tional Consensus Guideline Committee to develop an etiology-based approach (8) to the diagnosis of adult malnutrition in clinical settings (see the Figure). The recommended approach was then endorsed by A.S.P.E.N. and ESPEN. The Academy accepted these definitions developed to describe adult malnutrition in the context of acute illness or injury, chronic diseases or conditions, and starvation-related malnutrition.

**CHARACTERISTICS RECOMMENDED FOR THE DIAGNOSIS ADULT MALNUTRITION**

In late 2009, the Academy appointed a Workgroup with A.S.P.E.N. representation to identify and standardize markers or characteristics that reflect nutritional status vs the inflammatory response that is associated with various diseases and/or conditions. The group agreed that characteristics to detect and diagnose malnutrition should have the following attributes: be few in number (basic hallmarks), support a nutrition diagnosis, characterize severity, change as nutritional status changes, be evidence-based when possible or consensus-derived, and be able to change over time as evidence of validity accrues. Since there is no single parameter that is definitive for adult malnutrition, identification of two or more of the following six characteristics is recommended for diagnosis (see the Table):

- insufficient energy intake (30-32);
- weight loss (33-36);
- loss of muscle mass (36,37);
- loss of subcutaneous fat (36,37);
- localized or generalized fluid accumulation (36,37) that may sometimes mask weight loss; and
- diminished functional status as measured by hand grip strength (3,36,38-42).

The characteristics, as listed in the Table, distinguish between severe and non-severe malnutrition. The characteristics listed are continuous rather than discrete variables. There is insufficient evidence regarding their application in clinical settings to allow for further distinction to be made between mild and moderate forms of malnutrition at this time.

The characteristics listed in the Table should be routinely assessed on admission and at frequent intervals throughout the patient’s stay in an acute, chronic, or transitional care setting. Data obtained by clinicians should be shared with all members of the health care team and should be considered in