

Paper Category:	Nutrition
Paper Title: (Arial Font; 14 Pt Size)	Evaluating validity of GLIM criteria and its influence on adverse outcomes in community-residing Singaporean older adults using MNA-SF and ENIGMA
Abstract Body: (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions
<ul style="list-style-type: none"> • Background Malnutrition is associated with adverse health outcomes in older adults. Local prevalence of malnutrition among community-dwelling older adults ranged from 2.7% to 31.5%. Global Leadership Initiative on Malnutrition (GLIM) is a malnutrition diagnostic framework based on the integration of both evidence and consensus intended for use across different settings. • Objectives The objectives of this study were: (1) to evaluate the validity of GLIM criteria in community-dwelling older adults in Singapore using MNA-SF and Elderly Nutritional Index for Geriatric Malnutrition Assessment (ENIGMA), (2) to examine the association between malnutrition, diagnosed by GLIM, MNA-SF and ENIGMA, with adverse health outcomes: functional dependency, poor quality of life (QoL) and all-cause mortality over 10-year period. • Method This was a post-hoc analysis of Singapore Longitudinal Aging Study 2 with 2788 participants. Malnutrition were diagnosed using GLIM with or without initial screening, as well as with MNA-SF and ENIGMA. Spearman's rho, Cohen's Kappa and area under ROC curve were used to compare different diagnostic criteria. Logistic and Cox regression analysis were used to explore association between different tools and adverse health outcomes. • Results We found that 4.1-15.7% of participants were malnourished based on different GLIM criteria, MNA-SF and ENIGMA. Agreement between GLIM criteria, MNA-SF and ENIGMA ranged from weak to excellent depending on the screening tools ($r = 0.166-0.97$, $\kappa = 0.159-0.97$, $p < 0.00$). Malnutrition, regardless of tools, had significant association (p-values < 0.05) with poor QoL, functional dependency and 10-year mortality. ENIGMA had highest predictive accuracy for mortality with AUROC 0.65 (95% CI 0.62-0.68). • Discussions and Conclusions The construct validity of GLIM was supported by its significant association with known risk factors and correlates of malnutrition. Malnutrition based on GLIM was significantly associated with poor QoL, functional dependency and increased all-cause mortality risk at 10-year. ENIGMA is at least comparable with GLIM in diagnostic accuracy. 	

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