

## NEWS RELEASE

### **Mini Nutritional Assessment Short Form (MNA<sup>®</sup>-SF):**

#### **New tool to support easy screening of malnutrition in the elderly**

- The new MNA<sup>®</sup>-SF is validated as a stand-alone tool and identifies the nutritional status of the elderly
- The new MNA<sup>®</sup>-SF is quick and easy to use, enhancing its use in clinical practice
- New data demonstrates a high prevalence of malnutrition in the elderly across healthcare settings

**VEVEY, Switzerland, 23 October, 2009** – Data just published in the current issue of the *Journal of Nutrition Health & Aging (JNHA)* supports the use of a newly validated Mini Nutritional Assessment Short Form (MNA<sup>®</sup>-SF)<sup>1</sup> for screening of nutritional status in the elderly<sup>2</sup>. The new MNA<sup>®</sup>-SF has been fully validated as a stand-alone tool and classifies elderly into three nutritional status categories: normal nutritional status, at risk of malnutrition and malnourished. It also provides an option to use calf circumference (CC) as a parameter instead of BMI thus making the tool more useful in diverse clinical settings. The new short form can be completed in four minutes, compared to 10-15 minutes required for the full MNA<sup>®</sup> form. The ease of use and rapid administration enables wider incorporation of the MNA<sup>®</sup>-SF into geriatric healthcare settings.

The MNA<sup>®</sup> is a well accepted screening tool globally<sup>3</sup>. It confirms a high prevalence of malnutrition in hospitalized elderly (39%), with an additional 47% at risk of malnutrition, and a prevalence of 50% malnourished and 41% at risk of malnutrition in the rehabilitation setting<sup>4</sup>. The original MNA<sup>®</sup>-SF required the completion of the full MNA<sup>®</sup><sup>5</sup> if the score indicated nutritional risk. Completion of the full MNA<sup>®</sup> provided a more detailed assessment of nutritional status and the determination of elderly nutritional status as: well nourished, at risk of malnutrition or malnourished.

The study published by Dr. Matthias Kaiser from the Department of Geriatric Medicine, University of Erlangen-Nürnberg, Germany, pooled datasets from across the globe, representing data from 2032 elderly people in various care settings including community, nursing homes, hospitals and rehabilitation units for whom complete information was available from all items in the full MNA<sup>®</sup>. The MNA<sup>®</sup>-SF (which consists of the first 6 questions of the full MNA<sup>®</sup>) was confirmed to strongly correlate with the full MNA<sup>®</sup> score. The new MNA<sup>®</sup>-SF, validated as a stand-alone tool, eliminates the need for completion of the more time-consuming full MNA<sup>®</sup> while still maintaining the same determination of nutritional status: well nourished, at risk of malnutrition and malnourished. Diagnosis of “at risk of malnutrition” is a risk factor for mortality<sup>6</sup>, therefore identification of elderly people in this category is essential to provide at risk populations with timely appropriate nutritional intervention. The research also demonstrated that in groups where measurement of BMI is not available due to weight or height being unobtainable, calf circumference is an acceptable alternative without a loss in sensitivity and specificity.

The new MNA<sup>®</sup>-SF was introduced at the 19<sup>th</sup> IAGG World Congress in July 2009 in Paris, by Dr. Jürgen Bauer, Assistant Medical Director at the Department of Geriatric Medicine, University of Erlangen-Nürnberg, Germany, and the second author on the recently published study. He commented “We hope that the validation of the new MNA<sup>®</sup>-SF will increase the use of the MNA<sup>®</sup> tool in practice, due to the reduced time required to complete the new short form and increased flexibility resulting from the inclusion of CC as an optional parameter in place of BMI.” Dr. Bruno Vellas, one of the originators of the MNA<sup>®</sup>, the editor of JNHA and President of the International Association of Geriatrics and Gerontology (IAGG) stated: “With such a tool available, specifically validated in the elderly and now more flexible, quick and easy to use, it should become standard practice to screen the elderly for malnutrition or risk of malnutrition, in order that appropriate nutritional intervention can be implemented.”

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## Notes to editors:

### About the Mini Nutritional Assessment (MNA)

The full MNA<sup>®</sup> is the most validated screening tool specifically for use with the elderly. The MNA<sup>®</sup> is in questionnaire format, and does not require any biochemical measurements or invasive procedures, simply a measurement of the patient's height and weight to calculate BMI. It was developed to screen nutritional status as a part of the comprehensive geriatric assessment in clinics, nursing homes and hospitals. For more information on the MNA<sup>®</sup>, please consult: [www.mna-elderly.com](http://www.mna-elderly.com).

### About Malnutrition

Malnutrition remains a major healthcare issue globally, and in Europe alone the costs associated with the condition are approximately €170 billion. Malnutrition in the elderly can lead to lower quality of life, more frequent and longer hospital stays, increased complications and eventually death. Ultimately, the availability of accurate and easy to use screening tools allows for the detection of those at risk of malnutrition allowing for nutritional intervention. Validated, easy to use and convenient screening tools such as the MNA<sup>®</sup> should ideally be part of all well designed and performed nutrition care regimens.

### About Nestlé Nutrition

Nestlé Nutrition helps to enhance the quality of life by supporting health and providing care for people with special nutrition needs at every stage of life. Nestlé Nutrition is built around four core businesses: Infant Nutrition, HealthCare Nutrition, Performance Nutrition and Weight Management. For more information about Nestlé Nutrition, please consult: [www.nestlenutrition.com](http://www.nestlenutrition.com)

For more information about Nestlé Nutrition's conference activities and for further background material and videos, please visit: <http://healthcare.nestlenutrition.com/media>

### About Nestlé HealthCare Nutrition

Nestlé HealthCare Nutrition, part of Nestlé Nutrition, makes a positive difference to the nutritional health, well-being and quality of life of patients through the development and delivery of innovative, medically recognised branded nutritional solutions. Our range of solutions helps to optimise the nutritional intake of patients whether their goal is to combat disease and/or recover better and faster or to stay healthy. Nestlé HealthCare Nutrition has worldwide headquarters in Gland (Switzerland).

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## References

- <sup>1</sup> Available to download at [www.mna-elderly.com/forms/mini/mna\\_mini\\_english.pdf](http://www.mna-elderly.com/forms/mini/mna_mini_english.pdf)
- <sup>2</sup> Kaiser MJ et al. *Validation of the Mini Nutritional Assessment Short-Form (MNA<sup>®</sup>-SF): A Practical Tool for identification of Nutritional Status*. JNHA 13(9):2009.
- <sup>3</sup> Guigoz Y. *The Mini Nutritional Assessment (MNA<sup>®</sup>) Review of the Literature – What does it tell us?* JNHA 10 (6):2006
- <sup>4</sup> Poster presented at ESPEN 2009. Kaiser, M.J. et al, *Worldwide data on malnutrition in the elderly according to the Mini Nutritional Assessment - Insights from an international pooled database*.
- <sup>5</sup> Available to download at [www.mna-elderly.com/mna\\_forms.html](http://www.mna-elderly.com/mna_forms.html)
- <sup>6</sup> Persson, M et al. *Nutritional Status Using Mini Nutritional Assessment and Subjective Global Assessment Predict Mortality in Geriatric Patients*. JAGS 50(12):2002