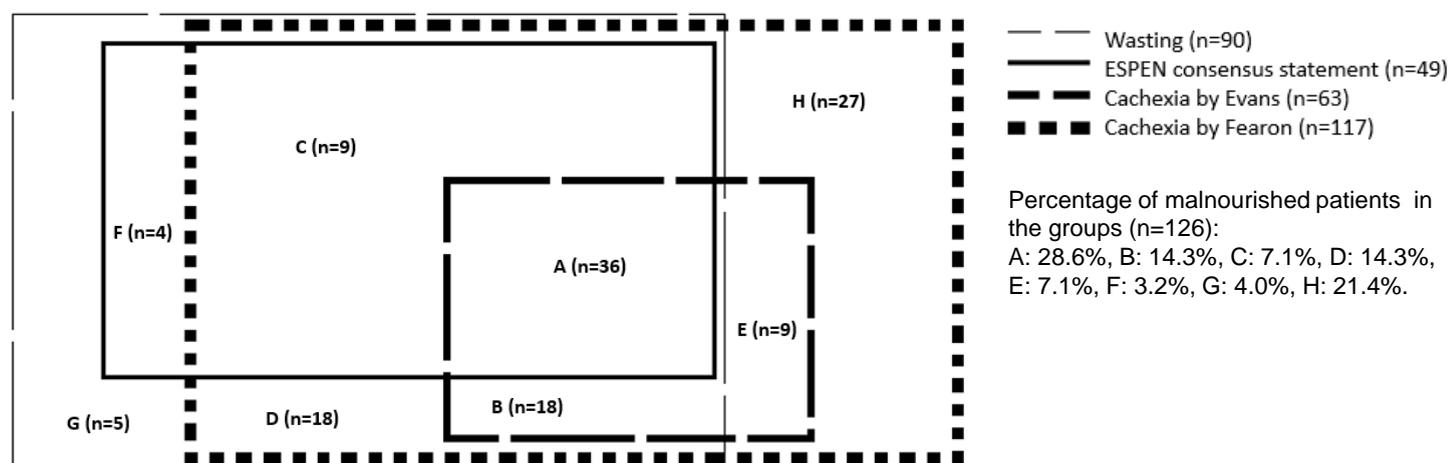
Conclusion

Both the ESPEN consensus definition for malnutrition and wasting had a prognostic value for three months survival in a general hospital population. Only the ESPEN consensus definition had prognostic value for one year survival. None of sets of criteria had a prognostic value for long term survival. These results can be added to the discussion on what sets of criteria are most suitable to use in different populations.

Results

The prevalence of malnutrition differed with each set of criteria (figure 1): ESPEN consensus definition (15%), wasting (27%), cachexia by Evans (19%), cachexia by Fearon (35%). Three months survival was significantly associated with the ESPEN consensus definition (HR: 2.76, p=0.02) and with wasting (HR: 2.25, p=0.04) but not with the two sets of cachexia criteria. One year survival was associated with the ESPEN consensus statement (HR: 2.17, p<0.02). No significant associations were found between 5-year survival and either of the 4 sets of undernutrition criteria..

Figure 1. Overlap of patients between the four malnutrition definitions.



References

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