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Letter to the Editor

Some considerations about the GLIM criteria – A consensus report for the diagnosis of malnutrition

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Malnutrition diagnosis
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Dear Editor,

With great interest we read the consensus report on the diagnosis of malnutrition established for adults in diverse clinical settings by Cederholm and colleagues [1]. The criteria recommended by the investigators are practical, do not necessarily depend on expensive technological resources, and can be applied by different health professionals. Therefore, they attend the premise of use by the global community in the clinical nutrition area.

However, we assess that some considerations involving the established criteria are necessary. First, the investigators propose that the initial step in the evaluation of the nutritional state is to identify nutritional risk, by means of any validated instrument. However, the initial performing of nutritional screening is already well established in the literature. In addition, the investigators did not make any reference to the *NUTrition RIsk in the Critically ill score* [2], a nutritional risk screening tool specifically designed for critically ill patients.

In addition, due to the alterations in body water distribution induced by specific diseases, including serious injuries [3], the phenotypic criteria 'non-volitional weight loss' and 'Low Body Mass Index' proposed by the Global Leadership Initiative on Malnutrition (GLIM) group are also not suitable for evaluating of the nutritional status of critically ill patients. Thus, in spite of the high rate of malnutrition associated with high morbidity and mortality in Intensive Care Units [4], as well as the lack of consensus for diagnosing malnutrition among adult patients exposed to severe injury, the GLIM criteria are not applicable to patients in critical condition.

Second, the criteria chosen by the investigators are the same as those used by a number of different instruments already validated for screening and diagnosis of the nutritional state. Emphasis should be given to the Subjective Global Assessment (SGA) [5], a widely used diagnostic method for evaluating nutritional status, and which is of rapid execution, low cost, presenting good reproducibility and reliability, as well as showing correlation with the morbidity and mortality of patients, including critically ill patients. So, why use the GLIM criteria over other nutritional diagnostic methods, e.g. SGA?.

Third, the proposed criteria are very sensitive and not very specific, characteristics that are useful for screening tools and not for diagnosis, since they greatly increase the chance of false positives. In other words, should the GLIM criteria be used for nutritional risk screening and not for malnutrition diagnostics?.

In summary, the GLIM group criteria attend to the needs of a global consensus on the identification and endorsement for the diagnosis of malnutrition for adult individuals in communities/outpatient care. For hospitalized adult individuals with emphasis on critically ill patients, there is still a lack of consensus for the diagnosis of malnutrition.

Conflict of interest

None declared.

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Abbreviations: GLIM, Global Leadership Initiative on Malnutrition; SGA, Subjective Global Assessment.

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