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DIAGNOSTIC ACCURACY OF PGSGA AND MUST OF PATIENTS WITH CHRONIC KIDNEY DISEASES, A PILOT.

Marleen Havinga-Kosters¹, Iris Julicher¹, Ahmet Duvan², Enes Yucesan², Heidi Zweers-van Essen¹, Anneke van den Berg^{* 1}, Henk van Hamersvelt³

¹Department of Gastroenterology and Hepatology-Dietetics, Radboudumc, ²HAN university of applied sciences, ³Nephrology, Radboudumc, Nijmegen, Netherlands

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Please indicate your professional occupation: Dietitian

The presenting author fulfills the above conditions and wants to apply for a travel award: No

Rationale: The National registration of the quality indicator for 'Risk of Malnutrition' describes only a few patients with Chronic Kidney Diseases (CKD), while the prevalence of Malnutrition and Protein Energy Wasting (PEW) in patients with CKD is between 18-75%. We suspect that not all malnourished patients with CKD are recognized by the Malnutrition Universal Screening Tool (MUST), therefore we explore the sensitivity and specificity of the MUST and PGSGA in patients with CKD.

Methods: In this cross sectional study, we collected data on malnutrition using different screening tools in outpatients with CKD. All patients were screened by the MUST, the Patient Generated Subjective Global Assessment (PGSGA) in total and the Short Form (SF) and handgrip strength (HGS) was measured. We used the PEW criteria of the International Society of Renal Nutritional and Metabolism (ISRNM) as golden standard for malnutrition (n=22). Criteria are classified in 4 categories: serum chemistry (serum albumin), Body Mass (BMI), Muscle Mass (HGS) and Dietary Intake (protein intake using food diaries).

Results: 50 patients with CKD (age 58 y +/-16,5, mean and SD, 28 male) were included. 23 outpatients with End-stage renal disease and 27 outpatients with maintenance/peritoneal dialysis. Prevalence of '(Risk on) Malnutrition' by MUST is 4%, PGSGA-SF is 40%, PGSGA 46% and according the PEW-criteria had 40% malnutrition. Table 1: The sensitivity and specificity of the MUST, PGSGA-SF and PGSGA relative to the PEW.

	Sensitivity (%)	Specificity (%)
MUST (>2)	13 (95% CI 0,3 - 53%)	100 (95% CI 72 - 100%)
PGSGA-SF (>4)	25 (95% CI 4 - 65%)	73 (95% CI 39 - 94%)
PGSGA (>4)	63 (95% CI 25 - 93%)	64 (95% CI 31 - 89%)

Conclusion: Using the MUST as screening tool a lot of patients PEW are not recognized as being at '(Risk for) Malnutrition'. As an alternative the PGSGA has the highest sensitivity of 63%.

Disclosure of Interest: None Declared

Keywords: Malnutrition diagnostic, PGSGA