

Tips for using the Mini-Nutritional Assessment (MNA and MNA-SF)

The Mini-Nutritional Assessment (MNA) is designed for older adults and makes recommendations for intervention based on each individual's status¹. There are two versions, the short form (MNA-SF) and the full form (MNA). The MNA-SF requires no special training and does not have to be completed by a health care professional. It can be administered in under 5 minutes. The full form MNA is easily administered by a health care professional. With training, other staff can also administer it. The full form MNA takes 10-15 minutes to administer.

The MNA-SF can be used on resident admission as an initial evaluation to detect nutrition risk. If the MNA-SF <12 points (i.e. not normal nutritional status), then complete a full MNA to help identify the cause of poor nutritional state². **Residents should then be re-assessed every 3 months.**

Summary of MNA-SF items:

- Has food intake declined over the past three months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
- Has there been any involuntary weight loss during the last 3 months?
- Mobility status
- Has the person suffered psychological stress or acute disease in the past 3 months?
- Presence of neuropsychological conditions (particularly dementia or depression)
- Body mass index (or calf circumference if BMI is not possible)

Based on their MNA score, each person can be categorised as being 1) normal nutritional status, 2) at risk of malnutrition, or 3) malnourished. See the next page for a flowchart of MNA or MNA-SF scores and appropriate responses.

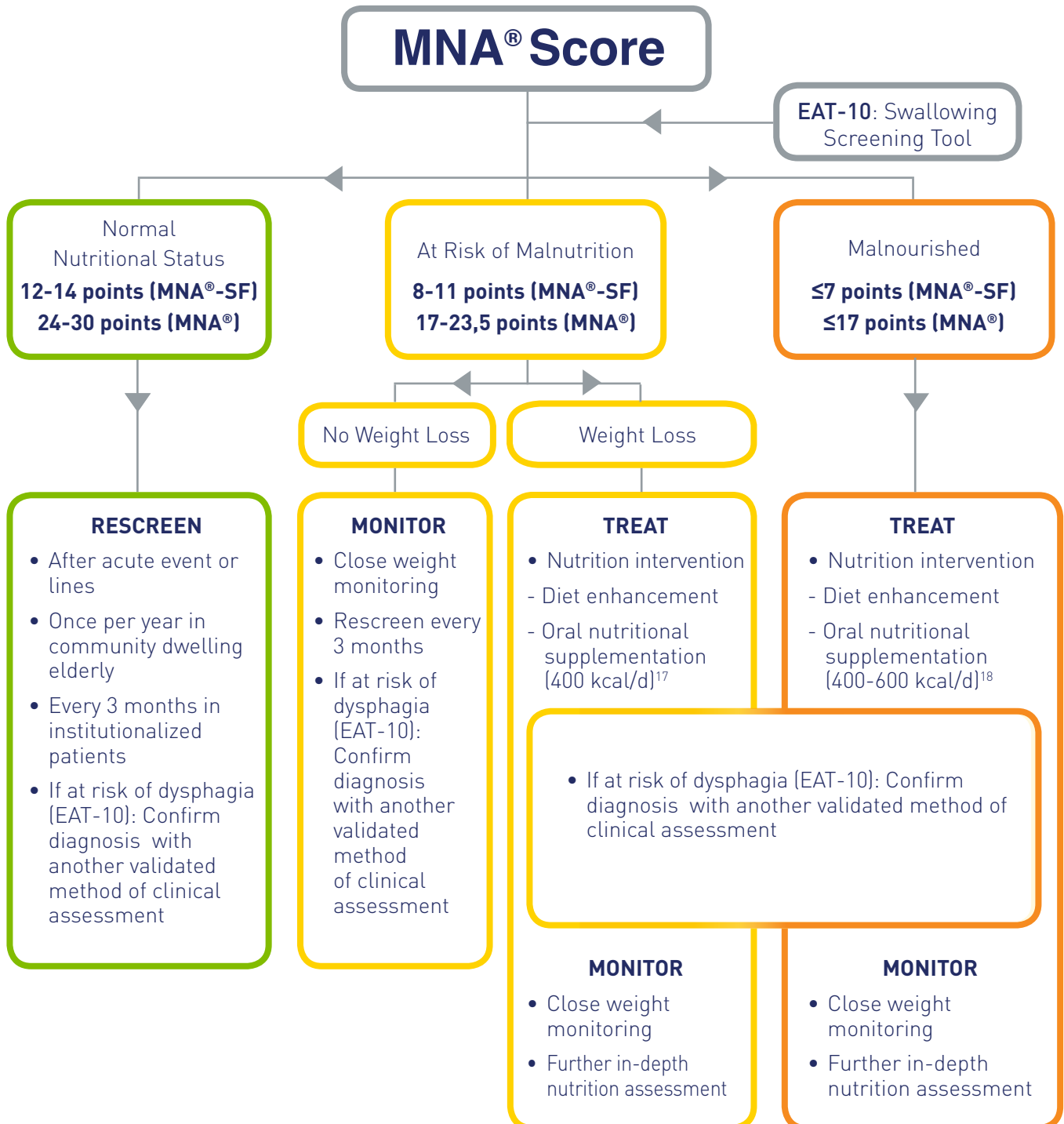
MNA score	MNA-SF score	Result
24-30 points	12-14 points	Normal nutritional status
17-23.5 points	8-11 points	At risk of malnutrition
<17 points	0-7 points	Malnourished

1 Refer to this webpage for additional information: <https://www.mna-elderly.com>

2 Note that the MNA-SF can be completed with calf circumference (BMI information is not required). Completing a full MNA requires both BMI and calf circumference measurements.

Screen and intervene

Nutrition can make a difference



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Adapted from Milne AC, et al. Cochrane Database Syst Rev 2009(2):CD003288; Gariballa S, et al. Am J Med 2006;119:693-699

