

LITTERATUROVERSIKT

OM

SYKDOMSRELATERT UNDERERNÆRING

Litteraturoversikten oppdateres av Lene Thoresen. Dersom det er publikasjoner som du mener bør være med kan de meldes inn til kompetansetjenesten på e-post nksu@ous-hf.no

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SCREENING OG KARTLEGGINGSVERKTØY (MED LENKER TIL HVOR DE FINNES)

MNA (SF)

Mini Nutritional Assessment er et kartleggingsverktøy som fører til vurderingene «Normal ernæringsstatus», «Risiko for underernæring» eller «Underernært».

Lenk til norsk oversettelse av MNA

http://www.mna-elderly.com/forms/MNA_norwegian.pdf

Veiledning for utfylling av MNA skjema for ernæringsvurdering

http://www.mna-elderly.com/forms/mna_guide_norwegian.pdf

Veiledningen har følgende vedlegg:

Vedlegg 1 • Tabell over Kroppsmasseindeks

Vedlegg 2 • Regne ut BMI for personer med amputasjon

Vedlegg 3 • Måle høyde ved hjelp av et Stadiometer

Vedlegg 4 • Måle Demispan

Vedlegg 5 • Måle Knehøyde

Vedlegg 6 • Måle Overarmens Omkrets (OO)

Vedlegg 7 • Måle Leggens Omkrets

17 referanser

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MUST

Malnutrition Universal Screenings Tool er et verktøy som vurderer risikoen for underernæring og skårer pasientene i «Lav risiko», «Middels risiko» eller «Høy risiko» for underernæring.

Lenk til norsk oversettelse av MUST

http://www.nutricia.no/images/uploads/3. MUST_flytskjema.pdf

Lenk til veiledning for utfylling av MUST

http://www.nutricia.no/images/uploads/MUST_brosjyre_32_sider.pdf

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Norsk oversettelse

NRS 2002 finnes i heftet God ernæringspraksis på følgende lenk;

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PG-SGA

The Scored Patient-Generated Subjective Global Assessment

Det er mange versjoner av SGA oversatt til ulike språk. Del 1 av PG-SGA inneholder elementene i screeningsverktøy og kan derfor fungere som screeningsverktøy. Denne kalles PG-SGA-SF (short form) eller også abPG-SGA (abridged). PG-SGA setter i dag standarden for diagnostisering av underernæring og er det foretrukne verktøyet innen onkologi og ved andre kronisk katabolske tilstander. PG-SGA er et kartleggingsverktøy som leder til tilstandene velernært, moderat underernært eller alvorlig underernært.

Norsk oversettelse

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SNAQ

Short Nutritional Assessment Questionnaire (SNAQ) er ikke oversatt til norsk. Det finnes flere varianter av SNAQ for bruk på ulike nivåer av helsetjenestene og for ulike aldersgrupper.

Lenk til SNAQ verktøyene

<http://www.fightmalnutrition.eu/fight-malnutrition/screening-tools/snaq-tools-in-english/>

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Evidence for nutrition support

Meta-analysis of	27 RCT with 1710 patients (complications)
	30 RCT with 3250 patients (mortality)
Complications	28% vs 46% (P<0.001)
Mortality	17% vs 24% (P<0.001)

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Definisjoner og kriterier på underernæring

Cederholm et al 2015

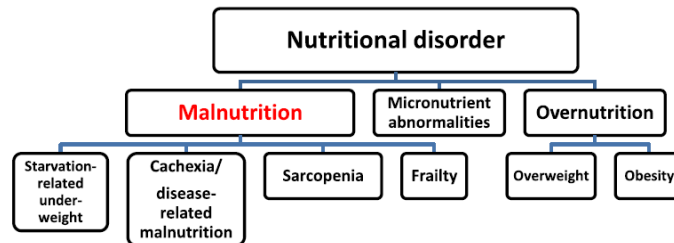


Fig. 3. A conceptual tree of nutritional disorders.

Fact box:

Two alternative ways to diagnose malnutrition.

Before diagnosis of malnutrition is considered it is mandatory to fulfil criteria for being “at risk” of malnutrition by any validated risk screening tool.

Alternative 1:

BMI <18.5 kg/m²

Alternative 2:

Weight loss (unintentional) > 10% indefinite of time, or >5% over the last 3 months combined with either

BMI <20 kg/m² if <70 years of age, or <22 kg/m² if 70 years of age or FFMI <15 and 17 kg/m² in women and men, respectively.

Cederholm et al 2017

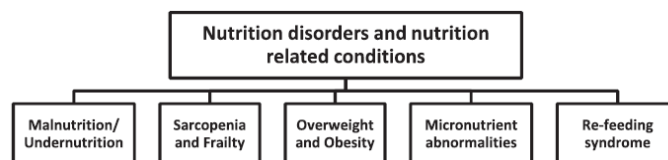


Fig. 1. Overview of nutrition disorders and nutrition-related conditions.

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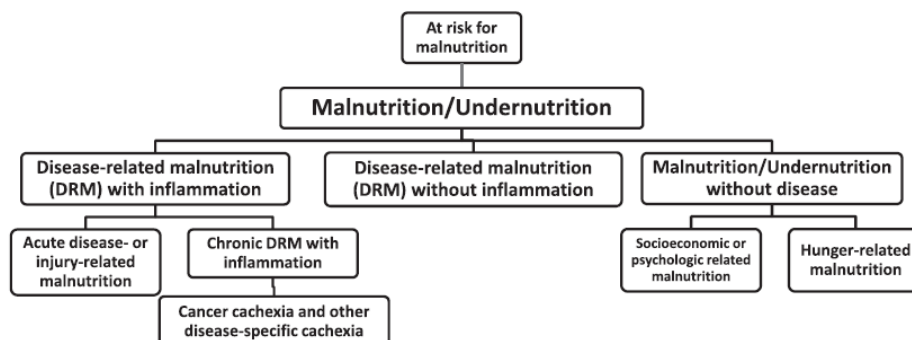


Fig. 2. Diagnoses tree of malnutrition; from at risk for malnutrition, basic definition of malnutrition to aetiology-based diagnoses

GLIM kriteriene

Moderat underernæring

Det kreves at minst et kriterium for etiologi og et kriterium for fenotype er oppfylt.

Etiologi

- Redusert matinntak eller opptak. < 50 % av energibehov > 1 uke eller enhver reduksjon i > 2 uker eller en kronisk magetarmtilstand som negativt påvirker fordøyelse eller absorpsjon
- Inflammasjon. Akutt sykdom, skade eller kronisk sykdom

Fenotype

- Vekttap 5 - 10 % i løpet av siste 6 måneder eller 10 - 20 % i mer enn 6 måneder
 - BMI. < 20 hvis < 70 år, < 22 hvis >70 år
 - Redusert muskelmasse. Mild til moderat underskudd.
-

Alvorlig underernæring

Det kreves at minst et kriterium for etiologi og et kriterium for fenotype er oppfylt.

Etiologi

- Redusert matinntak eller opptak. < 50 % av energibehov > 1 uke eller enhver reduksjon i > 2 uker eller en kronisk magetarmtilstand som negativt påvirker fordøyelse eller absorpsjon
- Inflammasjon. Akutt sykdom, skade eller kronisk sykdom

Fenotype

- Vekttap > 10 % i løpet av siste 6 måneder eller > 20 % i mer enn 6 måneder
- BMI. < 18.5 hvis < 70 år, < 20 hvis > 70 år
- Redusert muskelmasse. Alvorlig underskudd.