Abstract
The last ten years have allowed me to mature some concepts and criteria in relation to malnutrition in the clinical practice. A lot of us have devoted all our efforts in an attempt to take it under control. The results, however, have shown to be insufficient in the clinical practice, because Hospital Undernutrition still persists in our hospitals and in fact, its prevalence is growing due to an ageing population. I think it is necessary to insist in renaming it as Clinical Undernutrition because it not only appears in hospital settings but it is present before and persists even after hospitalization; the latter reinforces the condition by forcing a change in the habits of the patient and the consequences of the treatments. I would also like to sustain that the risk is not caused by the undernutrition in itself but rather in the disruption of the nutritional balance which is a consequence of the aforementioned conditions and which is defined in a term: Trophopathy; that is, a disruption in the trophism or in the normal functioning of the nutritional status. This disruption constitutes the core risk that is associated with clinical undernutrition and the physical consequences of it. The disruption occurs internally and it will play havoc on cellular nutrition, tissues and further. It appears simultaneously in the blood, so it should be searched and detected there as it is the closest possible place to its origin. The new therapeutic procedures make it possible to cure some cases that in the past were impossible to treat. However, this also means increased risks and so requires a strict control to achieve the best results. Both illness and its treatment put homeostasis at risk and they will definitively impact the nutritional balance, being the latter the key objective in order to achieve or restore the healing process and health. Apart from the benefit obtained with the treatment, it is necessary to apply an appropriate nutritional support that will guarantee the least amount of risks which could derive from an imbalanced nutritional status. The use of automated systems to predict and control the risk factors during the clinical phase makes it possible to have a more thorough control of the illness from its origins, allowing an early diagnosis and treatment of it.

Keywords