

Malnutrition in the Older Adult: Identification and Intervention in the Community Setting

 **Nearly 22%** of the US population is expected to be 65+ by 2040¹ and with a subsequent increase in chronic conditions, the rate of those with (or at-risk of) malnutrition is on the rise. Early identification of malnutrition risk is the first step in the fight against malnutrition across all healthcare settings, including the community setting. Nutrition screening within the community setting for older adults continues to be a challenge despite a number of available validated screening tools. This practice tool addresses validated screening tools specifically in older adults.

Select Nutrition Screening Tools and Populations for Use in Adult Patients

Name of Screening Tool	Population	Applicable Settings	User
Mini Nutritional Assessment – Short Form (MNA®-SF)	Older adults (65+) ^{3,4}	Community, long-term care, rehabilitation, and hospital settings	Clinicians
Self-Mini Nutritional Assessment (Self-MNA®)	Older adults (65+) ⁵	Community setting	Patients and Caregivers
Malnutrition Universal Screening Tool (MUST)	All adults ⁶	Hospital and community settings	Clinicians
Malnutrition Screening Tool (MST)	All adults ^{6,7}	All care settings	Clinicians
Nutrition Risk in the Critically Ill (NUTRIC)	All adults ⁶	Critical care settings	Clinicians
Nutrition Risk Score (NRS-2002)	All adults ^{6,8}	Hospital and critical care settings	Clinicians

Nutrition Screening

ASPEN recommends the use of a validated nutrition screening tool to identify malnutrition risk.²

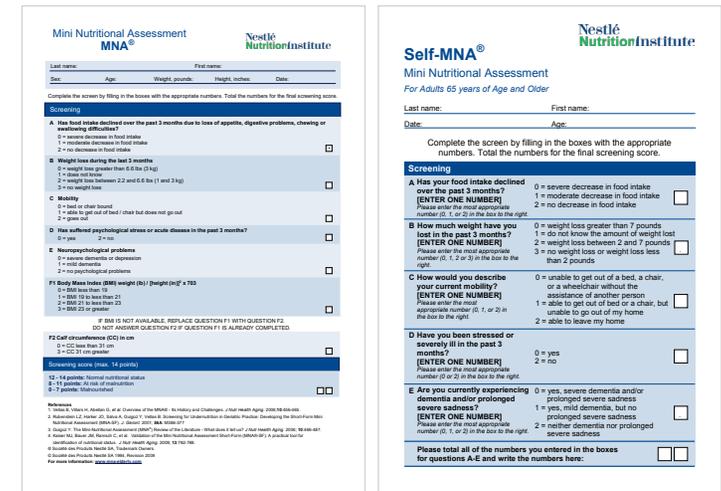
Nutrition Screening is not Nutrition Assessment

Screening identifies risk for a specific outcome like undernutrition or functional decline.

Assessment is a further level of evaluation to clarify etiology, severity, and appropriate intervention.

MNA® (Mini Nutritional Assessment) Nutrition Screening Tool

- Mini Nutritional Assessment at mna-elderly.com was specifically developed for nutrition screening in the elderly with several questions about functional status.
- It has become the most widespread screening tool for adults 65 years and older. The MNA®-SF (Short-form), now known as the MNA® was developed to be a more practical shorter screening tool to be used by clinicians with 6 questions and can be completed in 5 minutes or less. It has been translated into over 40 languages and used worldwide.
- The Self-MNA® is a validated self-administered nutrition screening tool that older adults or family/caregivers can complete. It is available in over 15 languages. (see Figure at right).



The figure shows two versions of the MNA tool. On the left is the 'Mini Nutritional Assessment' (MNA) form, which is a structured questionnaire with sections for 'Screening' and 'Detailed Assessment'. It includes questions about food intake, weight loss, mobility, and psychological status. On the right is the 'Self-MNA' form, which is a self-administered version of the MNA-SF. It contains the same six screening questions as the MNA-SF but is designed for use by patients or caregivers without a clinician's assistance.

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MNA® Research in the Community-Dwelling Older Adult Population

Home-Delivered Meals (HDM) Programs

- 79 participants ages 60 and older with nutrition risk were enrolled in this HDM pre-post study which aimed to measure changes in nutrition risk after 3 months of HDMs.
- Of those who were screened using the MNA®-SF, 42% were identified as malnourished upon enrollment and only 8% were identified as malnourished at the three-month follow up.⁹

Veterans Administration (VA) Home Based Primary Care Program (HBPC)

- 2,252 veterans ages 65 and older from 18 HBPC programs from across the country had prevalence of malnutrition of 15% and prevalence of at risk for malnutrition was 40.3% using the MNA®-SF.
- Authors concluded that the MNA®-SF is an efficient nutrition screening tool, and it can be successfully used for elderly veterans.¹⁰

Hospital Affiliated Outpatient Clinic

- 618 patients 60 years and older completed a pre-post outpatient clinic nutrition-focused quality improvement program, where upon enrollment using the MNA®-SF, 85% were at risk of malnutrition and 15% were malnourished. Follow up measurements at 90 days included MNA® scores where 52% of participants (n=324) had an increase in MNA® scores and improved nutritional status (p<0.001).
- Authors concluded all older adults receiving care in outpatient clinics should be routinely screened for nutritional status and institute appropriate nutritional care.¹¹

References

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Key Messages

- ✓ Use nutrition screening tools that are age appropriate and validated for the intended population, setting, and objectives.
- ✓ Comprehensive nutrition screening programs are recommended for all care settings and should trigger assessment, intervention, and monitoring as indicated.
- ✓ Future goals for nutrition risk screening in older adults include settings such as primary care offices, outpatient/community/retail clinics, pharmacies, home delivered meal programs, food banks, and more.
- ✓ MNA®-SF and Self-MNA® are validated nutrition screening tools for use in older adults.