Abstract

Objective: To update the system for nutritional screening. The high prevalence of nutritional unstability that causes the Clinical Undernutrition (CU), especially within the hospitals and assisted residencies, makes it necessary to use screening tools for the constant control of undernutrition to combat it during its development. CU is not so much due to a nutritional deficiency but to the illness and its treatments. However, the screening systems currently used are aimed at detecting an already established undernutrition rather than at detecting any nutritional risk that may be present. The metabolic changes of the nutritional status that have a trophopathic effect, can be easily and automatically detected in plasma, which allows to make the necessary changes in treatments that might be too aggressive, as well as to apply nutritional support according to each case. The manual screening systems can detect those somatic changes typical of undernutrition only after many days or weeks, which might be too late. Plasma albumin is a very reliable parameter for nutritional control. A lowered amount of it, due to whatever reason, is a clear sign of a possible deficit as well as of a nutritional risk suffered by the cell way before the somatic signs of undernutrition will become apparent. A fast detection of nutritional risk, anticipating under-nutrition, offers prognostic abilities, which makes screening tools based on analytic parameters the most useful, ergonomic, reliable and efficient system for nutritional screening and prognosis in the clinical practice. Conclusion: It is necessary to update some concepts, to leave behind old myths and to choose modern screening systems that have proven to be efficient. This is the only way achieving the dream of controlling CU among ill and vulnerable patients.

Keywords