

Ανεύρεση Έγκυρων Πληροφοριών Διατροφής στο Διαδίκτυο & Παράθεση Επιστημονικής Βιβλιογραφίας



Ερωτήσεις ελέγχου αξιοπιστίας διατροφικών πληροφοριών σε ιστοσελίδες

- ❑ Ποιος είναι υπεύθυνος για την ιστοσελίδα;
- ❑ Αναγράφονται οι βιβλιογραφικές αναφορές/πηγές των παρεχόμενων πληροφοριών;
- ❑ Οι αναφορές αυτές προέρχονται οι ίδιες από αξιόπιστες πηγές/ιστοσελίδες;
- ❑ Γίνεται τακτική ενημέρωση της ιστοσελίδας (update);
- ❑ Πρόκειται για σελίδα πώλησης προϊόντος ή υπηρεσίας;
- ❑ Η ιστοσελίδα χρεώνει κάποιο αντίτιμο για τη χρήση των πληροφοριών που παρουσιάζει;

Παράδειγμα αναζήτησης ιστοσελίδας

The screenshot shows a web browser window with multiple tabs. The active tab is 'nutritional screeni'. The address bar shows the search URL: www.search.ask.com/web?q=nutritional+screening+tools&psv=&apn_dbr=ff_29.0&apn_dtid=%5EYYYYYY%5EY%5EGR&itbv=12.10.6.5030&p2=%5EB3Q%5EY. The search bar contains the text 'nutritional screening tools'. The search results are displayed under the 'Web' tab, showing 1-10 of 1,040,000 results. The results include several links with brief descriptions:

- Nutritional Screening - cancercachexia.com**
www.cancercachexia.com/
Discover more about Appetite Loss and Weight Loss in Cancer Patients.
- Coca-Cola και διατροφή - whatsinacocacola.gr**
www.whatsinacocacola.gr/
Μύθοι και αλήθειες για την αγαπημένη σου Coca-Cola.
- Assessment Tool - Create Quizzes, Tests, Assessments - questbase.com**
www.questbase.com/
Exams. New Features October 2014.
539 people follow QuestBase - Quiz Maker to create assessments, tests, exams on Google+
Features & Benefits Create Secure Exams
Quiz Software Sign-up Now
- Plant Phenomics System - New Generation of Plant Phenomics**
www.lemnatec.com/
Connect Genomics with Phenomics
LemnaTec Products
Applications LemnaTec Conferences
- Fitwav - Συμπληρώματα Διατροφής - fitwav.gr**

On the right side, there is a 'Related Links' section with the following links:

- [Substance Abuse Evaluation](#)
- [Substance Abuse Assessment Tool](#)
- [Michigan Alcohol Screening Test](#)
- [Sample of a Denver Developmental Screening Test](#)
- [Depression Screening Test](#)
- [Take a Depression Test](#)

Below the related links is a 'Search History' section with the following links:

- [nutritional screening tools](#)
- [screening tools](#)
- [What Does the Volume Number on a Newsletter Mean](#)
- [volume issue in a paper](#)
- [scroll down στα ελληνικά](#)

At the bottom of the browser window, there is a taskbar with several icons, including the Start button, Internet Explorer, and various application icons. The system tray shows the date and time: 8:15 πμ, 16/10/2014.

Τυχαία επιλέγουμε την πρώτη επιλογή

The screenshot displays the Cancer Cachexia Hub website. At the top, there is a search bar and a navigation menu with links for Home, Scientific Board, Hot Topics, Cancer Cachexia Guide, News & Updates, Clinical Studies, and Resources. The main content area features a featured article titled "Impact of appetite-related symptoms on the patient life" with a sub-headline "Although under recognized by medical providers and professional organizations, the cancer anorexia-cachexia syndrome (CACS) has a profound impact on many patients and ...". A circular portrait of a man in a suit is positioned to the right of the text. Below the main article, there is a "Highlights" section with two featured articles: "Pharmacological Strategies in Lung Cancer-Induced ..." and "Involvement of miRNAs in the Regulation of Muscle ...". The browser's address bar shows the URL "www.cancercachexia.com/?gclid=CJy95q21sMECFUPLtAodLFkA2A". The taskbar at the bottom shows several open PDF files and various application icons.

Are you an HCP? [Sign in](#) [Register](#)

Home Scientific Board Hot Topics Cancer Cachexia Guide News & Updates Clinical Studies Resources

Impact of appetite-related symptoms on the patient life

Although under recognized by medical providers and professional organizations, the cancer anorexia-cachexia syndrome (CACS) has a profound impact on many patients and ...

[view more](#)

Highlights

- Pharmacological Strategies in Lung Cancer-Induced ...**
Inflammation, oxidative stress, autophagy, ...
- Involvement of miRNAs in the Regulation of Muscle ...**
miRNA signature is peculiar of each catabolic condition.

143649 (1).pdf 143649 (1).pdf 334879.pdf 1-s2.0-S18739946110....pdf 1-s2.0-S15908658110....pdf Show all downloads...

8:16 πμ 16/10/2014

Τσεκάρουμε ένα από τα σχετικά κείμενα


Malnutrition scree x Malnutrition scree x www.nutritionjrn... Validity of Nutritic x 143649 (1).pdf x Nutrition screenin x nutritional screeni x About Cancer Cac x

www.cancercachexia.com/about-cancer-cachexia

Pathophysiology

Impact

Cancer Anorexia-Cachexia Syndrome at a glance



What Is Cancer Anorexia-Cachexia Syndrome?

Cancer Anorexia-Cachexia Syndrome (CACS) is a multifactorial syndrome that negatively impacts the functional performance, quality of life and prognosis of cancer patients.^{1,2,3,4,5} It is characterized by muscle loss (with or without lipolysis) that cannot be fully reversed by conventional nutritional support, and a cluster of symptoms that include anorexia, early satiety, and weakness.⁶ The prevalence of CACS is high, especially in patients with advanced cancer, nonetheless Cancer Anorexia-Cachexia Syndrome is often underdiagnosed and remains an unmet medical need.⁷

The differentiation between cachexia and other causes of weight or muscle loss (such as malnutrition related to anorexia or malabsorption related to impaired gastro intestinal function) can be difficult.⁸ As mentioned above, the most prominent feature of CACS is its non-responsiveness to traditional treatment approaches⁹; moreover, loss of skeletal muscle and fat distinguish it from starvation.⁴

Although the understanding of cachexia has progressed over the last decade, lack of consensus on a definition, diagnostic criteria and classification has impeded, until recently, a meaningful advancement in both clinical trials and clinical practice. Newer definitions try to integrate the concept of cachexia as a complex metabolic disorder, which is distinctly different to malnutrition.⁸ In 2011 an international consensus on the definition of CACS (originally indicated as cancer cachexia) was reached. The agreed definition is the following:¹

“Cancer cachexia is a multifactorial syndrome defined by an ongoing loss of skeletal muscle mass (with or without loss of fat mass) that cannot be fully reversed by conventional nutritional support and leads to progressive functional impairment”. [Fearon, Lancet Oncol 2011]¹

The panel of experts involved in the consensus

143649 (1).pdf 143649 (1).pdf 334879.pdf 1-s2.0-S18739946110....pdf 1-s2.0-S15908658110....pdf Show all downloads...

8:18 πμ 16/10/2014

Ελέγχουμε και τις πηγές του κειμένου

The screenshot shows a web browser window with the address bar displaying www.cancercachexia.com/about-cancer-cachexia. The page content includes a section titled "References" with a list of 10 citations. The browser's taskbar at the bottom shows several open PDF files and system icons.

References

1. Fearon K et al, Definition and classification of cancer cachexia: an international consensus. *Lancet Oncol* 2011;12:489–95.
2. Fearon K et al, Understanding the mechanisms and treatment options in cancer cachexia. *Nat Rev Clin Oncol* 2013;10:90–9.
3. Benner A et al, Definition and classification of cancer cachexia: an international consensus. *Lancet Oncol* 2013;10:90–9.
4. Bennani-Balti N et al, What is cancer anorexia-cachexia syndrome? A historical perspective. *J R Coll Physicians Edinb* 2009;39:257–62.
5. Vaughan VC et al, Cancer cachexia: impact, mechanisms and emerging treatments. *J Cachexia Sarcopenia Muscle* 2013;4:95–109
6. Del Fabbro E, Inui A, Strasser F, Pocket book for cancer supportive care. *Springer Healthcare* 2012.
7. von Haehling S et al, Cachexia as a major underestimated and unmet medical need: facts and numbers. *J Cachexia Sarcopenia Muscle* 2010;1:1–5.
8. Radbruch L et al. **European Clinical Guidelines**, Clinical practice guidelines on cancer cachexia in advanced cancer patients with a focus on refractory cachexia. *Developed on behalf of the European Palliative Care Research Collaborative*, 2010
9. Kumar NB et al, Cancer cachexia: traditional therapies and novel molecular mechanism-based approaches to treatment. *Curr Treat Options Oncol* 2010;11:107-17
10. Hopkinson JB et al, The prevalence of concern about weight loss and change in eating habits in people with advanced cancer. *J Pain Symptom Manage* 2006;32(4):322-31.

Αρκετά αξιόπιστο για άντληση πληροφοριών ενημέρωσης, ... καμία σχέση όμως με το θέμα μας

The screenshot shows a web browser window displaying the Cancer Cachexia Hub website. The browser's address bar shows the URL www.cancercachexia.com/multimedia-resources. The website header features the "Cancer Cachexia Hub" logo and navigation links: Home, Scientific Board, Hot Topics, Cancer Cachexia Guide, News & Updates, Clinical Studies, and Resources. A search bar and a "Register" button are also visible. The main content area is titled "Multimedia resources" and contains three video thumbnails:

- The Evolving Role Of the Community Oncology Nurse In Cancer Anorexia-Cachexia Syndrome (CACS)**: Meeting space has been assigned to provide a Presentation Theater in the Learning Hall supported by Helsinki during the Oncology Nursing Society's...
- Cancer Cachexia Hub video launch**: A new place where state-of-the-art knowledge on cancer cachexia in gathered and shared.
- What Is the Impact of Cancer Anorexia Cachexia Syndrome on patients and caregivers?**: Interview with Jane Hopkinson, MD, Professor of Nursing, Cardiff University.

The browser's taskbar at the bottom shows several open PDF files and system icons, including the date and time: 8:19 πμ 16/10/2014.

Σημεία/Χαρακτηριστικά διατροφικών πληροφοριών αμφισβητούμενης αξιοπιστίας

FIGURE C1-1 EARMARKS OF NUTRITION QUACKERY

The more of these claims you hear about nutrition information, the less likely it is to be valid.

Too good to be true
The claim presents enticingly simple answers to complex problems. It says what most people want to hear. It sounds magical.

Suspicious about food supply
The person or institution pushing the product or service urges distrust of the current methods of medicine or suspicion of the regular food supply, with "alternatives" for sale (providing profit to the seller) under the guise that people should have freedom of choice.

