

Phénotypique	Etiologique
Perte de poids $\geq 5\%$ en 1 mois ou $\geq 10\%$ en 6 mois OU $\geq 10\%$ par rapport au poids habituel avant le début de la maladie.	Réduction de la prise alimentaire $\geq 50\%$ pendant plus d'1 semaine, OU toute réduction des apports ≥ 2 semaines par rapport
IMC $< 18,5 \text{ kg/m}^2$	Absorption réduite (malabsorption/maldigestion)
réduction quantifiée de la masse et/ou de la fonction musculaires	Situation d'agression (hypercatabolisme protéique avec ou sans syndrome inflammatoire) : pathologie aigue, chronique, maligne évolutive
Dénutrition : 1 critère phénotypique + 1 étiologique Dénutrition sévère au moins un critère parmi : IMC $\leq 17 \text{ kg/m}^2$ et/ou perte de poids $\geq 10\%$ en 1 mois ou $\geq 15\%$ en 6 mois ou $\geq 15\%$ par rapport au poids habituel avant le début de la maladie et/ou albuminémie $\leq 30\text{g/L}$.	

Tableau 24 – Définition de la dénutrition chez l'adulte de MOINS de 70 ans (HAS, 2019)

Dénutrition	Dénutrition sévère
Perte de poids $\geq 5\%$ en 1 mois, ou $\geq 10\%$ en 6 mois	Perte de poids $\geq 10\%$ en 1 mois, ou $\geq 15\%$ en 6 mois
IMC < 21	IMC < 18
Albuminémie* $< 35\text{g/L}$	Albuminémie* $< 30\text{g/L}$
MNA global < 17	

*A interpréter en fonction de l'état inflammatoire.

Tableau 25 – Définition de la dénutrition chez l'adulte de PLUS de 70 ans (HAS, 2007)

3. Evaluation de l'état nutritionnel

L'évaluation de l'état nutritionnel doit être intégré au dispositif d'annonce et des informations nutritionnelles adaptées à la pathologie du patient doivent lui être fournies.

Cette évaluation peut comprendre (101,104) :

- Un dépistage de l'état nutritionnel lors du diagnostic et lors des consultations de suivi : poids (pesée), % de perte pondéral, IMC (Index masse corporelle), sarcopénie (test de marche, hand grip, circonférence musculaire brachiale (CMB) et par coupe en L3 scanner, impédance métrie...).
- L'utilisation de la calorimétrie indirecte pour estimer la dépense énergétique au repos afin de personnaliser les besoins en énergie et protéines.
- Les ingestas qui peuvent être évalués par :
 - Une consultation diététique avec évaluation de la prise alimentaire sur 2 à 7 jours.
 - Un score d'évaluation facile des ingestas (échelle SEFI) *
 - Echelle SEFI : « Si l'on considère que lorsque tout va bien vous mangez 10 sur 10, quelles quantités mangez-vous actuellement sur une échelle entre 0 et 10 ? » Un score $< 7/10$ est corrélé à un état de dénutrition (105).
- De nombreux questionnaires de dépistage comme le patient generated subjective global assessment (PG-SGA) (106) ou le mini nutritional assessment (MNA)^L pour les patients de gériatrie.

^L Accessible sur : www.mna-elderly.com/forms/MNA_english.pdf

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