

Position statement – Global Leadership Initiative on Malnutrition (GLIM)

The Swedish Association of Clinical Dietitians (DRF) recommends the utilization of the GLIM criteria for diagnosing malnutrition in adults.

The Swedish Association of Clinical Dietitians (DRF) recommends that registered dietitians in Sweden adopt a working practice in line with the Nutrition Care Process (NCP) and, where applicable, use its associated terminology (NCPT) in their documentation [1,2,3]. The four NCP steps: Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention and Nutrition Monitoring and Evaluation, should therefore be applied in the nutrition care of patients with malnutrition. However, as a result of the global consensus on the GLIM (Global Leadership Initiative on Malnutrition) criteria, together with the comprehensive international efforts to incorporate the GLIM criteria into the International Classification of Diseases (ICD), **the Swedish Association of Clinical Dietitians (DRF) recommends the utilization of the GLIM criteria for diagnosing malnutrition in adults rather than the criteria currently defined in the NCPT.** The NCPT criteria are still recommended for diagnosing malnutrition in children.

The GLIM criteria for diagnosing malnutrition in clinical settings were developed in a global collaboration, including representatives from four major global nutrition societies with a reach that spans Europe, North America, Latin America and Asia [4,5]. The core diagnostic criteria have evolved to facilitate a better understanding of malnutrition in the setting of disease-related inflammation, and to encompass malnutrition across the spectrum of BMI [6]. Malnutrition diagnostic assessment using GLIM is based on a combination of phenotypic and etiologic criteria, an approach that is shared by all the leading diagnostic constructs.

GLIM advocates that the first step is screening for malnutrition risk using any validated screening tool, followed by diagnostic assessment and confirmation based on the combination of one of three phenotypic criteria: i.e. weight loss, underweight or low muscle mass, with one of two etiologic criteria: i.e. reduced food intake/food assimilation or high disease burden/inflammation.

Malnutrition in adults can be defined as “a state resulting from lack of intake or uptake of nutrition that leads to altered body composition (decreased fat free mass) and body cell mass leading to diminished physical and mental function and impaired clinical outcome from disease” [7]. Malnutrition is a devastating condition with adverse outcomes in terms of complications, prognosis and quality of life [8]. Etiologies include starvation, disease, or other dysfunctions of food intake or assimilation, alone or in combination. Of particular note is that severe malnutrition is frequently



associated with complications of advanced aging. Caring for adults with malnutrition in clinical settings requires attention to the prevention, diagnosis and management of nutritional and metabolic alterations, and to the interaction between food deprivation and catabolic processes related to disease-related inflammation or other causes.

The severity, **Moderate Malnutrition** or **Severe Malnutrition**, is defined by the degree of aberration from established thresholds of the phenotypic criteria.

Malnutrition in adults can be classified into three subgroups:

i. Malnutrition in adults related to acute or chronic disease, injury or infection with moderate to severe inflammation

When malnutrition is confirmed by the presence of a combination of phenotypic criteria, i.e. weight loss, low body mass index or reduced muscle mass, and the presence of a high disease burden with inflammation.

ii. Malnutrition in adults related to disease with non-discernable or low level inflammation

When malnutrition is confirmed by the presence of a combination of phenotypic criteria, i.e. weight loss, low body mass index or reduced muscle mass, and the presence of reduced food assimilation (intake/digestion/absorption) usually due to disease as the major etiologic criterion.

iii. Malnutrition in adults related to pure starvation

Presence of one of three phenotypic criteria, i.e. weight loss, low body mass index or reduced muscle mass, that is related to reduced food intake due to hunger or food shortage associated with socio-economic or environmental factors.

References

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