

# Abstract

**Introduction to the problem:** Malnutrition is a prevalent disease in the geriatric population. Currently, there are several types of classification and assessment of malnutrition according to MKN-10, ESPEN, and GLIM. Based on the severity of the diagnosis, it is always necessary to proceed immediately to appropriate therapy that will improve patients' overall health and also lead to an improvement in their quality of life.

**Aims of the study and research questions:** The first goal is to evaluate the nutritional status of patients based on the nutritional screening, MMSE test results, laboratory examination, and dietary intake in the first three days of hospitalization. The second goal is to assess the nutritional status of patients identified in nutritional screening tests, such as MNA and SNAQ, at risk of malnutrition or already in a state of malnutrition using the GLIM diagnostic criteria. To better evaluate both objectives of the study, five research questions were formulated:

1. How many respondents had a normal nutritional status, were in a state of malnutrition, or were at risk of malnutrition?
2. What was the specificity and sensitivity of each nutritional screening compared to the GLIM diagnostic criteria?
3. Did malnutrition and malnutrition-risk respondents have worse laboratory index results than respondents with normal nutritional status?
4. Based on the MNA-type nutritional screening results, did malnutrition and malnutrition-risk respondents have lower BMI values than respondents with normal nutritional status?

**Research Methodology:** The research investigation of the thesis was mediated through quantitative research using data collection. A total of 105 respondents over the age of 65 years who were hospitalized at St. Alžběty Na Slupi Hospital in Prague participated in the research.

**Results:** Of the 105 respondents, 55 (52.4 %) were in a malnutrition state according to the GLIM assessment of MNA-type nutritional screening. Based on SNAQ screening and its further assessment using GLIM criteria, 51 (48.6 %) were malnourished patients. Thus, one in two patients was found to be malnourished. Furthermore, the influence of the values of laboratory protein indicators and the presence of inflammation on nutritional status was not statistically demonstrated, nor was the influence of BMI on the nutritional status of the respondents.

**Conclusion.** The results suggest that in the geriatric population, MNA-type nutritional screening is a more appropriate option. It is more sensitive and gives a more accurate assessment of the nutritional status of hospitalized geriatric patients.

**Keywords:** Malnutrition, nutritional screening, GLIM diagnostic criteria, senior, nutritional status, nutritional intervention, sipping, sarcopenia