Introduction
Screening for ‘risk of malnutrition’ is required in hospitals by the IGZ performance indicators.

The National registration describes 18% patients in the Departments of Nephrology as malnourished, assessed with the SNAQ. In 2015 the departments Nephrology Radboudumc register 12% of the patients an ‘increased risk of malnutrition’ with the MUST.

In the literature, prevalence of Malnutrition or Protein Energy Wasting (PEW) in patients with CKD is between 18-75%.

We suspect that patients with a ‘(risk of) malnutrition or PEW’ with CKD are not recognized by the MUST.

Objective
The aim of this pilot was to determine the diagnostic accuracy of the PG-SGA and the MUST compared to the PEW criteria in patients with CKD in the department Nephrology.

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 (PG-SGA-total) and the Short Form (SF).

We used the PEW criteria of the International Society of Renal Nutritional and Metabolism (ISRNM) as golden standard for malnutrition (n=22). Criteria are based on 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 ±/−16.5, mean and SD, 28 male) were included. 23 outpatients with End-stage renal disease and 27 outpatients with hemodialysis/peritoneal dialysis.

Prevalence of ‘(Risk on) Malnutrition’ by MUST is 4%, PG-SGA(SF) is 40%, PG-SGA 46%.

According the PEW-criteria (n=22) 40% has PEW.

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Table 1:
The sensitivity and specificity of the MUST, PG-SGA (SF) and PG-SGA relative to the PEW-criteria (n=22)

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<tr>
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<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
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<tbody>
<tr>
<td>MUST (≥2)</td>
<td>13 (95% CI 0,3-53%)</td>
<td>100 (95% CI 72-100%)</td>
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<tr>
<td>PG-SGA(SF) (≥4)</td>
<td>25 (95% CI 4-65%)</td>
<td>73 (95% CI 39-94%)</td>
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<tr>
<td>PG-SGA (≥4)</td>
<td>63 (95% CI 25-93%)</td>
<td>64 (95% CI 31-89%)</td>
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Conclusion
Using the MUST as screening tool a lot of patients with PEW are not recognized as being at ‘(Risk for) Malnutrition’. As an alternative the PG-SGA has the highest sensitivity of 63%.