Testimonials
The evidence presented to support the claim is in the form of praise by people who "felt healed," "were younger," "lost weight," and the like as a result of using the product or treatment.

Fake credentials
The person or institution making the claim is titled "doctor," "university," or the like, but has simply created or bought the title and is not legitimate.

Unpublished studies
Scientific studies are cited, but are not published anywhere and so cannot be critically examined.

Logic without proof
The claim seems to be based on sound reasoning but hasn't been scientifically tested and shown to hold up.

Persecution claims
The person or institution pushing the product or service claims to be persecuted by the medical establishment or tries to convince you that physicians "want to keep you ill so that you will continue to pay for office visits."

Authority not cited
The studies cited sound valid, but are not referenced, so that it is impossible to check and see if they were conducted scientifically.

Motive: personal gain
The person or institution making the claim stands to make a profit if it is believed.

Advertisement
The claim is being made by an advertiser who is paid to make claims for the product or procedure. (Look for the word "Advertisement," probably in tiny print somewhere on the page.)

Unreliable publication
The studies cited are published, but in a newsletter, magazine, or journal that publishes misinformation.

A SCIENTIFIC BREAKTHROUGH! FEEL STRONGER, LOSE WEIGHT. IMPROVE YOUR MEMORY ALL WITH THE HELP OF VITE-O-MITE! OH SURE, YOU MAY HAVE HEARD THAT VITE-O-MITE IS NOT ALL THAT WE SAY IT IS, BUT THAT'S WHAT THE FDA WANTS YOU TO THINK! OUR DOCTORS AND SCIENTISTS SAY IT'S THE ULTIMATE VITAMIN SUPPLEMENT. SAY NO! TO THE WEAKENED VITAMINS IN TODAY'S FOODS. VITE-O-MITE INCLUDES POTENT SECRET INGREDIENTS THAT YOU CANNOT GET WITH ANY OTHER PRODUCT! ORDER RIGHT NOW AND WE'LL SEND YOU ANOTHER FOR FREE!

Before After
200 160
O BROAD
DIP
50
CERTIFICATE OF APPOINTMENT
POWER
NEW
SINNO

Χρήσιμα websites για αναζήτηση Διατροφικών πληροφοριών -1

| <u>Οργανισμός/Πάροχος Ιστοσελίδας</u> | <u>Ηλεκτρονική Σελίδα</u> |
|---|---|
| Agencies of the European Union | http://europa.eu/agencies/community_agencies/index_en.htm |
| American Academy of Family Physicians | http://www.familydoctor.org |
| American Diabetes Association | http://www.diabetes.org/ |
| American Academy of Nutrition and Dietetics | http://www.eatright.org/ |
| American Heart Association | http://www.americanheart.org/ |
| American Institute for Cancer Research | http://www.aicr.org |
| Association for the Study of Obesity | http://www.aso.org.uk/portal.aspx |
| Better Health Channel | http://www.betterhealth.vic.gov.au/ |

Χρήσιμα websites για αναζήτηση Διατροφικών πληροφοριών -2

| <u>Οργανισμός/Πάροχος Ιστοσελίδας</u> | <u>Ηλεκτρονική Σελίδα</u> |
|--|--|
| Blood Pressure Association | http://www.bpassoc.org.uk/Home |
| British Heart Foundation | http://www.bhf.org.uk/ |
| British Nutrition Foundation | http://www.nutrition.org.uk/ |
| Canadian Council on Food and Nutrition | http://www.nin.ca/ |
| Centers for Disease Control and Prevention | http://www.cdc.gov/ http://www.fruitsandveggiesmatter.gov/ |
| Consensus Action on Salt & Health | http://www.hyp.ac.uk/cash |
| Dietitians of Canada | http://www.dietitians.ca/ |
| Canadian Council on Food and Nutrition | http://www.nin.ca/ |

Χρήσιμα websites για αναζήτηση Διατροφικών πληροφοριών -3

| <u>Οργανισμός/Πάροχος Ιστοσελίδας</u> | <u>Ηλεκτρονική Σελίδα</u> |
|---|---|
| European Food Information Council (EUFIC) | http://www.eufic.org/ |
| European Food Safety Authority (EFSA) | http://www.efsa.europa.eu/EFSA/efsa_locale-1178620753812_home.htm |
| Food and Agriculture Organization of the United Nations | http://www.fao.org/ |
| Food Communications Information Service, University of Cork, Ireland | http://www.ucc.ie/fcis/ |
| Food Safety | http://www.foodsafety.gov/ |
| Heart and Stroke Foundation | http://www.healthcheck.org/ |
| Mayo Foundation for Medical Education and Research | http://www.mayoclinic.com/ |
| OLDWAYS | http://www.oldwayspt.org |

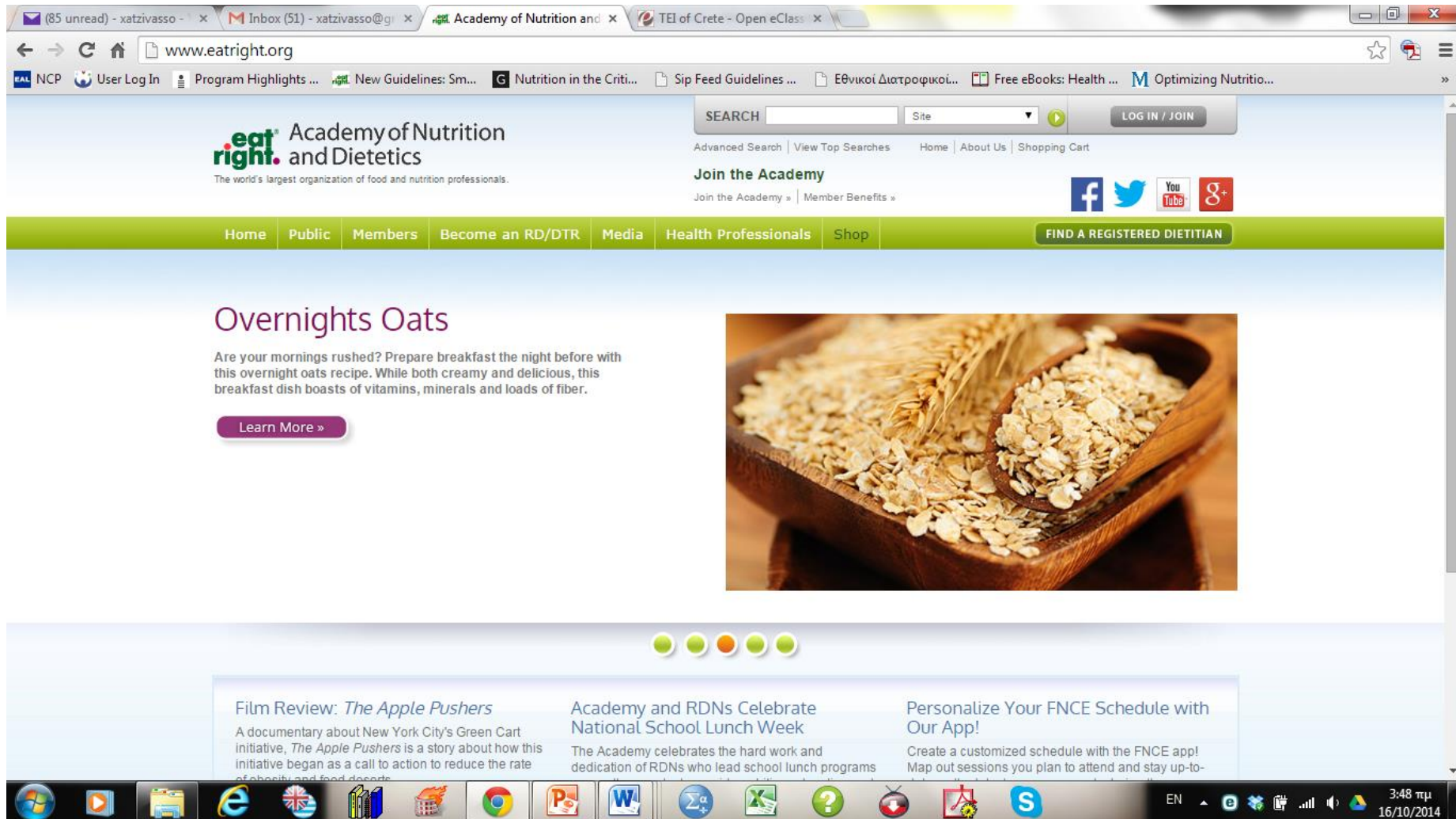
Χρήσιμα websites για αναζήτηση Διατροφικών πληροφοριών -4

| <u>Οργανισμός/Πάροχος Ιστοσελίδας</u> | <u>Ηλεκτρονική Σελίδα</u> |
|---|--|
| Produce for Better Health Foundation | http://www.fruitsandveggiesmorematters.org/ |
| The Stroke Association | http://www.stroke.org.uk/ |
| Tufts University Nutrition Navigator | http://navigator.tufts.edu/ |
| United States Department of Agriculture - Food and Nutrition Information Center (FNIC) | http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=1 |
| Topics A-Z | http://www.mypyramid.gov/ http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=1&tax_subject=249 |
| United States Department of Agriculture - National Agricultural Library | http://www.nutrition.gov |

Χρήσιμα websites για αναζήτηση Διατροφικών πληροφοριών -5

| <u>Οργανισμός/Πάροχος Ιστοσελίδας</u> | <u>Ηλεκτρονική Σελίδα</u> |
|---|---|
| United States Department of Agriculture - Center for Nutrition Policy and Promotion | http://www.usda.gov/cnpp/ |
| United States Department of Agriculture (USDA) | http://www.usda.gov/wps/portal/usdahome |
| US Food and Drug Administration | http://www.fda.gov/ |
| World Cancer Research Fund UK | http://www.wcrf-uk.org |
| World Health Organization | http://www.who.int/ |
| National Health Service UK | http://www.nhs.uk/ |
| Εθνικοί Διατροφικοί Οδηγοί | http://www.diatrofikoiodigoi.gr/default.aspx?page=home |

Χρήσιμα websites για αναζήτηση Διατροφικών πληροφοριών – Παράδειγμα



The screenshot shows a web browser window displaying the website www.eatright.org. The browser's address bar and tabs are visible at the top. The website header includes the logo for the Academy of Nutrition and Dietetics, with the tagline "The world's largest organization of food and nutrition professionals." A search bar is located in the top right, and a "LOG IN / JOIN" button is next to it. Below the search bar, there are links for "Advanced Search", "View Top Searches", "Home", "About Us", and "Shopping Cart". A "Join the Academy" section is also present, with links for "Join the Academy" and "Member Benefits". Social media icons for Facebook, Twitter, YouTube, and Google+ are displayed. A green navigation bar contains the following menu items: Home, Public, Members, Become an RD/DTR, Media, Health Professionals, and Shop. A button labeled "FIND A REGISTERED DIETITIAN" is located on the right side of this bar. The main content area features a featured article titled "Overnights Oats" with a sub-headline: "Are your mornings rushed? Prepare breakfast the night before with this overnight oats recipe. While both creamy and delicious, this breakfast dish boasts of vitamins, minerals and loads of fiber." Below the text is a "Learn More »" button. To the right of the text is a photograph of a wooden bowl filled with rolled oats. Below the main content area, there are three promotional boxes: "Film Review: *The Apple Pushers*", "Academy and RDNs Celebrate National School Lunch Week", and "Personalize Your FNCE Schedule with Our App!". The Windows taskbar is visible at the bottom of the screen, showing various application icons and the system clock indicating 3:48 PM on 16/10/2014.

