

## SUBJECTIVE GLOBAL ASSESSMENT (SGA)

The SGA is the gold standard used to diagnose malnutrition and identify those who would benefit from nutrition care. This simple bedside method includes an assessment of: 1) recent food/fluid intake; 2) weight change; 3) gastrointestinal symptoms and/or other reasons for low intake; 4) functional capacity; 5) metabolic requirements; and 4) a physical examination for wasting of muscle and fat. See section in the handbook: Subjective Global Assessment Guidance for Body Composition and Understanding Subjective Global Assessment. The outcome of the SGA is an assignment of SGA score (A, B or C) to each patient which is used to determine the need for nutrition intervention and follow up. Patients with an SGA B or C score require an assessment by a Registered Dietitian and nutrition intervention to facilitate recovery, reduce length of hospital stay and readmission.

Dietitians, or other trained professionals, should conduct the SGA within 24 hours of screening a hospital patient as 'at risk'. SGA should also be used when nutrition risk screening is not possible or necessary for some patients (e.g. those with delirium, dementia, high risk conditions such as trauma, pressure ulcers or SIRS, language difficulties or receiving enteral or parenteral nutrition or recently transferred from critical care). In these cases, SGA should be automatically completed to rule out malnutrition, preferably on the first day of admission. It is important to note that SGA determines protein-energy malnutrition and although it is designed to identify malnutrition, there may be other reasons for a dietitian assessment and intervention.

### **SGA Scores:**

**SGA A (*well nourished*):** Despite screening at nutrition risk, SGA A patients do not require further advanced or specialized care.

**SGA B (*mild/moderate malnutrition*):** It is left to the discretion and clinical expertise of the professional doing the SGA to determine if a more comprehensive nutrition assessment is required to determine cause of malnutrition, potential micronutrient deficiency, or other investigations that could change the treatment plan.

**SGA C (*severe malnutrition*):** Patients should receive a more comprehensive assessment.

**Cachexia and Sarcopenia:** SGA also provides differentiation between cachexia and sarcopenia. It is important to understand the difference between clinical conditions that affect the phenomenon of body (fat and muscle) wasting. The conditions of malnutrition, cachexia, sarcopenia and frailty look alike but the cause and treatment of each differs. Wasting caused by malnutrition responds to feeding but cachexia, sarcopenia and frailty do not necessarily respond to adequate nutrition therapy unless supported by other modalities such as exercise (sarcopenia) and specific treatment of disease (e.g. infliximab for Crohn's disease).

### References:

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