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Abstract Topic : Renal Nutrition

Performance of Malnutrition-Inflammation Score (MIS) versus the PhilSPEN Modified Subjective Global Assessment (mSGA) in Identifying Malnutrition among Hemodialysis Patients: Evidence from a Prospective Single-Center Study in the Philippines

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Objectives : Chronic Kidney Disease (CKD) is a major global health concern and remains a leading cause of morbidity and mortality in the Philippines. Malnutrition is highly prevalent among maintenance hemodialysis patients due to several key factors. The study aimed to assess the nutritional status and compare the malnutrition rates among hemodialysis patients using the MIS versus the PhilSPEN modified SGA (mSGA).

Methods : The study involved outpatient hemodialysis patients of at least 18 years old, scheduled twice or thrice weekly for at least 3 months at the Makati Medical Center Renal Care Services. An interview-based questionnaire was used to collect sociodemographic data, medical history including hemodialysis data, laboratory values and dietary intake through a 3 day 24-hour food diary.

Results : The study involved 115 patients and of these, 22.6% were assessed to have malnutrition. A series of linear regression analysis showed that higher MIS– indicating greater risk of malnutrition– was significantly associated with older age, female sex, elevated calcium and ferritin levels. Lower MIS correlated with higher income, employment, height, weight, and MUAC, while higher creatinine and BUN were also associated with lower MIS. Laboratory parameters indicated that higher neutrophils and lower lymphocytes were associated with higher mSGA scores. Diagnostic testing accuracy was also computed for both scoring tools. The MIS demonstrated the most favorable performance at a cut off of 7, while the mSGA at a cut off of 4. Both tools demonstrated a high specificity but with low sensitivity at these points however demonstrated a high accuracy value of 80% for MIS while 81.7% for mSGA.

Conclusions : Overall, Both MIS and mSGA effectively assessed nutritional status and significantly correlated with demographic, anthropometric, biochemical, and clinical factors. Neither scoring tool was superior, but they showed strong specificity and fair discrimination.

Figure 1.png



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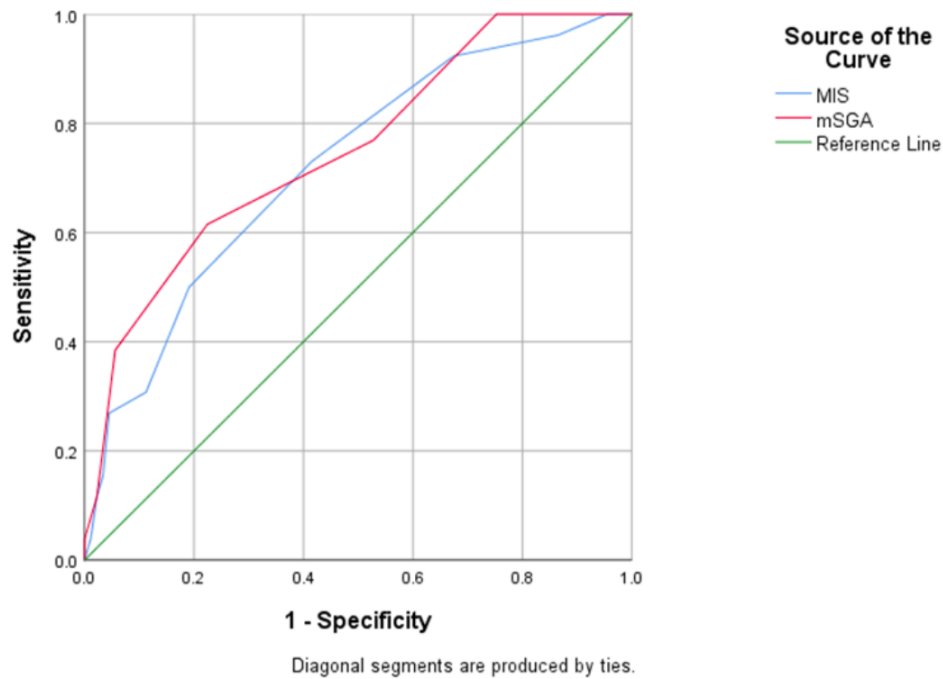


Figure 1.png

	Cutoff	Sensitivity	Specificity	PPV	NPV	Accuracy	DOR
MIS	>3	92.3%	32.6%	28.6%	93.5%	46.1%	5.80
	>4	73.1%	58.4%	33.9%	88.1%	61.7%	3.81
	>7	26.9%	95.5%	63.6%	81.7%	80.0%	7.83
mSGA	>3	61.5%	77.5%	44.4%	87.3%	73.9%	5.52
	>4	38.5%	94.4%	66.7%	84.0%	81.7%	10.5

PPV = positive predictive value, NPV = negative predictive value, DOR = diagnostic odds ratio