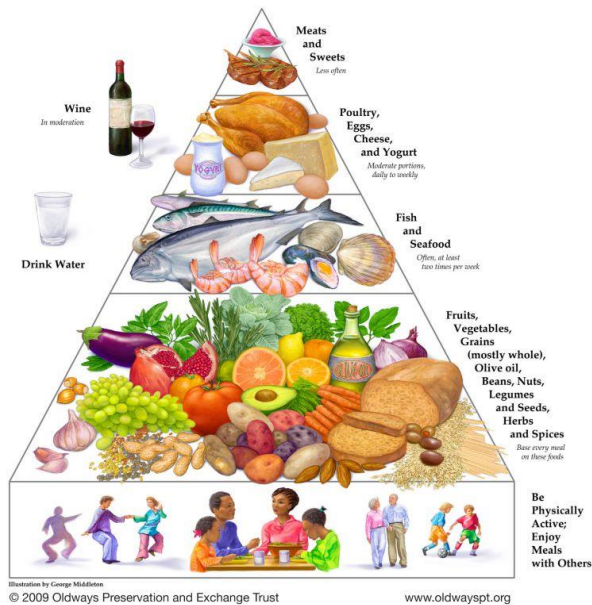
Χρήσιμα websites για αναζήτηση Διατροφικών πληροφοριών - Χρήση

- Παρά το έγκυρο των πληροφοριών, τα sites αυτά προτείνονται περισσότερο για ενημέρωση και λιγότερο για χρήση σε εργασίες
- Σπάνια αυτά τα sites δηλώνονται ως βιβλιογραφία σε επιστημονικές εργασίες, εκτός αν πρόκειται για πολύ πρόσφατα στοιχεία που δεν έχουν δημοσιευτεί ακόμα σε επιστημονικά περιοδικά ή βιβλία
 - π.χ. στατιστικά στοιχεία από το site του World Health Organization ή του World Cancer Research Fund),
 - ή ειδικά γραφήματα (π.χ. Πυραμίδες για διάφορα διατροφικά σχήματα από το site του Oldways)

π.χ. Πυραμίδες από site Oldways

OLDWAYS
HEALTH THROUGH HERITAGE

Mediterranean Diet Pyramid



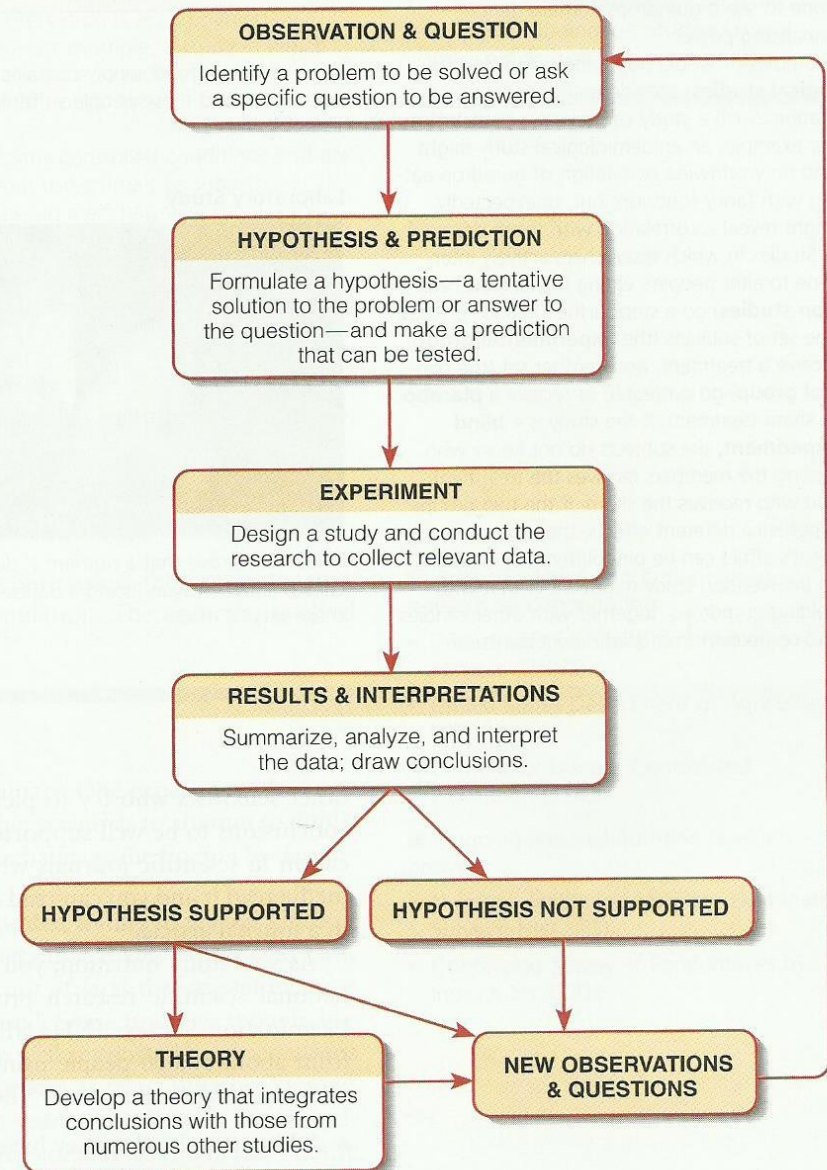
OLDWAYS
HEALTH THROUGH HERITAGE

Vegetarian & Vegan Diet Pyramid



FIGURE 1-3 THE SCIENTIFIC METHOD

Research scientists follow the scientific method. Note that most research projects result in new questions, not final answers. Thus, research continues in a somewhat cyclical manner.



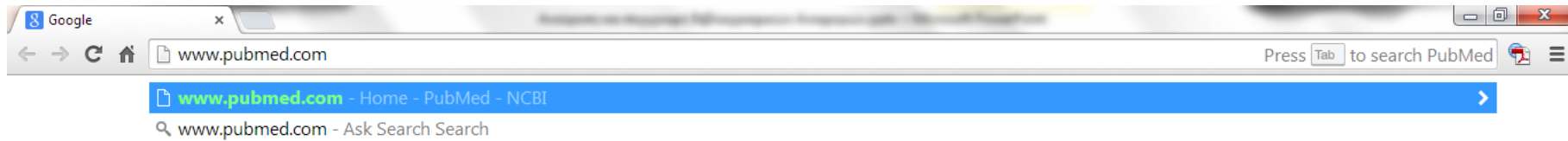
Η προέλευση της
επιστημονικής
διατροφικής
πληροφορίας και η
εξέλιξή της

Ανεύρεση Βιβλιογραφικών Αναφορών σε ηλεκτρονική επιστημονική βάση



... μέσω της χρήσης του Pubmed

Μπαίνουμε στον φυλλομετρητή (browser)



Google
Ελλάδα

Αναζήτηση Google

Αισθάνομαι τυχερός

Διαφήμιση Επιχείρηση Σχετικά με

Απόρρητο και όροι Ρυθμίσεις



Πληκτρολογούμε www.pubmed.com

The screenshot shows the PubMed website homepage. The browser's address bar displays www.ncbi.nlm.nih.gov/pubmed/. The page features a search bar with the text "PubMed" and a "Search" button. Below the search bar, there is a "PubMed" section with a description: "PubMed comprises more than 24 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites." To the right of this section is the "PubMed Commons" section, which includes a "Featured comment" dated Oct 15: "Cleaning up hospital-acquired infections: P Watson highlights study of environmental protocol. [1.usa.gov/ZTOrz4](#)".

The page is organized into three main columns of links:

- Using PubMed:**
 - [PubMed Quick Start Guide](#)
 - [Full Text Articles](#)
 - [PubMed FAQs](#)
 - [PubMed Tutorials](#)
 - [New and Noteworthy](#)
- PubMed Tools:**
 - [PubMed Mobile](#)
 - [Single Citation Matcher](#)
 - [Batch Citation Matcher](#)
 - [Clinical Queries](#)
 - [Topic-Specific Queries](#)
- More Resources:**
 - [MeSH Database](#)
 - [Journals in NCBI Databases](#)
 - [Clinical Trials](#)
 - [E-Utilities \(API\)](#)
 - [LinkOut](#)

At the bottom of the page, there is a navigation bar with sections: "GETTING STARTED", "RESOURCES", "POPULAR", "FEATURED", and "NCBI INFORMATION". The footer also includes the text "You are here: NCBI > Literature > PubMed" and "Write to the Help Desk".

Πληκτρολογούμε τις λέξεις κλειδιά που ταιριάζουν στο θέμα που επιθυμούμε

The screenshot shows the PubMed website interface. At the top, the browser address bar displays www.ncbi.nlm.nih.gov/pubmed/. The main navigation bar includes 'NCBI Resources' and 'How To'. The search bar contains the text 'nutrition screening tool', with a dropdown menu showing suggestions: 'nutrition screening tools' and 'nutrition screening tool'. A 'Search' button is visible to the right of the search bar. Below the search bar, there is a banner for PubMed stating: 'PubMed comprises more than 24 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.' To the right of the banner is a 'Featured comment' section dated Oct 15, titled 'Cleaning up hospital-acquired infections: P Watson highlights study of environmental protocol.' Below the banner and comment, there are three columns of links: 'Using PubMed' (PubMed Quick Start Guide, Full Text Articles, PubMed FAQs, PubMed Tutorials, New and Noteworthy), 'PubMed Tools' (PubMed Mobile, Single Citation Matcher, Batch Citation Matcher, Clinical Queries, Topic-Specific Queries), and 'More Resources' (MeSH Database, Journals in NCBI Databases, Clinical Trials, E-Utilities (API), LinkOut). At the bottom of the page, there is a breadcrumb trail: 'You are here: NCBI > Literature > PubMed' and a 'Write to the Help Desk' link. The footer contains navigation tabs: 'GETTING STARTED', 'RESOURCES', 'POPULAR', 'FEATURED', and 'NCBI INFORMATION'. The Windows taskbar at the bottom shows various application icons and the system clock indicating 4:34 pm on 16/10/2014.

