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Letter to the Editor

Reply-Letter to the Editor-Nutritional status and all cause mortality in older adults with acute coronary syndrome

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We thank Soysal and colleague for the interest regarding our work about the prognostic role of nutritional status in older adults with acute coronary syndrome (ACS) [1]. As it was well underlined, malnutrition and frailty are two coexisting syndromes, more and more frequent with the ageing of the population [1]. Malnutrition plays a relevant role in the frailty development due to the linkage between nutrients deficiency and loss of muscle mass and sarcopenia [1,2]. Some studies suggested that the nutritional status tool named Mini-Nutritional Assessment Short Form (MNA-SF) could be used to identify frail older adults [3,4]. This close relationship is highlighted by several frailty tools, which include the evaluation of nutritional status as a component of the frailty syndrome [1]. This is indirectly confirmed also in our study population, being the Short Physical Performance Battery (SPPB) values lower in malnourished and at risk for malnutrition subjects as compared to the normal ones. However, the primary aim of our study was not to compare malnutrition and frailty as two different conditions, neither to demonstrate a stronger prognostic role of malnutrition over frailty. In our hypothesis, we considered malnutrition as a component of frailty and/or pre-frailty and as a possible therapeutic target in older adults. Our aim was to stress the prognostic implication of malnutrition to strongly support the need for physicians to integrate in their daily practice its identification. In this direction it should be considered the analysis reporting the incremental value of MNA-SF on top of the Global Risk of Acute Coronary Events (GRACE) risk score. In addition, keeping in mind the mutual influence between frailty and malnutrition, we analyzed the relationship between SPPB and MNA-SF. In the setting of ACS, SPPB demonstrated to have the best prognostic role when compared to other frailty tools [5]. In our study, the adjusted multivariate analysis revealed that both MNA-SF and SPPB were two independent predictors of all-cause mortality. Furthermore, MNA-SF showed a significant incremental value on top of SPPB. Interestingly, we found that the combination of clinical (GRACE), physical (SPPB) and nutritional (MNA-SF) scores should be considered the best way to stratify older ACS patients and to estimate their risk of mortality [1]. Frailty syndrome is a complex combination of several factors and its assessment results sometimes difficult and time consuming. Malnutrition and low physical performance can be considered two of the most important components of the frailty syndrome. We believe that malnutrition and risk for malnutrition as well as low physical performance represent two potential target of secondary prevention strategies and our study strongly supported this hypothesis.

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Conflict of interest

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