Abstract

Introduction: Elderly subjects are considered a vulnerable group and they have more risk of nutritional problems. The risk of malnutrition increases in hospitalized geriatric patients. Objectives: To compare the correlation between MNA and GNRI with anthropometric, biochemical and Barthel Index in hospitalized geriatric patients and to test the concordance between MNA and GNRI and between Mini Nutritional Assessment Short Form (MNA-SF) and MNA. Methods: It was a cross-sectional study on a sample of 40 hospitalized geriatric patients. For determination nutritional status we used MNA and GNRI; we evaluated the correlation between this both test with biochemical and anthropometric parameters and functional questionnaires. We used Pearson's simple correlation model, oneway ANOVA and multiple logistic regression to evaluate the relationship between MNA and GNRI. Results: According to MNA, 17 patients (42.5%) were malnourished and according to GNRI, 13 patients (32.5%) had high risk of nutritional complications. The concordance of MNA and GNRI was 39% and between MNA-SF and MNA was 81%. The most significant differences were detected in weight, BMI, arm and calf circumference and weight loss parameters. Barthel index was significantly different in both tests. The MNA and GRNI had significant correlations with albumin, total protein, transferring, arm and calf circumference, weight loss and BMI parameters. Conclusions: In conclusion, it would be reasonable to use GRNI in cases where MNA is not applicable, or even use GRNI as a complement to MNA in hospitalized elderly patients. There is no reason why they should be deemed incompatible, and patients could benefit from more effective nutritional intervention.

Keywords

Elderly hospitalized, MNA, GNRI, Nutritional Assessment.