

## Interchangeability of the SNAQ<sup>RC</sup> and SNAQ<sup>65+</sup> for the screening of undernutrition in older adults

Wesley van Gils<sup>1</sup>, Suzanne Klerks<sup>1</sup>, Maartje H. de Groot<sup>1</sup>, Marit Stüvel-Beimers<sup>2</sup>, Ingrid Huisman<sup>2</sup>, Karolien van Geffen<sup>3</sup>, Gwendell A. J. Foendoe Aubèl<sup>1</sup>, Jacqueline A. E. Langius<sup>1,4</sup>

<sup>1</sup>Nutrition and Dietetics, Faculty of Health, Nutrition and Sports, The Hague University of Applied Sciences, The Hague,

<sup>2</sup>Vereniging Diëtisten Geriatrie en Ouderen, Dronten, <sup>3</sup>Weten&Eten, Vierstroom, Gouda, <sup>4</sup>Nutrition and Dietetics, VU University Medical Centre, Amsterdam, Netherlands

**Rationale:** Current government policy aims to support (vulnerable) older people to live at home for longer and to minimize the entry into residential care. This transition can have implications for the use of setting-specific screening tools for screening older people for undernutrition, such as the Short Nutritional Assessment Questionnaire for residential care (SNAQ<sup>RC</sup>) and home-living older adults (SNAQ<sup>65+</sup>). We therefore determined the interchangeability of these screening tools in older adults in different living arrangements.

**Methods:** 540 Dutch older adults (81 ± 9 years, 66% female), living at home or (rehabilitating) in residential or nursing homes, were screened with both SNAQ<sup>RC</sup> and SNAQ<sup>65+</sup> for (risk of) undernutrition, and agreement between the screening results was determined. Uni- and multivariable logistic regression analysis were performed to identify determinants associated with the degree of agreement.

**Results:** The prevalence of undernutrition varied from 22-28% between different living arrangements and was 44% among rehabilitating older adults. Agreement in screening results between SNAQ<sup>RC</sup> and SNAQ<sup>65+</sup> was 77%, and varied from 69-78% for different living arrangements. Three independent determinants significantly lowered the chance of agreement between the screening tools (see table). In the screening tools, these determinants all lead to the result 'risk of undernutrition'.

Determinant	OR (95% CI)
Needing assistance with eating	0.03 (0.01-0.09)*
Decreased appetite in the past month	0.28 (0.16-0.49)*
BMI >22 kg/m <sup>2</sup>	Ref
20-22 kg/m <sup>2</sup>	0.08 (0.04-0.17)*
<20 kg/m <sup>2</sup>	3.74 (0.81-17.25)‡

\* $p < 0.001$ , ‡ $p = 0.09$

**Conclusion:** The degree of agreement between SNAQ<sup>RC</sup> and SNAQ<sup>65+</sup> is insufficient to interchange these screening tools for screening older adults for (risk of) undernutrition in different living arrangements. Difference in classification of 'risk of undernutrition' is the primary cause of disagreement.