



Did you know?

...Malnutrition may represent a high risk of hospitalization and surgery in patients with a diagnosis of UC after age 65?¹

Using the geriatric nutritional risk index (GNRI), a nationwide retrospective study was performed in Japan to investigate the effect of malnutrition on the prognosis of elderly-onset UC (EOUC) patients and to evaluate the clinical risks.¹

WHAT IS GNRI?



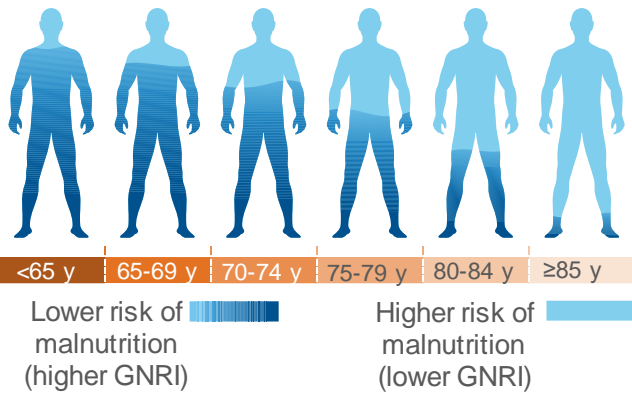
n=2.778 UC patients ≥65 years at diagnosis¹

GNRI is a simple screening **tool to predict the risk of nutrition-related morbidity and mortality** in geriatric patients of any disease²

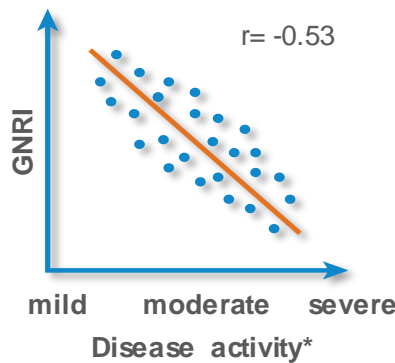
In this study, GNRI is applied to evaluate malnutrition and is calculated with a formula containing: **serum albumin, body weight and height**^{1,2}

Patients were divided into 4 risk groups of malnutrition, according to the following GNRI values:
High risk, <82
Moderate risk, 82 to <92
Low risk, 92 to ≤98
No risk, >98¹

The risk of malnutrition significantly increased with aging in EOUC patients (p<0.0001)¹



GNRI negatively correlated with disease activity in EOUC patients¹



In EOUC patients, **GNRI ≤86.82** is a predictor of:¹

- 1 SEVERE DISEASE**
AUC 0.84[^]
and is a high risk of:¹
- 2 HOSPITALIZATION**
OR 4.0
p<0.0001
- 3 SURGERY**
OR 3.1
p=0.0256

[^]Sensitivity: 0.79, Specificity: 0.77¹

*Severity of UC was determined according to the Truelove's criteria from mild, moderate to severe based on the clinical findings^{1,3}

Malnutrition estimated by GNRI is significantly related with poor clinical courses of EOUC patients, suggesting that evaluation of nutritional status at the onset might be useful for predicting risks of hospitalization and surgery in geriatric patients with UC.¹

AUC: Area under the curve; EOUC: Elderly-onset ulcerative colitis; GNRI: Geriatric nutritional risk index; OR: Odds ratio; r: Correlation value; UC: Ulcerative colitis

1. Higashiyama M et al. J Gastroenterol Hepatol 2021; 36(1): 163-170.
 2. Bouillanne O et al. Am J Clin Nutr 2005; 82: 777-83.
 3. Truelove SC et al. Br Med J 1955; 2(4947): 1041-1048.