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Commentary

Development and Validation of Self-Screening Tool for Nutrition Risk

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ABOUT THE STUDY

The incidence of malnutrition in patients with gastric cancer after surgery is 59%. The main reason for the high incidence of malnutrition is untimely nutrition screening and low compliance with nutrition treatment. In order to enable home patients to know their nutritional status in time, we have developed and validated nutritional risk screening tools for patients with gastric cancer to help patients' at home find nutritional risks in time and seek medical help. This article introduces the development and verification methods and statistical methods of the tool.

Nutritional risk screening is both the starting point of the nutrition therapy and can guide the nutrition therapy plan. In addition, the European nutrition guidelines suggest that cancer patients should regularly carry out nutritional risk screening. At present, Nutritional risk screening mainly relies on nutritional risk screening tools, including Nutritional Risk Screening 2002 (NRS2002), Mini Nutritional Assessment (MNA), Malnutrition Universal Screening Tool (MUST), etc. The screening tools need to be performed by medical workers due to professional words and calculation formulas in their items.

SNRSGC is a distinguishing tool for the nutritional risk screening of gastric cancer patients at home. According to the guidance of the basic elements of questionnaire development and design, this study conducted a systematic literature review based on the development hypothesis of NRS2002, so that the screening tool contains specific indicators that can reflect the nutritional status of patients with gastric cancer after surgery, and ensure that the patients screened by the tool can benefit from nutritional supplements. Expert questionnaire surveys and reference to GLIM ensure the comprehensiveness of the items and prepare for the later selection of effective indicators. Patient surveys ensure the readability and availability of entries.

NRS2002 is recommended by various nutrition guidelines in China for nutritional screening of hospitalized patients and community populations, and is widely used by health care personnel. The development of NRS2002 as a template helps to establish a consensus on nutrition assessment between nurses and patients or between doctors and patients. Compared with other scales, it also includes the effects of surgery and chemotherapy on the nutritional status of patients, and is closer to the characteristics of the course of gastric cancer patients. And it has the characteristics of simple entry and convenient use, simple and objective indicators help to improve the convenience and accuracy of patient self-screening.

Nutrition self-screening tools can also increase patient compliance with treatment and give patients practical guidance. Achieve timely detection of nutritional risks, early start of nutritional procedures, increase compliance with nutritional therapy, improve nutritional status, extend patient survival, and improve patient quality of life.

Limitations in the use of tools, because we use the form of online questionnaire for self-screening, although it is easy to obtain, some elderly people who do not use mobile phone software are difficult to conduct self-screening, and they may have worse nutritional status. Moreover, due to the function setting of the software, patients must fill in all the contents to give the results, which greatly reduces the recovery rate of the questionnaire, but increases the efficiency. Limitations of the study design. Although we use patients three months after operation for retest, the nutritional status of patients is still unstable due to chemotherapy and some long-term postoperative complications, which may affect the test-retest reliability.

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