Όλα τα διαθέσιμα άρθρα που περιέχουν στον τίτλο τους όλες ή κάποιες από τις λέξεις κλειδιά εμφανίζονται

The screenshot shows a web browser window displaying the PubMed search results for the query "nutrition screening tool". The browser's address bar shows the URL: www.ncbi.nlm.nih.gov/pubmed/?term=nutrition+screening+tool. The page header includes the NCBI logo and navigation links like "Resources" and "How To". The search bar contains the query "nutrition screening tool" and a "Search" button. Below the search bar, there are options for "Display Settings" (Summary, 20 per page, Sorted by Recently Added) and "Send to" options. The main content area displays a list of search results, each with a checkbox, a title, author information, publication details, and a PMID. The results are numbered 1 through 4. On the right side of the page, there are sections for "New feature" (Try the new Display Settings option - Sort by Relevance), "Results by year" (a bar chart showing the distribution of results over time), and "PMC Images search for nutrition screening tool" (a section with image thumbnails). The bottom of the screen shows a Windows taskbar with various application icons and the system clock indicating 5:08 PM on 16/10/2014.

nutrition screening tool - 1 x

www.ncbi.nlm.nih.gov/pubmed/?term=nutrition+screening+tool

NCBI Resources How To Sign in to NCBI

PubMed nutrition screening tool Search

Display Settings: Summary, 20 per page, Sorted by Recently Added

Send to: Filters: Manage Filters

Results: 1 to 20 of 1398

1. [Potential barriers to effective MUST implementation.](#)
Smith A.
Br J Community Nurs. 2014 Oct;19 Suppl 10:S28-31. doi: 10.12968/bjcn.2014.19.Sup10.S28.
PMID: 25299663 [PubMed - in process]
[Related citations](#)

2. [Validity of nutritional screening tools for hospitalized children.](#)
Wonoputri N, Djais JT, Rosalina I.
J Nutr Metab. 2014;2014:143649. doi: 10.1155/2014/143649. Epub 2014 Sep 14.
PMID: 25298890 [PubMed] [Free PMC Article](#)
[Related citations](#)

3. [A commercially available IgE-based test for food allergy gives inconsistent results in healthy ponies.](#)
Dupont S, De Spiegeleer A, Liu DJ, Lefère L, van Doorn DA, Hesta M.
Equine Vet J. 2014 Oct 7. doi: 10.1111/evj.12369. [Epub ahead of print]
PMID: 25290573 [PubMed - as supplied by publisher]
[Related citations](#)

4. [Depression as a Correlate of Functional Status of Community-Dwelling Older Adults: Utilizing a Short-Version of 5-item Geriatric Depression Scale as a Screening Tool.](#)
Song HJ, Meade K, Akobundu U, Sahyoun NR.
J Nutr Health Aging. 2014;18(8):765-70. doi: 10.1007/s12603-014-0452-1.
PMID: 25286457 [PubMed - in process]
[Related citations](#)

New feature
Try the new Display Settings option - Sort by Relevance

Results by year
Download CSV

PMC Images search for nutrition screening tool

5:08 πμ
16/10/2014

Εντοπίζουμε το άρθρο που μας ενδιαφέρει και κάνουμε «κλικ» πάνω στον τίτλο του

nutrition screening tool - | x

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Smith A.
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PMID: 25299663 [PubMed - in process]
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2. [Validity of nutritional screening tools for hospitalized children.](#)
Wonoputri N, Djais JT, Rosalina I.
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Dupont S, De Spiegeleer A, Liu DJ, Lefère L, van Doorn DA, Hesta M.
Equine Vet J. 2014 Oct 7. doi: 10.1111/evj.12369. [Epub ahead of print]
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4. [Depression as a Correlate of Functional Status of Community-Dwelling Older Adults: Utilizing a Short-Version of 5-item Geriatric Depression Scale as a Screening Tool.](#)
Song HJ, Meade K, Akobundu U, Sahyoun NR.
J Nutr Health Aging. 2014;18(8):765-70. doi: 10.1007/s12603-014-0452-1.
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1. Smith A.
Br J Community Nurs. 2014 Oct;19 Suppl 10:S28-31. doi: 10.12968/bjcn.2014.19.Sup10.S28.
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2. Wonoputri N, Djais JT, Rosalina I.
J Nutr Metab. 2014;2014:43049. doi: 10.1155/2014/43049. [Epub 2014 Sep 14].
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[How can screening for malnutrition among hospitalized patients be improved? An automatic e-mail alert system when admitting previously malnourished patients.](#)

5. Giovannelli J, Coevoet V, Vasseur C, Gheysens A, Basse B, Houyengah F.
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[Serum anti-glycan antibodies in paediatric-onset Crohn's disease: association with disease phenotype and diagnostic accuracy.](#)

6. Śladek M, Wasilewska A, Świat A, Cmiel A.

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16/10/2014

Ελέγχο καταρχήν την περίληψη (“abstract”) για να επιβεβαιώσω ότι με ενδιαφέρει

The image shows a screenshot of a web browser displaying a PubMed article. The browser's address bar shows the URL www.ncbi.nlm.nih.gov/pubmed/25298890. The page header includes the NCBI logo and a search bar. The article title is "Validity of nutritional screening tools for hospitalized children." The abstract text is circled in green. The abstract content discusses the background, methods, and results of a study comparing various nutritional screening tools (PYMS, STAMP, STRONG-kids, and SGNA) for hospitalized children. The abstract concludes that PYMS was the most reliable screening tool. The page also features sections for "Full text links", "Save items", "Related citations in PubMed", and "LinkOut - more resources".

Validity of nutritional scre: x

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Validity of nutritional screening tools for hospitalized children.

Wonoputri M, Pralis JT, Rosalina I.

Author information

Abstract

Background. Malnutrition in hospitalized children can be prevented if children with risk of malnutrition are identified. Every hospital is recommended to have a standard nutritional screening tool. Numerous simple screening tools have been developed, namely Paediatric Yorkhill Malnutrition Score (PYMS), Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP), and Screening Tool for Risk on Nutritional Status and Growth (STRONG-kids). None has been accepted as a universal tool. Our study aims to determine the best screening tools compared to Subjective Global Nutrition Assessment (SGNA), an assessment tool which is more complex as our gold standard. Methods. This diagnostic study involved 116 patients aged 1-15 years. Three screening tools and SGNA were examined to each subject. Statistical analysis was used to determine sensitivity, specificity, and likelihood ratio (LR) by results from screening tools divided into low and moderate-high risk of malnutrition compared to results from SGNA divided into no and moderate-severe malnutrition. Results. PYMS showed superior agreement to SGNA resulting in sensitivity 95.32%, specificity 76.92%, positive LR 4.13, and negative LR 0.061. STAMP resulted in sensitivity, specificity, positive LR, and negative LR, respectively, as 100%, 11.54%, 1.13, and 0 and STRONG-kids resulted in 100%, 7.7%, 1.083, and 0. Conclusion. PYMS was the most reliable screening tool.

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The screenshot shows a web browser window with the URL www.hindawi.com/journals/jnme/2014/143649/. The page is for the *Journal of Nutrition and Metabolism*, Volume 2014 (2014), Article ID 143649, 6 pages. The article title is **Validity of Nutritional Screening Tools for Hospitalized Children** by Nathania Wonoputri, Julistio T. B. Djais, and Ina Rosalina. The article is a research article from the Department of Child Health at Universitas Padjadjaran. The page includes a sidebar with a **Journal Menu** and a list of links on the right side. The **Full-Text PDF** link is circled in purple.

Journal Menu

- About this Journal
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Journal of Nutrition and Metabolism
Volume 2014, Article ID 143649, 6 pages
<http://dx.doi.org/10.1155/2014/143649>



Research Article

Validity of Nutritional Screening Tools for Hospitalized Children

Nathania Wonoputri, Julistio T. B. Djais, and Ina Rosalina

Department of Child Health, Universitas Padjadjaran, Dr. Hasan Sadikin General Hospital, Jalan Pasteur No. 38, Bandung 40161, Indonesia

Correspondence should be addressed to Nathania Wonoputri; nathania.wonop@gmail.com

Received 17 June 2014; Revised 31 August 2014; Accepted 31 August 2014; Published 14 September 2014

Academic Editor: Johannes B. van Goudoever

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Background. Malnutrition in hospitalized children can be prevented if children with risk of malnutrition are identified. Every hospital is recommended to have a standard nutritional screening tool. Numerous simple screening tools have been developed, namely Paediatric Yorkhill Malnutrition Score (PYMS), Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP), and Screening Tool for Risk on Nutritional Status and Growth (STRONG-kids). None has been accepted as a universal tool. Our study aims to determine the best screening tools compared to Subjective Global Nutrition Assessment (SGNA), an assessment tool which is more complex as our gold standard. **Methods.** This diagnostic study involved 116 patients aged 1–15 years. Three screening tools and SGNA were examined to each subject. Statistical analysis was used to determine sensitivity, specificity, and likelihood

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Ωστόσο, η αναζήτηση άρθρων μπορεί να συνεχιστεί... είτε α) μέσω “related” άρθρων

The screenshot shows a web browser window displaying a PubMed article. The address bar shows the URL www.ncbi.nlm.nih.gov/pubmed/25298890. The page title is "Validity of nutritional screening tools for hospitalized children" by Wono Putri N, Diais JT, Rosalina I. The abstract text is visible, discussing malnutrition screening tools like PYMS, STAMP, and STRONG-kids compared to SGNA. On the right side, there is a "Related citations in PubMed" section. One of the citations is highlighted with a green circle: "Review Nutrition screening tools for hospitalized patients. [Nutr Clin Pract. 2008]". Other related citations include "A four-stage evaluation of the Paediatric Yorkhill Malnutrition Score in a tertiary p [Br J Nutr. 2010]" and "A Simple Nutrition Screening Tool for Pediatric Inpatients. [JPEN J Parenter Enteral Nutr. 2014]". The browser's taskbar at the bottom shows various application icons and the system clock indicating 5:19 pm on 16/10/2014.

.... είτε β) επιστρέφοντας στην αρχική σελίδα αναζήτησης (κάνοντας «κλικ» στο κουμπί για μία σελίδα πίσω)

The screenshot shows a web browser window displaying a PubMed article. The address bar shows the URL www.ncbi.nlm.nih.gov/pubmed/25298890. The browser's navigation bar includes a back button, which is circled in green. The page content includes the article title "Validity of nutritional screening tools for hospitalized children", the author "Wonoputri N, Diais JT, Rosalina I", and the abstract text. The abstract discusses the use of various screening tools (PYMS, STAMP, STRONG-kids, SGNA) for malnutrition in hospitalized children. The page also features sections for "Full text links", "Save items", "Related citations in PubMed", and "Related information". The browser's taskbar at the bottom shows various application icons and the system clock indicating 5:19 pm on 16/10/2014.

