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Diagnostic criteria for malnutrition : consequences for the nutrition teams

Dominique Lacrosse, dominique Noël, Virginie Vanesse, Céline Michel

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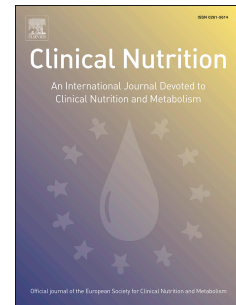
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1 RE : Letter to the Editor « Diagnostic criteria for malnutrition : consequences for the  
2 nutrition teams », in response to: « Diagnostic criteria for malnutrition- An ESPEN  
3 Consensus Statement » Cederholm T, Bosaeus I, Barazzoni R, Bauer J, Van Gossum A, Klek S  
4 et al. Clinical Nutrition 34 (2015) 335-340.

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7 Dear Editor,

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9 We read your article relating to the proposal for new diagnostic criteria for malnutrition with  
10 interest (1). We are keen to highlight this initiative helping clinicians to document and target  
11 nutritional interventions.

12

13 However, we are concerned by the second option in which, in order to be taken into  
14 consideration, weight loss must be accompanied either by a BMI < 20 kg/m<sup>2</sup> for individuals  
15 <70 years old (or <22 kg/m<sup>2</sup> for individuals ≥70 years old) or a reduction in the Fat Free Mass  
16 Index. While weight loss and BMI are both of value as screening tools, at the time of the  
17 diagnosis, the weight loss would only subsequently be taken into consideration for BMIs  
18 inferior to the abovementioned values.

19 However, the presence of a normal BMI does not exclude malnutrition at all. The evaluation  
20 of weight loss and biological doses demonstrates a malnutrition prevalence of between 35  
21 and 45% for an average age and BMI of 60 years and 25 kg/m<sup>2</sup> at the time of admission to  
22 hospital (2). In their study on the relevance of BMI in characterising the nutritional state of  
23 cardiac patients, Gastelurrutia noted that that index did not indicate the patients' true  
24 nutritional state. Although classified as having a normal BMI or being overweight,  
25 malnutrition rates of 53 and 22% were found respectively (3).

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