

**Abstract Type : Poster**  
**Presentation No. : POT 027**

**OVERVIEW STUDY: SUBJECTIVE GLOBAL ASSESSMENT AS A METHODE FOR MONITORING & EVALUATION OF MALNUTRITION STATUS WITHIN CHRONIC KIDNEY DISEASE PATIENT ON DIALYSIS**

**Chairil Fitri Hidayani**<sup>1</sup>, Kresnawan Triyani<sup>1</sup>, Adrianto Yudhi<sup>2</sup>

<sup>1</sup>Department of Nutrition, Dr. Cipto Mangunkusumo General Hospital, Indonesia

<sup>2</sup>Department of Dialysis Unit, Dr. Cipto Mangunkusumo General Hospital, Indonesia

**Objectives:** Nutrition monitoring and evaluation of chronic Kidney Disease (CKD) on dialysis patients is an important component in a series of nutritional care processes. Subjective Global Assessment (SGA) is a comprehensive nutrition assessment tools consist of intake overview questions, weight changes within 6 months as well as clinical conditions associated with the presence or absence of malnutrition. One of the reasons used by SGA is to monitor and evaluate the nutritional condition of CKD patient due to incompleteness and inconsistency of laboratory tests related to nutrition indicator caused by the limited of patient's financing. SGA assessment is performed when the patient initiates dialysis therapy which will be reassessed every 6 months. If patient's conditions decreased indicates for further assessment step with a more specific nutritional examination.

**Methods:** This study aims to overview of the status of malnutrition patients during dialysis therapy in three times SGA assessments with every 6 months consistently. Samples in this study were 100 CKD patients on adult dialysis.

**Results:** From the initial assessment, there were 91% with good category (A), 8% with moderate malnutrition category (B) and 1% with bad malnutrition category. Then the next 6-month assessment was obtained 92% with good category (A), 7% with moderate malnutrition category (B) and 1%. There is an increase of 1% of sample from category B to A. then for third evaluation, the result is 95% with good category (A), 4% with medium malnutrition category (B) and 1%. From the third assessment, there is another 3%increase from category B to A.

**Conclusions:** CKD conditions have a high risk of metabolic disorders, clinical nutrition problems and also psychological that will affect the nutritional intake. Monitoring and evaluation using appropriate judgment and consistency in maintaining malnutrition status is essential to ensure that the interventions given and the patient's diet are in accordance with their conditions.