

**VALIDITAS DAN KINERJA DIAGNOSTIK MNA-SF UNTUK DIAGNOSA
MALNUTRISI BERDASARKAN KONSESUS GLIM PADA PASIEN LANSIA
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INTISARI

Latar Belakang: Angka prevalensi malnutrisi semakin tinggi pada lansia. Mempertimbangkan prevalensinya, skrining malnutrisi dengan tepat dan cepat menjadi sangat penting untuk pasien lansia untuk mencegah peningkatan risiko hasil yang merugikan dan penurunan fungsionalitas pasien. Beberapa alat skrining nutrisi telah diterapkan untuk mengidentifikasi malnutrisi dengan cepat pada pasien lanjut usia dan masing-masing hadir dengan kelemahan dan kelebihan. Untuk menstandarisasi praktik klinis diagnosis malnutrisi dengan bermacam alat skrining yang digunakan, *Global Leadership Initiative on Malnutrition* (GLIM) baru-baru ini mengusulkan kriteria diagnostik untuk malnutrisi yang terdiri dari kombinasi kriteria fenotipik dan etiologi untuk diagnosis malnutrisi. Namun, kinerja diagnostik MNA-SF pada subjek lanjut usia belum dipelajari secara ekstensif terhadap konsesus GLIM.

Tujuan: Mengetahui validitas dan kinerja diagnostik alat skrining MNA-SF untuk mendiagnosis malnutrisi berdasarkan konsesus GLIM pada lansia yang mendapat perawatan di RS Mitra FKMK UGM.

Metode Penelitian: Rancangan penelitian menggunakan studi cross-sectional. Penelitian melibatkan sejumlah 160 responden yang merupakan pasien lansia ≥ 60 tahun yang mendapat perawatan di RSUP dr. Sardjito. Semua responden dilakukan skrining malnutrisi menggunakan MNS-SF yang kemudian penilaian malnutrisi berdasarkan konsesus GLIM dilakukan. Selanjutnya uji validitas dan diagnostic dilakukan dengan melihat nilai sensitivitas, spesifisitas, kurva AUC, dan koefisien Kappa.

Hasil Penelitian: Berdasarkan MNA-SF prevalensi malnutrisi dengan cut-off ≤ 11 sebesar 81,87%, sedangkan prevalensi malnutrisi berdasarkan konsesus GLIM sebesar 76,87%. Sensitivitas dan spesifisitas MNA-SF terhadap konsesus GLIM adalah baik (95,93%) dan cukup (64,86%), sedangkan nilai AUC sebesar 0,804 dan koefisien Kappa sebesar 0,671 yang mengindikasikan mempunyai kemampuan diagnostic dan kesepakatan yang baik.

Kata Kunci : malnutrisi, validitas, diagnosis, lanjut usia, MNA-SF, konsesus GLIM.

VALIDITY AND DIAGNOSTIC PERFORMANCE OF THE MNA-SF AGAINST
GLIM CONSENSUS IN HOSPITALIZED OLDER PATIENTS AT THE FK-KMK
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ABSTRACT

Background: The prevalence of malnutrition is getting higher in the elderly. Considering its prevalence, screening for malnutrition properly becomes very important for elderly patients to prevent an increased risk of adverse outcomes and decreased patient functionality. Several screening tools have been applied to quickly identify malnutrition in the elderly and each comes with advantages and disadvantages. To standardize the practice of diagnosing malnutrition with the various screening tools used, the Global Leadership Initiative on Malnutrition (GLIM) recently proposed diagnostic criteria for malnutrition consisting of a combination of phenotypic and etiologic criteria for the diagnosis of malnutrition. However, the diagnostic ability of MNA-SF in elderly subjects has not been extensively studied against the GLIM consensus.

Objective: To determine the validity and performance of the MNA-SF screening tool for diagnosing malnutrition based on the GLIM consensus in the elderly receiving treatment at the Mitra Hospital FKMK UGM.

Research Methods: The research design used a cross-sectional study involving a total of 160 respondents aged over 60 years who received treatment at dr. Sardjito Hospital. All respondents were screened using MNS-SF and then the diagnosis of malnutrition was established using the GLIM malnutrition consensus. Furthermore, validity and diagnostic tests were carried out by looking at the values of sensitivity, specificity, AUC curve, and Kappa coefficient.

Research Results: Based on MNA-SF the prevalence of malnutrition with a cut-off of 11 was 81.87%, while the prevalence of malnutrition based on the GLIM consensus was 76.87%. The sensitivity and specificity of MNA-SF to the GLIM consensus were good (95.93%) and adequate (64.86%), while the AUC value was 0.804 and the Kappa coefficient was 0,671 which indicated good diagnostic ability and agreement.

Keywords: malnutrition, validity, diagnosis, elderly, MNA-SF, GLIM consensus.