Clinical Nutrition 38 (2019) 2958–2959

Contents lists available at ScienceDirect

Clinical Nutrition

journal homepage: http://www.elsevier.com/locate/clnu

Letter to the Editor

Comment on "nutritional status and all-cause mortality in older adults with acute coronary syndrome"

Keywords:
Nutrition
Frailty
Mortality

Dear Editor,

We read the recent study with interest, published in *Clinical Nutrition*, by *Tonet* et al., in which they aimed to investigate the prognostic implication of nutritional status in older adults hospitalized for acute coronary syndrome [1]. In the study, they used the data of the populations of two different studies including "Frailty in Elderly Patients Receiving Cardiac Interventional Procedures" (FRASER) study and Impacto de la Fragilidad y otros Síndromes Geri_atricos en el Manejo y Pron_ostico Vital del Anciano con Síndrome Coronario Agudo sin Elevaci_on de Segmento ST" (LONGEVO SCA) registry study [1]. They found that malnutrition, which was identified by Mini Nutritional Assessment-Short Form (MNA-SF), was an independent and strong risk factor for all-cause mortality. We think that some methodological issues should be considered while determining the relationship MNA scale or nutritional status and mortality in older adults [1].

Although malnutrition and frailty are two different major geriatric syndromes, it is known that these two syndromes, which can cause similar negative consequences, such as mortality, hospitalization, are in close relationship with each other [2]. Furthermore, in recent years, it has been shown that both MNA-long and MNA-SF can be a useful tool for frailty screening as well as malnutrition [3,4]. For example, Soysal P et al found that MNA-SF with a cut-off point of 11.0 had a sensitivity of 71.2% and a specificity of 92.8% for the detection of frail participants, and with a cut-off point of 13 had a sensitivity of 45.7% and a specificity of 78.3% for the detection of pre-frailty [4].

In the study by *Tonet* et al. used MNA-SF to identify nutritional status, and there were many frail and pre-frail participants in the two studies included (FRASER and LONGEVO SCA) [1]. This means that in the majority of patients with MNA-SF malnutrition and the risk of malnutrition, frailty and pre-frailty may occur simultaneously. Therefore, it is unclear whether the relationship between nutritional status and mortality shown in this study is really due to malnutrition or frailty. In a similar study by Goldfarb et al., the one-year mortality risk for malnourished patients was approximately 3-fold higher than those with normal nutrition, but this rate was reduced to 1.08 when adjusted according to frailty [5]. Especially in the elderly, in order to establish a clear relationship between malnutrition and mortality, only non-frail individuals should be included in the study, or the potential impact of frailty on outcomes should be neutralized, as Goldfarb et al did.

In conclusion, the study contributes valuable data to medical literature, but the studies investigating nutritional status and clinical outcomes, such as mortality, should also evaluate frailty status, and make an adjustment for this, which in turn will provide a clearer picture to the readers.

Financial support

None declared.

Conflicts of interest

None declared.

Acknowledgements

There is no financial support and no conflict of interest.

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DOI of original article: https://doi.org/10.1016/j.clnu.2019.09.002.

https://doi.org/10.1016/j.clnu.2019.09.001

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2 August 2019