Validity of nutritional scre: x

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J Nutr Metab. 2014;2014:143649. doi: 10.1155/2014/143649. Epub 2014 Sep 14.

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Wonoputri N, Diais JT, Rosalina I.

Author information

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1. Smith A.
Br J Community Nurs. 2014 Oct;19 Suppl 10:S28-31. doi: 10.12968/bjcn.2014.19.Sup10.S28.
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[How can screening for malnutrition among hospitalized patients be improved? An automatic e-mail alert system when admitting previously malnourished patients.](#)


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6. Śladek M, Wasilewska A, Świat A, Cmiel A.

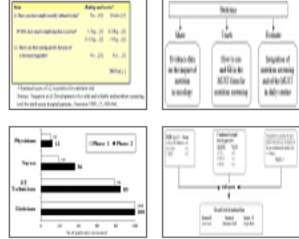
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Development and preliminary validation of a Family Nutriti [Int J Behav Nutr Phys Act. 2009]

Windows taskbar: 5:14 πμ 16/10/2014

Έστω όμως ότι μας ενδιαφέρει ένα από τα σχετικά άρθρα (α' περίπτωση)

The screenshot shows a web browser window displaying a PubMed article. The address bar shows the URL www.ncbi.nlm.nih.gov/pubmed/25298890. The page title is "Validity of nutritional screening tools for hospitalized children." The authors listed are Wonoputri N, Diais JT, Rosalina I. The abstract text reads: "Background. Malnutrition in hospitalized children can be prevented if children with risk of malnutrition are identified. Every hospital is recommended to have a standard nutritional screening tool. Numerous simple screening tools have been developed, namely Paediatric Yorkhill Malnutrition Score (PYMS), Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP), and Screening Tool for Risk on Nutritional Status and Growth (STRONG-kids). None has been accepted as a universal tool. Our study aims to determine the best screening tools compared to Subjective Global Nutrition Assessment (SGNA), an assessment tool which is more complex as our gold standard. Methods. This diagnostic study involved 116 patients aged 1-15 years. Three screening tools and SGNA were examined to each subject. Statistical analysis was used to determine sensitivity, specificity, and likelihood ratio (LR) by results from screening tools divided into low and moderate-high risk of malnutrition compared to results from SGNA divided into no and moderate-severe malnutrition. Results. PYMS showed superior agreement to SGNA resulting in sensitivity 95.32%, specificity 76.92%, positive LR 4.13, and negative LR 0.061. STAMP resulted in sensitivity, specificity, positive LR, and negative LR, respectively, as 100%, 11.54%, 1.13, and 0 and STRONG-kids resulted in 100%, 7.7%, 1.083, and 0. Conclusion. PYMS was the most reliable screening tool." The page also includes sections for "Full text links" (with options for FREE full text at Hindawi and PMC Full text), "Save items" (Add to Favorites), "Related citations in PubMed" (listing several related articles), and "Related information". A green oval highlights the citation: "Review Nutrition screening tools for hospitalized patients. [Nutr Clin Pract. 2008]". The Windows taskbar at the bottom shows the system tray with the date 16/10/2014 and time 5:19 πμ.

Ίδια διαδικασία με πριν, για πρόσβαση στο άρθρο μέσω της ιστοσελίδας του περιοδικού

The screenshot shows a web browser window displaying a PubMed article. The address bar shows the URL www.ncbi.nlm.nih.gov/pubmed/18682588. The page title is "Nutrition screening tools for hospitalized patients." by Anthony P.S. The abstract text is visible, discussing nutrition screening in hospitals. On the right side, there is a "Full text links" section with a button labeled "View Full-Text Article at SAGE Publications" circled in orange. Below this are sections for "Save items", "Related citations in PubMed", and "Cited by 4 PubMed Central articles". The Windows taskbar at the bottom shows various application icons and the system clock indicating 5:49 PM on 16/10/2014.

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Malnutrition screening tools: comparison against two validated nutrition assessments [Nutrition. 2013]

Review Nutritional screening in community-dwelling older adults: [Asia Pac J Clin Nutr. 2010]

Comparison of a malnutrition screening tool with subjective global assessment [Asia Pac J Clin Nutr. 2003]

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Prognostic indices of poor nutritional status and

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The screenshot shows a web browser window displaying the SAGE Journals website. The address bar shows the URL `ncp.sagepub.com/content/23/4/373.long`. The page header includes the SAGE Journals logo and navigation links like 'Sign In', 'My Tools', 'Contact Us', and 'HELP'. The main content area features the journal title 'Nutrition in Clinical Practice' and the NCP logo. A prominent message states: 'This item requires a subscription to Nutrition in Clinical Practice.' Below this, a green arrow points to the 'Full Text (PDF)' link in the 'This Article' section. The 'This Article' section also lists the article's DOI, volume information, and a list of services such as 'Email this article to a colleague' and 'Download to citation manager'. On the right side, there are options to 'Submit a Manuscript', 'Free Sample Copy', 'Email Alerts', and 'RSS feed'. At the bottom, there is a 'Sign In' form with fields for 'User Name' and 'Password', and a 'Sign In' button. The Windows taskbar at the bottom shows various application icons and the system clock indicating 5:50 PM on 16/10/2014.

