A précis of the publication: *Handgrip strength, but not 5-meter walk, adds value to a clinical nutrition assessment.* By Tara McNicholl, Joel A. Dubin, Lori Curtis, Marina Mourtzakis, Roseann Nasser, Manon Laporte and Heather Keller  

Functional status is an important predictor of acute care outcomes and a component of both malnutrition and frailty. The aim of this secondary data analysis of the More-2-Eat (M2E) study was to determine if simple functional measures, handgrip (HGS) and 5-meter walk (5m), are associated with malnutrition and should be added to clinical nutrition assessments.

Key Findings:

- Significantly more patients ($z = 17.39, P < .00001$) were able to complete HGS than 5m (92% versus 43% respectively).
- Median HGS was 18.0 kg for men and 14.7 for women.
- Patients who completed the 5m, mean completion time was 8.98 seconds (median, 6.79 seconds, SD = 6.59).
- 5m and HGS scores were significantly worse with patient perceived disability ($z = -9.56, t = 10.69$, respectively; $P < .0001$; 95% confidence interval [CI], $[7.33, 10.63]$; $[1.76. 3.18]$).
- HGS was associated with nutrition status ($t = 4.13, P < .001$; 95% CI $[2.02, 5.67]$), although it was not valid (when compared to Subjective Global Assessment) as a single nutrition indicator for malnutrition.
- HGS was also associated with food intake, patient perceptions of adequacy of food intake and nutrition status, and mealtime barriers; those with a lower HGS had lower food intake, thought they were not eating enough and had poorer nutrition, and reported experiencing more mealtime barriers.

Clinical relevance:

These data suggest that HGS is a more useful functional measure than 5m when added to a hospital nutrition assessment. HGS could be completed on almost all patients and was significantly associated with food intake and barriers to food intake, suggesting its potential use for enhancing the clinical nutrition assessment. Future research is required to determine appropriate condition-specific and sex-
specific cut-points. Research should also focus on the responsiveness of HGS to treatment, including nutrition therapy that improves nutrition status and potentially functional status and/or frailty.

For more M2E study results go to: http://nutritioncareincanada.ca/research/more-2-eat-implementation-project/results

This M2E study was funded by the Canadian Frailty Network (Technology Evaluation in the Elderly Network), which is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) program.