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Nutricional en el cribado de la
sarcopenia en una muestra de
personas mayores
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Utilidad de la Minievaluación Nutricional en el cribado de la sarcopenia en una muestra de personas mayores institucionalizadas: comentario

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Dear Editor,

The publication “Usefulness of the Mini-Nutritional Assessment in screening for sarcopenia in a sample of institutionalized older persons — A cross-sectional study” (1) is intriguing. The statistical critique of this study's methodology can begin with the use of methods to quantify the risk of sarcopenia, particularly the use of the Mini-Nutritional Assessment (MNA), an established technique for measuring the nutritional condition of the elderly. This study utilized both the short MNA (MNA-SF) and the full MNA (MNA-LF). The data was examined by computing the AUC (Area Under the Curve) value and comparing it to the EWGSOP2 criteria for sarcopenia.

However, the use of AUC as a measure to evaluate the efficiency of both instruments is limited by the AUC values of MNA-SF and MNA-LF, which were both less than 0.70, implying that these techniques may be unable to screen individuals with sarcopenia successfully in some circumstances. The use of statistics such as OR (Odds Ratio) values of 2.87 and 2.47 after correcting for age and gender may show a relationship with a higher risk of sarcopenia when the MNA-SF score is less than 12; however, this is still an ambiguous number for in-depth assessment.

This study is significant in examining the efficacy of MNA to detect sarcopenia in the senior population in various institutions, but there are still many problems that need to be addressed. In terms of sarcopenia screening in the field, particularly in the context of limited tools or clinical assessment in some areas, the effectiveness of MNA in screening for sarcopenia should be evaluated in light of factors such as nutritional diversity or different health conditions in each area, as well as the relationship between the tools used and the available diagnostics in medicine.

Future research should aim to improve the accuracy of MNA tools in screening for sarcopenia in the elderly population, such as developing

appropriate questionnaires or using modern technologies such as digital tools, or combining biomarkers with nutritional screening, to increase the accuracy of early sarcopenia diagnosis. Meanwhile, conducting clinical trials with individuals with diverse ethnic or cultural traits may help us build tools that are more appropriate for different circumstances.

Finally, future research should focus on improving and developing tools that can be used in resource-constrained environments, such as remote areas or institutions, as well as supporting the use of data from multiple sources, such as in-depth health screening and nutritional studies combined with muscle mass measurement. Creating a diverse study will help increase the effectiveness of detecting sarcopenia in the elderly.

REFERENCE

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