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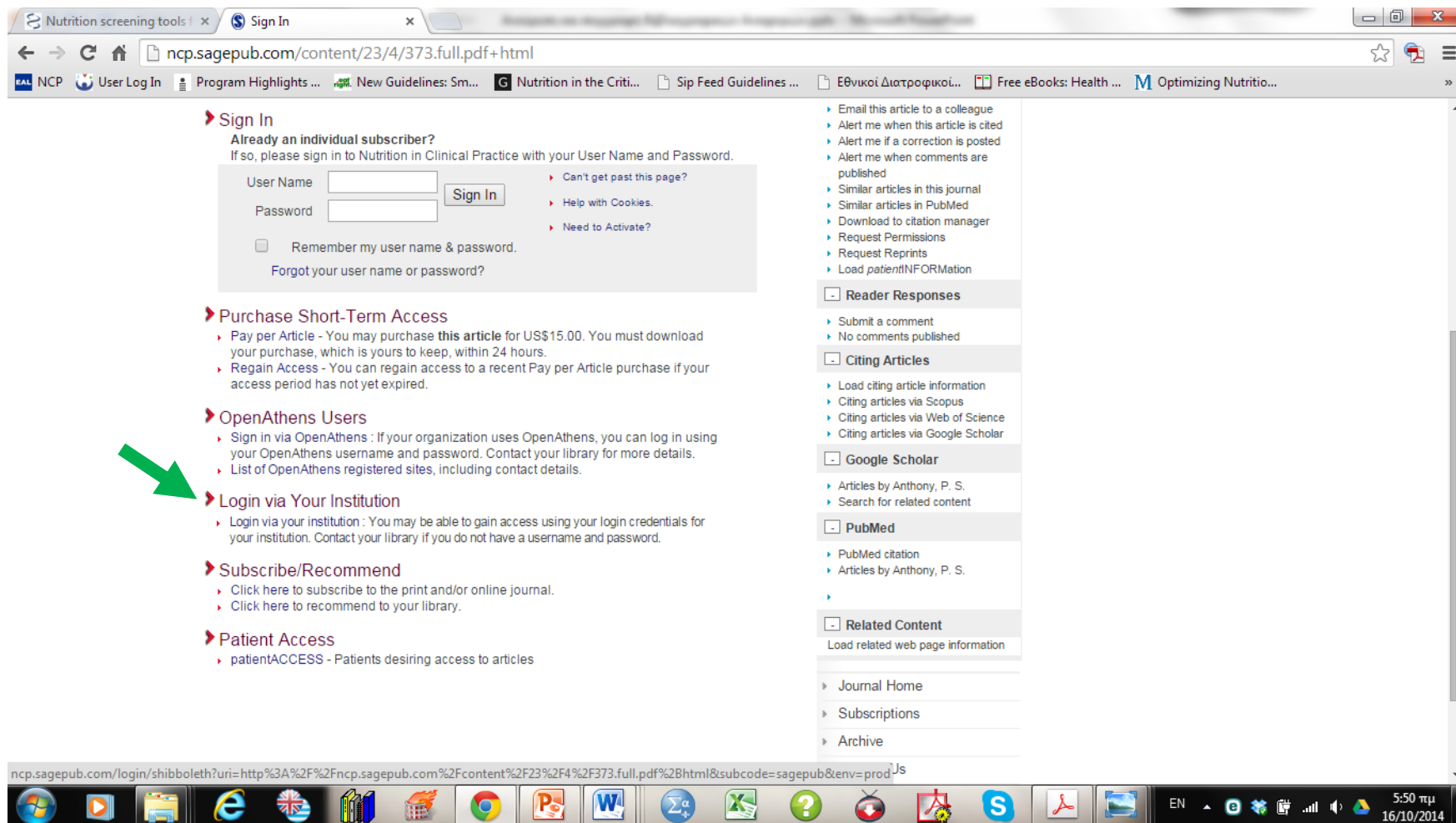
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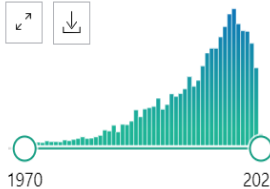
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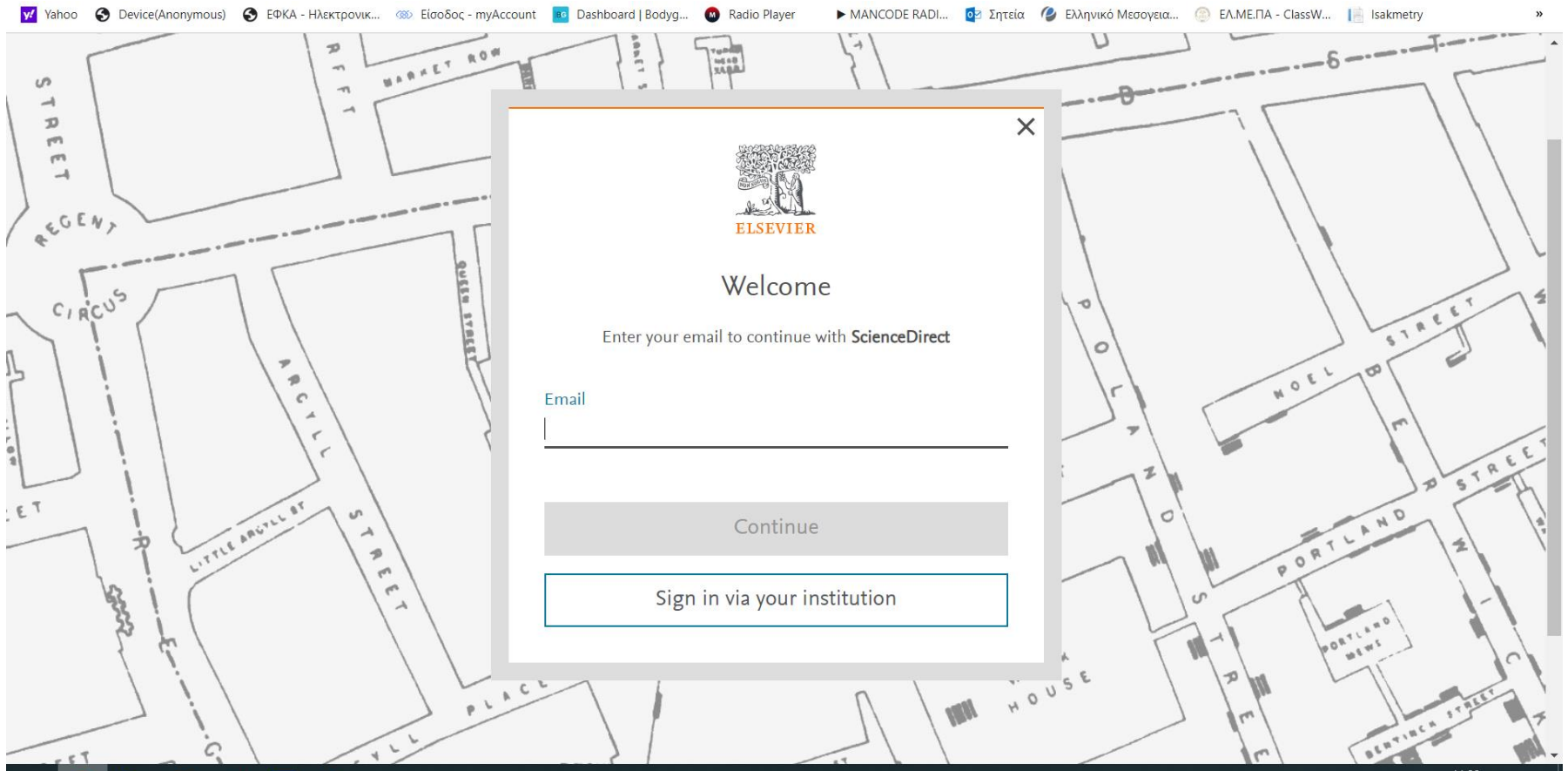
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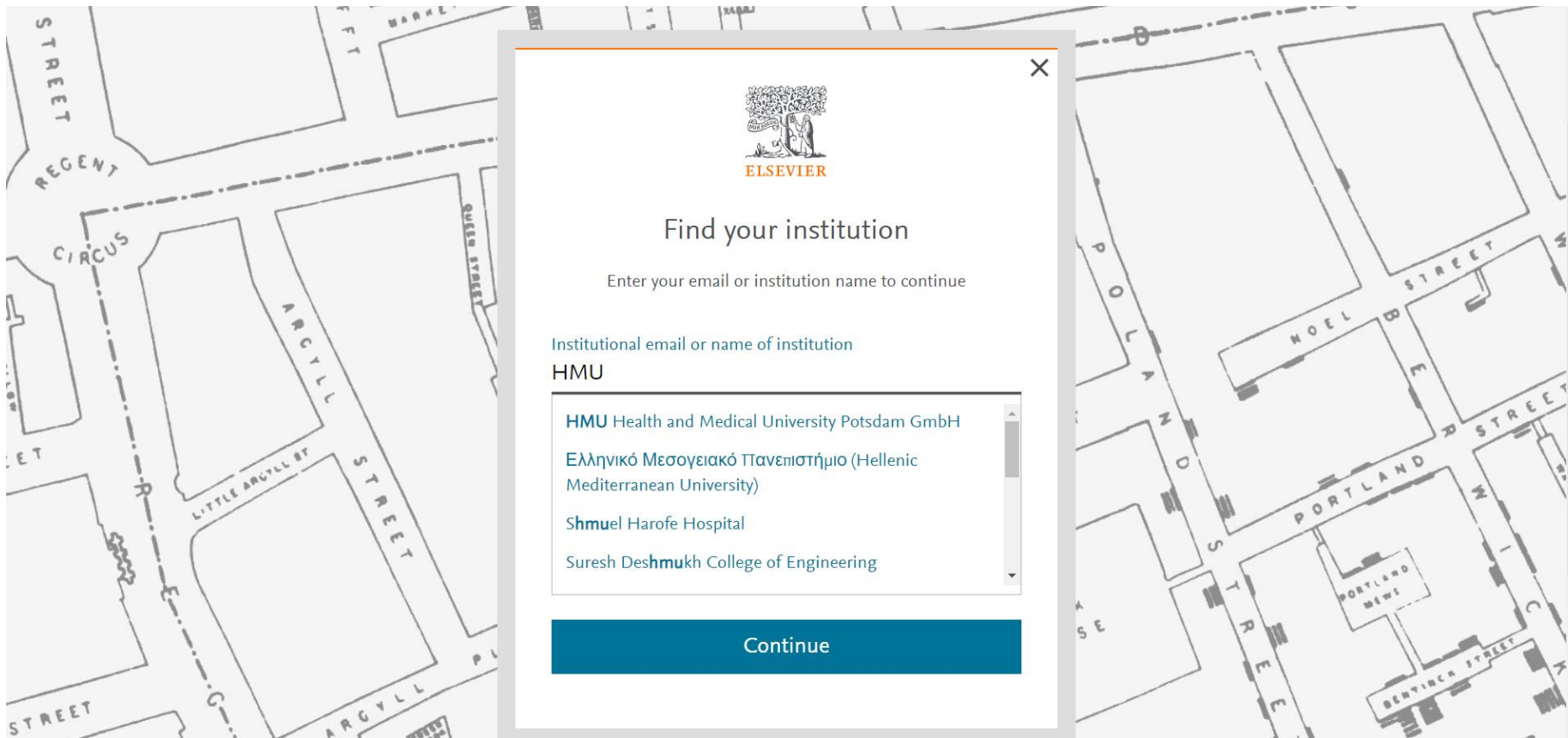
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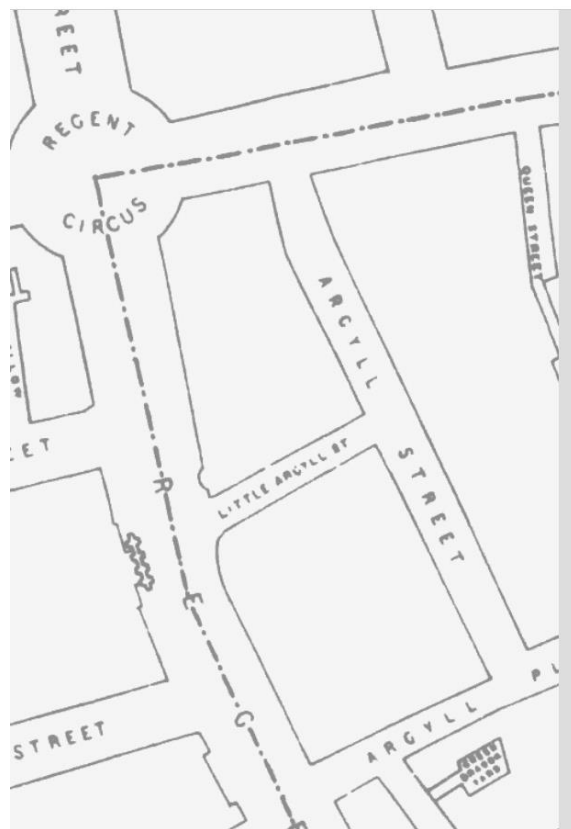
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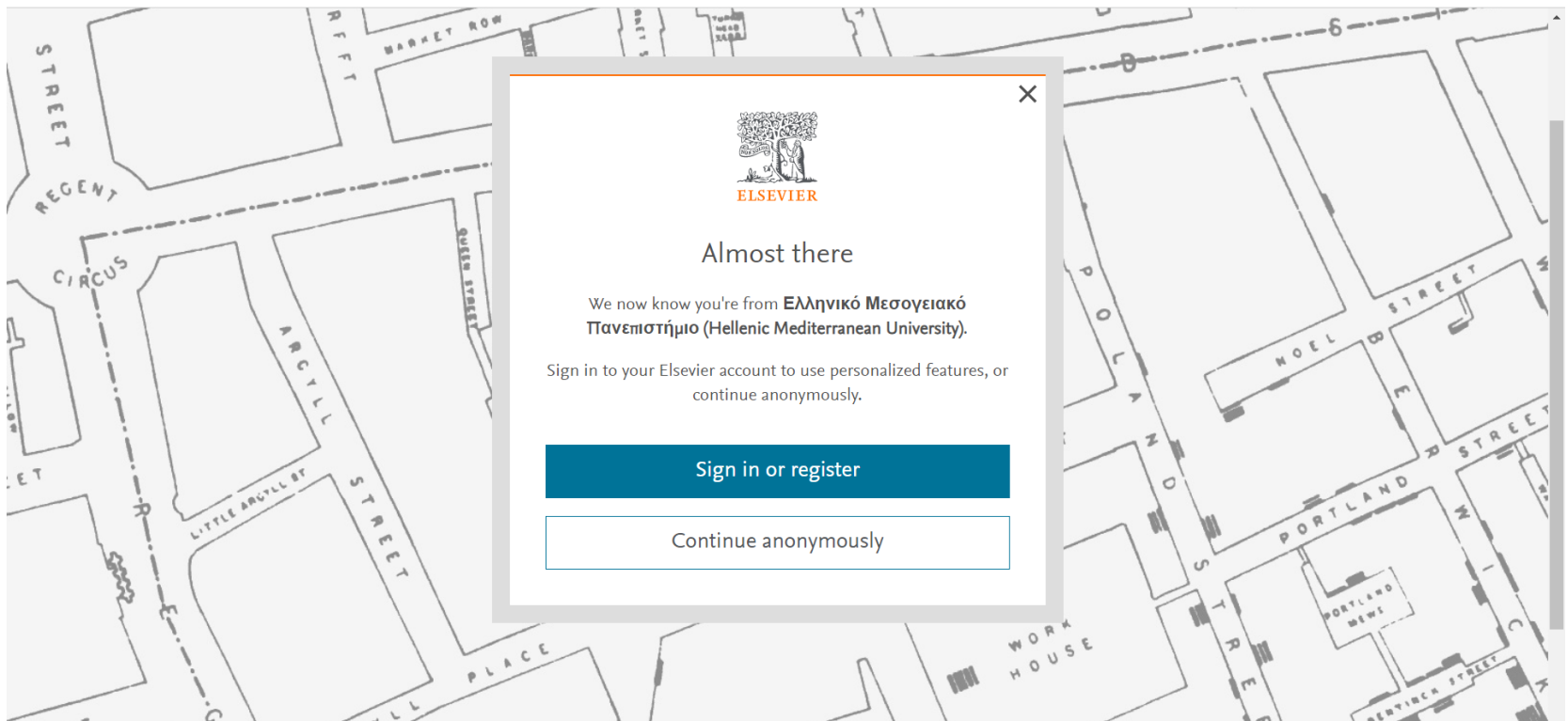
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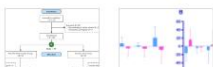
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Objectives: This study aimed to evaluate the effects of personalized nutrition intervention combined with telephone-based education on the nutritional status of colorectal cancer survivors and their quality of life.
Methods: In this randomized, parallel-controlled trial, 60 colorectal cancer survivors who met the eligibility criteria were recruited from a community in Shanghai and randomly assigned 1:1 into nutrition intervention and routine care groups. The routine care group received a follow up by telephone after 6 months. The nutri-

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Διεύθυνση Πληροφορικής και Βιβλιοθήκης
Ελληνικό Μεσογειακό Πανεπιστήμιο

Αναζήτηση

ΠΡΟΣΩΠΙΚΟ ΙΔΡΥΜΑΤΟΣ ΦΟΙΤΗΤΕΣ ΥΠΟΣΤΗΡΙΞΗ ΕΦΑΡΜΟΓΩΝ ΔΙΟΙΚΗΣΗΣ

Αρχική » Απομακρυσμένη πρόσβαση στο δίκτυο του Πανεπιστημίου μέσω VPN » Για φοιτητές » Windows 7 » Οδηγίες ρύθμισης

Οδηγίες ρύθμισης VPN σύνδεσης στα Windows 7

Δημοσίευση: Πάρ, 02/05/2014 - 13:50
Απευθύνεται σε: Φοιτητές

Επιλέξτε Έναρξη (Start)--> Πίνακας Ελέγχου (Control Panel)



Αλλάξτε τις ρυθμίσεις και υπολογιστή.

