Question 1.

How is malnutrition in older adults characterized, and what broad impacts does it have on health and society?

Malnutrition in older adults is presented as a common, multifactorial geriatric syndrome with far-reaching consequences for physical and cognitive function, disease outcomes, quality of life, and health care costs.

Question 2.

Which screening tool is recommended for older adults, and what MNA-SF score indicates risk that should lead to GLIM confirmation?

Screening remains essential, with the Mini Nutritional Assessment–Short Form (MNA-SF) identified as the best-validated tool for older adults; a score below 12 signals malnutrition risk and triggers GLIM-based confirmation.

Question 3.

What are GLIM's five diagnostic criteria, and how are they grouped into phenotypic and etiologic categories?

GLIM's diagnostic framework rests on five criteria: three phenotypic (weight loss, low BMI, reduced muscle mass) and two etiologic (reduced intake or malabsorption, and inflammation).

Question 4.

Under what circumstances do older adults often experience acute nutritional decline?

Older adults frequently experience acute nutritional decline during illness or psychosocial stress, which can be detected relatively rapidly.

Question 5.

What practical daily energy target (kcal/kg) is suggested for older adults?

A practical target is about 30 kcal per kilogram per day, with adjustments based on status, activity, disease trajectory, and tolerability.

Question 6.

In what way could information technology help monitor or detect malnutrition earlier in older adults?

Information technology could play a pivotal role in monitoring nutritional trajectories and detecting malnutrition earlier.

Question 7.

What approach should be prioritized before initiating tube or parenteral feeding in older adults at risk of malnutrition?

Prioritize maintaining oral intake with fortified foods and supplements before resorting to tube or parenteral feeding, and address social and environmental determinants of eating.

Question 8.

What is the main concluding message about managing malnutrition in older adults?

In conclusion, malnutrition in older adults is a complex, multi-system issue best managed through early detection, GLIM-based syndromic diagnosis, thorough etiologic assessment, and comprehensive, person-centered care delivered by a multidisciplinary team.