now encompasses the full continuum of undernutrition and overnutrition (obesity). For the objectives of this chapter, we will focus upon the former. Historic definitions for malnutrition syndromes are problematic in their use of diagnostic criteria that suffer poor sensitivity, sensitivity, and interobserver reliability. Definitions overlap, and confusion and misdiagnosis are frequent. In addition, some approaches do not recognize undernutrition in obese persons. While the historic syndromes of marasmus, kwashiorkor, and protein-calorie malnutrition remain in use, this chapter will instead highlight evolving insights to the diagnosis of malnutrition syndromes.

The Subjective Global Assessment, a comprehensive nutrition assessment that included a metabolic stress of disease component, was described and validated in the 1980s. In 2010, an International Consensus Guideline Committee incorporated a new appreciation for the role of inflammatory response into their proposed nomenclature for nutrition diagnosis in adults in the clinical practice setting. *Starvation-associated malnutrition* is when there is chronic starvation without inflammation, *chronic disease–associated malnutrition* is when inflammation is chronic and of mild to moderate degree, and *acute disease– or injury-associated malnutrition* is when inflammation is acute and of severe degree (see **Table 334-1** for examples). In 2012, the Academy of Nutrition and Dietetics and the American Society for Parenteral and Enteral Nutrition (ASPEN) extended this approach using clinical characteristics to support diagnosis, including the presence of illness or injury, poor food intake, weight loss, and physical findings of fat loss, muscle loss, edema, or reduced grip strength. In 2016, the European Society for Parenteral and Enteral Nutrition (ESPEN) formally adopted a disease/inflammation-based construct similar to these earlier approaches. Also in 2016, the Global Leadership Initiative on Malnutrition (GLIM), a collaborative effort of ASPEN, ESPEN, the Latin American Federation of Parenteral and Enteral Nutrition, the Parenteral and Enteral Society of Asia, and other nutrition societies, embarked on an effort to build global consensus around commonly used evidence-based criteria for diagnosis of malnutrition in adults in clinical settings. Weight loss, low body mass index, and reduced