Υπηρεσίες Χρηστών

- Λογαριασμός Πρόσβασης στις Υπηρεσίες του ΕΛΜΕΠΑ
- Ηλεκτρονική Αλληλογραφία (email)
- Ψηφιακές Υπογραφές
- Απομακρυσμένη πρόσβαση στο δίκτυο του Πανεπιστημίου μέσω VPN
 - Για προσωπικό Ιδρύματος
 - Για φοιτητές
 - Windows 10
 - Windows 7
 - Οδηγίες ρύθμισης**
 - Οδηγίες χρήσης
- Φιλοξενία δικτυακών τόπων
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- Google Apps @ ΕΛΜΕΠΑ
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- Διαδικασία απόκτηση ψηφιακού

Βασικά σημεία ενός άρθρου



Τίτλος, Συγγραφείς, Χρονολογία έκδοσης και άλλες, Περιοδικό, Τόμος, Τεύχος, Σελίδες ... και περίληψη

The screenshot shows a web browser window with the address bar containing the URL: ac.els-cdn.com/S0261561413001088/1-s2.0-S0261561413001088-main.pdf?_tid=3d699200-54e6-11e4-b4a1-00000aab0f26&acdnat=1413431037_d60466. The page content includes the journal title "Clinical Nutrition" and the article title "Nutrition screening tools: Does one size fit all? A systematic review of screening tools for the hospital setting". The authors listed are Marian A.E. van Bokhorst-de van der Schueren, Patricia Realino Guitoli, Elise P. Jansma, and Henrica C.W. de Vet. The page also features a summary section and a list of keywords.

Clinical Nutrition 33 (2014) 39–58

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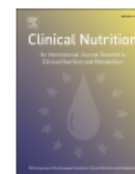
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The screenshot shows a web browser window displaying a PubMed search result. The address bar shows the URL www.ncbi.nlm.nih.gov/pubmed/23688831. The page header includes the NCBI logo and navigation links. The main content area displays the following information:

- Display Settings:** Abstract
- Filters activated:** Review. [Clear all](#)
- Article types:** Review (selected)
- Text availability:** Abstract, Full text
- Publication dates:** 5 years, 10 years, Custom range...
- Species:** Humans

Title: Nutrition screening tools: does one size fit all? A systematic review of screening tools for the hospital setting.

Authors: van Bokhorst-de van der Schueren MA¹, Guaitoli PR², Jansma EP³, de Vet HC⁴.

Author information: [+](#)

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Review Role of nutritional status in predicting the length of stay in canc [Ann Nutr Metab. 2011]
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1. Introduction

Over the last decades numerous nutrition screening tools for use in the hospital setting have been developed, with the purpose to facilitate easy screening or assessment of a patient's nutritional status or to predict poor clinical outcome related to malnutrition. Some of the tools have been endorsed by international nutrition societies; e.g. the European Society for Clinical Nutrition and Metabolism advises the use of MUST,¹ NRS-2002² and the MNA(-SF)^{3,4} for the elderly. Other tools are widely used in certain countries but less frequently applied worldwide (e.g. MST for Australia and New Zealand⁵ and SNAQ for the Netherlands⁶). Some tools claim to be valid for all populations, ages and settings, whereas others have been developed for screening a specific target

* This work was presented as an educational presentation at the 2012 ESPEN conference in Barcelona.

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Hospital Systematic review

Results: 67 studies (32 screening tools) were identified; 42 studies on construct or criterion validity versus a reference method and 51 studies on predictive validity on outcome (i.e. length of stay, mortality or complications). None of the tools performed consistently well to establish the patients' nutritional status. For the elderly, MNA performed fair to good, for the adults MUST performed fair to good, SGA, NRS-2002 and MUST performed well in predicting outcome in approximately half of the studies reviewed in adults, but not in older patients.

Conclusions: Not one single screening or assessment tool is capable of adequate nutrition screening as well as predicting poor nutrition related outcome. Development of new tools seems redundant and will most probably not lead to new insights. New studies comparing different tools within one patient population are required.

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1. Introduction

Over the last decades numerous nutrition screening tools for use in the hospital setting have been developed, with the purpose to facilitate easy screening or assessment of a patient's nutritional status or to predict poor clinical outcome related to malnutrition. Some of the tools have been endorsed by international nutrition societies; e.g. the European Society for Clinical Nutrition and Metabolism advises the use of MUST,¹ NRS-2002² and the MNA(-SF)^{3,4} for the elderly. Other tools are widely used in certain countries but less frequently applied worldwide (e.g. MST for Australia and New Zealand⁵ and SNAQ for the Netherlands⁶). Some tools claim to be valid for all populations, ages and settings, whereas others have been developed for screening a specific target population. In addition, there probably are many unpublished, not validated local tools that we are unaware of.

There is no international consensus on a single 'best tool', if there is so such thing. The use of different tools in different studies hinders the comparison between studies and does not allow for the

☆ This work was presented as an educational presentation at the 2012 ESPEN conference in Barcelona.
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<http://dx.doi.org/10.1016/j.clnu.2013.04.008>

40 M.A.E. van Bokhorst-de van der Schueren et al. / Clinical Nutrition 33 (2014) 39–58

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Μεθοδολογία (Methods)

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develop a new tool, such as: the old (reference) tool being too invasive, or too time consuming.

1.1.2. Predictive validity
The majority of studies assesses the ability of a tool to predict clinical outcome. Studies report on length of stay, mortality, or (postoperative) complications. Some studies focus on only one of these clinical outcomes, whereas others address more (or even all) outcomes, sometimes with conflicting results. It is important to note that these outcomes are influenced by more facts than nutrition alone. Therefore studies in which outcome was adjusted for other factors, such as age and disease severity, are regarded to be of higher quality than those presenting unadjusted data.

2. Methods

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement was followed as a guide for reporting.¹³

2.1. Literature review

2.1.1. Search strategy
To identify all relevant publications we performed systematic searches in the bibliographic databases PubMed, EMBASE and CINAHL (via EBSCO) from inception to February 2, 2012. Search terms included controlled terms from MeSH in PubMed, Emtree in EMBASE.com and CINAHL Headings in CINAHL as well as free text terms. Search terms expressing 'malnutrition' were used in combination with search terms comprising 'screening or assessment instruments' and terms for 'hospital setting' and 'adults'. The references of the identified articles were searched for relevant publications.
Studies were included if they had been published in the English, French, German, Spanish, Portuguese or Dutch language. The complete search strategy can be found in Appendix 1.

2.2. Summary measures
Manuscripts were assessed for the two main research questions:

- the validity of a nutrition screening tool versus a reference method (criterion and construct validity)
- the ability of a tool to predict clinical outcome (predictive validity)

Different methods were used by different studies to express the validity of the screening tools:

- Sensitivity (se) and specificity (sp) and Area Under the Curve (AUC) (criterion validity, and sometimes construct validity)
- Correlation Coefficients (CC) and kappa values (construct validity, and sometimes criterion validity)
- Odds Ratios (ORs) and Hazard Ratios (HRs) (predictive validity)
- p-Values (predictive validity)

For clarity reasons, we decided to rate the results of each study as good, moderate/fair or poor validity. This forced us to use cut-off points (Table 1). For correlation coefficients we used the often used cut-off points, proposed by Guilford.¹⁴ For kappa values we used the classification system proposed by Fleiss.¹⁵
For sensitivity and specificity, no general cut-off points are mentioned in the literature as it highly depends on the clinical consequences. However, for the sake of transparency and clarity we

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Αποτελέσματα (Results)

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more, we decided to regard a p -value < 0.05 as a good or fair validity (no distinction possible between good and fair based on p value only) if the sample size was smaller than 200 patients, and not to give a judgement on validity if the sample size exceeded 200 patients (not having an indication of the magnitude of the effect). Also papers with unquantifiable conclusions like 'patients with an increased risk of malnutrition suffered significantly more complications/had longer LOS than patients not at risk of malnutrition' were uninformative about the magnitude of the effect.

3. Results

Search results

The literature search generated a total of 9049 references: 3667 in PubMed, 3606 in EMBASE.com and 1776 in Cinahl. After removing duplicates of references that were selected from more than one database, 7357 papers remained. The flow chart of the search and selection process is presented in Fig. 1.

Based on title and abstract selection, 194 publications on hospital setting were selected for full text review. After independent judgement by two authors another 126 were excluded. In all phases of the papers selections, disagreements between the 2 reviewers were resolved by consensus. Fifteen additional papers were identified by handsearching the reference lists of the included papers.

The final search yielded 83 studies, including 32 different nutrition screening tools.

3.2. Description of tools

This section describes the development studies of all 32 tools that were identified. Most, but not all tools contain questions on

Validity for the elderly hospitalized population, a distinction has been made between tools for the elderly (Appendix 3) and tools for the adult hospitalized population (Appendix 4). We were unable to identify the original development study for some tools; these are listed at the end of the table.

Appendices 5 and 6 are of the same structure and included tools that were developed, respectively applied, to express the predictive validity of screening tools for the outcome measures LOS, mortality and complications. Ratings are given for all 3 outcome measures.

The tools are presented in chronological order, with the oldest tool presented first.

