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Nutritional diagnosis obtained by subjective global assessment in surgical patients and occurrence of post operative complications
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Malnutrition is an independent factor for the increase of morbidity and mortality. In this context, surgical population needs a special attention because surgery amplifies pre-existing malnutrition, leading to an increased risk of complications. Nutritional assessment can help to identify these patients and prevent post-operative complications. By the way, a gold standard has not been found. So, our objective was to validate the Subjective Global Assessment Protocol (SGA) as a reliable method for detecting malnourished surgical patients.

We evaluated adult patients hospitalized at surgery clinic of Gaffrée e Guinle’s University Hospital. The SGA protocol and the Anthropometric Assessment were done by the same well-trained appraiser at the moment of hospitalization or, at least, three days after. After nutritional assessment, patients were divided in 2 groups (patients with and without nutritional risk by SGA protocol) and followed for post operative complications.

From August/2002 to March/2005, 350 patients (mean age of 54.07 ± 15.73 years) were assessed, 134 with cancer diagnosis. 42.86% of the admitted patients had nutritional risk at admission, being 28% of these with severe malnutrition risk according to SGA. In general, these patients had lower mean values of arm circumference, tricipital skin fold and body mass index when compared with euthrophic ones (p < 0.0001), showing that SGA had convergent validity with anthropometric parameters. Indeed, 54 of the 75 patients who had some type of post operative complication were malnourished according to SGA (p < 0.0001, table I).

These results bring us to a discussion still present in nutritional assessment. There is some reluctance in accept SGA as a diagnostic method because it has a different concept of malnutrition. To the objective methods, malnutrition is characterized by alterations at body compartments, at somatic or visceral protein reserves, for example. Malnutrition concept applied in SGA goes far beyond these alterations, considering clinical history e physical examination of the patient, which lead to believe that the diagnosis given by SGA is only a marker of “health status”. In our study, SGA proved to be of great prognostic value in surgical patients and can be used as a good method for nutritional assessment in this population. Nevertheless, cancer is a determinant factor of morbimortality in this population.

References