

SHORT-FORM MNA IS NOT RELIABLE IN ELDERLY LIVING AT SHELTERED HOUSING

part of the study
“Diet and nutritional routines in the care of the elderly in Malmo, Sweden”

M Persson¹, K Stefanovic-Andersson¹, K Ulander²,

¹*Division of Geriatric Medicine, Department of Community Medicine;* ²*Department of Nursing
Lund University, Sweden*

Background

Malnutrition in elderly living at sheltered housing is an important clinical and public health problem. A summary by the Swedish National Board of Health and Welfare of 25 published Swedish studies during the period 1981-2000, comprising a total of 5120 patients in different types of wards showed a mean PEM prevalence of 28% [1].

The Mini Nutritional Assessment (MNA) is a screening tool designed to detect risk of malnutrition in the elderly [2]. To speed up the time it takes to complete MNA, short-form MNA was published some years ago [3].

Objective

To study if short-form MNA (initial MNA screening score) is reliable compared to the full MNA (MNA malnutrition indicator score) in a Swedish sample of frail elderly at sheltered housing.

Design

Risk of malnutrition was assessed with the Swedish version of the MNA [4] in 146 elderly, 113 women and 33 men, with a mean age of 85 years (see Table 1) living at four sheltered housings as a part of the study “Diet and nutritional routines in the care of the elderly in Malmo, Sweden”.

Results

Using the full MNA 28% of the elderly was classified as “malnourished”, 58% was classified “at risk of malnutrition” and only 14% of the elderly was classified as “well nourished”. However according to short-form MNA 31% was classified as “not at risk”. Out of the 144 elderly 17% of

the elderly was classified as “not at risk” in short-form MNA but was classified as “at risk of malnutrition” in the full MNA.

Conclusions

In our study the short-form MNA is not classifying correctly according to the full MNA. This is in controversy to a previously published study on short-form MNA [3]. As we see it, using only the short-form MNA clinically may lead to an underestimation of “possible malnutrition” according to the initial screening. Perhaps this misclassification is due to the fact that the elderly in this study was living in sheltered housing. We recommend using the full MNA and not just the short-form MNA in screening elderly living at institutions such as nursing homes and sheltered housing.

Table 1. Age, body-weight, BMI, Katz ADL-index and diagnoses by gender.

	Women (n=113)	Men (n=33)	All (n=146)
Age (years)	85.7 \pm 6.9 (68-104)	82.9 \pm 9.4 (53-97)	85.1 \pm 7.6 (53-104)
Body-weight (kg)	59.8 \pm 13.3 (33.4-105.6)	71.1 \pm 12.3 (39.3-95.3)	62.3 \pm 13.9 (33.4-105.6)
BMI	23.8 \pm 4.8 (14.3-39.4)	24.2 \pm 3.3 (17.1-30.9)	23.9 \pm 4.5 (14.3-39.4)
Katz ADL-index			
A-B	28 (25%)	8 (24%)	36 (24%)
C-E, O	31 (27%)	18 (55%)	49 (34%)
F-G	54 (48%)	7 (21%)	61 (42%)
Diagnoses			
Dementia	53 (47%)	14 (42%)	67 (46%)
Stroke	14 (12%)	7 (21%)	21 (14%)
Orthopaedic	10 (9%)	1 (3%)	11 (8%)
Cancer	7 (6%)	0	7 (5%)
Other	29 (26%)	11 (33%)	40 (27%)

References

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