3.2.1. Nutrition screening tools developed to screen or assess patients' nutritional status

3.2.1.1. Tools specifically developed for the elderly hospital population (Appendix 3).

NRI (Nutritional Risk Index)

The NRI is the oldest tool identified that met our inclusion criteria. In its development and validation studies, done among 3 groups of community dwelling elderly in 1990, the NRI was significantly correlated to BMI and different laboratory values.⁷ According to present standards, the data presentation of the development study would be regarded as suboptimal, because (1) it described only significance ($p < 0.05$) which is uninformative on the strength of an association, and (2) because the reference methods applied are not considered acceptable standards according to our criteria.

MNA (Mini Nutritional Assessment)

The MNA was developed in 1994 with the purpose of identifying frail and healthy elderly at risk of malnutrition. In its development and validation study, the reference method used was assessment by a professional.³

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Συζήτηση (Discussion)

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| Rating ^b | Complications | Rating ^b | Mortality | Rating ^b |
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| | | | | |

are complications and VLOS
: OR NS 0.7 (0.1–5.2)
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ere complications and VLOS or death: OR NS 1.3 (0.2–7.4)
: Severe complications or VLOS or death: OR 1.7 (1.0–2.8)
: Severe complications and VLOS or death: OR 10.8 (1.5–75.7)

Ratio, AUC = area under curve, se = sensitivity, sp = specificity, PPV = positive predictive value, NPV = negative predictive value.

As most of the studies have been discussed in part 3.2 and 3.3 of this manuscript, this will not be repeated here. The comparison between performance of the tools is presented in Table 2. Overall, it is striking to see that most of the tools showed the same tendency when applied in the same population, leading to the conclusion that the general condition of the patient might be more predictive for the outcome than the tool applied. In addition, in the 3 studies investigating both LOS, mortality and complications, none of the tools showed a good predictive validity on all three.

4. Discussion

This review summarises the criterion and construct validity (how well can a tool screen or assess patients' nutritional status?) and the predictive validity (how well can a tool predict LOS, mortality or complications?) of nutrition screening and assessment tools for adult and elderly hospitalized patients.

In total, 83 studies, describing 32 tools were identified.

4.1. Criterion and construct validity

Forty-three studies described the performance of tools to compare patients' nutritional status to a reference method. As described in the Methods section, we considered the assessment tools MNA³ and SGA,⁸ a full nutritional assessment, and an assessment by a professional to be 'valid' reference methods (criterion validity).

Remarkably, as a tool that was specifically designed for the elderly population and is widely used as an assessment tool for the elderly, the MNA³ has seldom been re-validated. In those scarce studies, its performance varied from fair to good. The short form of the MNA⁴ was found to show good agreement to the full MNA,³ but to have low specificity when compared to other reference methods. Thus, it seems to overestimate the number of undernourished patients.

MUST¹ showed fair to good criterion or construct validity in several studies when applied to adult hospital patients. The performance of MUST¹ for older patients remains to be confirmed. The

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Συμπέρασμα (Conclusion)

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This review was limited to tools for the general (adult and elderly) hospitalized population. Disease specific tools, for example those designed for the haemodialysis (renal) population, were not included in this review, neither were tools specific to the nursing home population or for the community. However, reviews addressing these settings are planned for the near future.

4.10. New tools

New tools are still being developed. We strongly advise not to do so. None of the 32 available tools studied proved to be ideal, therefore a new (future) tool is unlikely to become the ideal tool either. Although all of the items that are indicative of nutritional status have been incorporated in earlier tools, either in extensive (assessment) tools or in short (screening) tools, this never resulted in one superior tool. It is unlikely that a new tool, probably differing only slightly from existing tools, will become better than those in existence.

5. Conclusion

This systematic review shows that none of the 32 screening and assessment tools performed consistently well on either screening/assessing patients' nutritional status or predicting (poor) nutrition related outcomes.

For the adult hospital population only MUST¹ showed fair to good criterion or construct validity to different reference methods. All other tools showed worse results. The so-called 'quick and easy' tools lacked sensitivity, and only should be applied with this shortcoming in mind. The well-known SGA⁸ did not score well on

Statement of authorship

MAEvB and HCWdV designed the study. EPJ performed the systematic literature search. PRG and MAEvB judged eligibility of papers and performed data extraction. MAEvB and PRG drafted the manuscript. All authors contributed to the writing of the manuscript. All authors approved the final version of the manuscript.

Funding Sources

No external funding was obtained to perform this systematic review.

Conflict of Interest

None declared.

Appendix A. Supplementary material

Supplementary material associated with this article can be found in online at <http://dx.doi.org/10.1016/j.clnu.2013.04.008>.

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1. Elia M. The 'MUST' report. In: BAPEN, editor. *Nutritional screening of adults: a multidisciplinary responsibility* 2003.
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1. Elia M. The 'MUST' report. In: BAPEN, editor. *Nutritional screening of adults: a multidisciplinary responsibility* 2003.
2. Kondrup J, Rasmussen HH, Hamborg O, Stanga Z. Nutritional risk screening (NRS 2002): a new method based on an analysis of controlled clinical trials. *Clin Nutr* 2003;22:321–36.

At the bottom of the page, the author information "M.A.E. van Bokhorst-de van der Schueren et al. / Clinical Nutrition 33 (2014) 39–58" and the page number "57" are visible. The Windows taskbar at the bottom shows the system clock as 7:28 πμ on 16/10/2014.

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Meta-analyses

Nutrition screening tools: Does one size fit all? A systematic review of screening tools for the hospital setting[☆]



Marian A.E. van Bokhorst-de van der Schueren, PhD, RD^{a,*}, Patrícia Realino Guaitoli, RD^{a,1},
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Συγγραφείς* (ημερομηνία έκδοσης). **Τίτλος άρθρου**. **Περιοδικό; Τόμος(Τεύχος): σελίδες.**

➔ Van Bokhorst-de van der Schueren M.A.E., Guaitoli P.R., Jansma E.P., de Vet H.C.W. (2014). Nutrition screening tools: Does one size fit all? A systematic review of screening tools for the hospital setting. *Clinical nutrition*, 33(1), pp 39 – 58.

*(επίθετο πάντα)

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Nutrition screening tools: does one size fit all? A systematic review of screening tools for the hospital setting.

van Bokhorst-de van der Schueren MA¹, Guaitoli PR², Jansma EP³, de Vet HC⁴.

Author information

Abstract

BACKGROUND & AIMS: Numerous nutrition screening tools for the hospital setting have been developed. The aim of this systematic review is to study construct or criterion validity and predictive validity of nutrition screening tools for the general hospital setting.

METHODS: A systematic review of English, French, German, Spanish, Portuguese and Dutch articles identified via MEDLINE, Cinahl and EMBASE (from inception to the 2nd of February 2012). Additional studies were identified by checking reference lists of identified manuscripts. Search terms included key words for malnutrition, screening or assessment instruments, and terms for hospital setting and adults. Data were extracted independently by 2 authors. Only studies expressing the (construct, criterion or predictive) validity of a tool were included.

RESULTS: 83 studies (32 screening tools) were identified: 42 studies on construct or criterion validity versus a reference method and 51 studies on predictive validity on outcome (i.e. length of stay, mortality or complications). None of the tools performed consistently well to establish the patients' nutritional status. For the elderly, MNA performed fair to good, for the adults MUST performed fair to good. SGA, NRS-2002 and MUST performed well in predicting outcome in approximately half of the studies reviewed in adults, but not in older patients.

CONCLUSIONS: Not one single screening or assessment tool is capable of adequate nutrition screening as well as predicting poor nutrition related outcome. Development of new tools seems redundant and will most probably not lead to new insights. New studies comparing different tools within one patient population are required.

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KEYWORDS: Assessment; Construct validity; Hospital; Malnutrition; Predictive validity; Screening; Systematic review

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2^ο Παράδειγμα

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Journal of Nutrition and Metabolism
Volume 2014, Article ID 143649, 6 pages
<http://dx.doi.org/10.1155/2014/143649>



Research Article

Validity of Nutritional Screening Tools for Hospitalized Children

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Academic Editor: Johannes B. van Goudoever

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Background. Malnutrition in hospitalized children can be prevented if children with risk of malnutrition are identified. Every hospital is recommended to have a standard nutritional screening tool. Numerous simple screening tools have been developed, namely Paediatric Yorkhill Malnutrition Score (PYMS), Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP), and Screening Tool for Risk on Nutritional Status and Growth (STRONG-kids). None has been accepted as a universal tool. Our study aims to determine the best screening tools compared to Subjective Global Nutrition Assessment (SGNA), an assessment tool which is more complex as our gold standard. *Methods.* This diagnostic study involved 116 patients aged 1–15 years. Three screening tools and SGNA were examined to each subject. Statistical analysis was used to determine sensitivity, specificity, and likelihood

➔ Wonoputri N., Djais J.T.B., Rosalina I. (2014). Validity of Nutritional Screening Tools for Hospitalized Children. *Journal of Nutrition and Metabolism*, 143649.

3^ο Παράδειγμα

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Applied nutritional investigation

Malnutrition screening tools: Comparison against two validated nutrition assessment methods in older medical inpatients

Adrienne M. Young B.Hlth.Sci.^{a,b,*}, Sarah Kidston B.Hlth.Sci.^b, Merrillyn D. Banks Ph.D.^{a,b},
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➔ Young A.M., Kidston S., Banks M.D., Mudge A.M., Isering E.A. (2013). Malnutrition screening tools: Comparison against two validated nutrition assessment methods in older medical inpatients. *Nutrition*, 29(1), pp 101-106.

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OBJECTIVE: Although several validated nutritional screening tools have been developed to "triage" inpatients for malnutrition diagnosis and intervention, there continues to be debate in the literature as to which tool/tools clinicians should use in practice. This study compared the accuracy of seven validated screening tools in older medical inpatients against two validated nutritional assessment methods.

METHODS: This was a prospective cohort study of medical inpatients at least 65 y old. Malnutrition screening was conducted using seven tools recommended in evidence-based guidelines. Nutritional status was assessed by an accredited practicing dietitian using the Subjective Global Assessment (SGA) and the Mini-Nutritional Assessment (MNA). Energy intake was observed on a single day during first week of hospitalization.

RESULTS: In this sample of 134 participants (80 ± 8 y old, 50% women), there was fair agreement between the SGA and MNA ($\kappa = 0.53$), with MNA identifying more "at-risk" patients and the SGA better identifying existing malnutrition. Most tools were accurate in identifying patients with malnutrition as determined by the SGA, in particular the Malnutrition Screening Tool and the Nutritional Risk Screening 2002. The MNA Short Form was most accurate at identifying nutritional risk according to the MNA. No tool accurately predicted patients with inadequate energy intake in the hospital.

CONCLUSION: Because all tools generally performed well, clinicians should consider choosing a screening tool that best aligns with their chosen nutritional assessment and is easiest to implement in practice. This study confirmed the importance of rescreening and monitoring food intake to allow the early identification and prevention of nutritional decline in patients with a poor intake during hospitalization.

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