



Albumin and pre-albumin are not useful to assess nutrition.

[Albumin for Nutrition Assessment.pptxDownload](#)

Why This Is Unnecessary and Potentially Harmful

- **Prealbumin is not specific – many factors can affect the prealbumin level that are unrelated to nutritional status.⁵**

TABLE 1. **Factors Affecting Prealbumin**

Increased by:	Decreased by:
Exogenous corticosteroids	Acute phase response
NSAIDs	Malnutrition
Renal failure	Liver disease
Dehydration	Thyroid disease
	Hemodilution
	Nephrotic syndrome
	Protein-losing enteropathy
	Acute blood loss

Abbreviations: NSAIDs, nonsteroidal anti-inflammatory drugs

- **Prealbumin is not sensitive – normal prealbumin levels have been seen in studies of patients with mean BMIs as low as 12.9 kg/m².**

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shm.

Why This Is Unnecessary and Potentially Harmful

- **Prealbumin is not consistently responsive to nutritional interventions**
 - A study of patients with Alzheimer's disease and normal CRP levels who had improving physical markers of nutritional status showed no changes in prealbumin.⁷
 - A study of critically ill patients showed no difference in prealbumin in the cohort receiving greater than 60% of their estimated caloric needs as compared to a cohort not meeting that goal.⁸
- **Changes in prealbumin are not consistently correlated with changes in health outcomes.⁹**



Albumin and pre-albumin are not useful to assess nutrition.

What You Should Do Instead

- **Work with nutritionists/dieticians at your institution to use nonbiologic methods for screening and diagnosing malnutrition.**
- **The Global Leadership Initiative on Malnutrition agreed on the following clinically relevant diagnostic variables for screening and assessment of malnutrition:**
 - Reduced food intake (anorexia)
 - Nonvolitional weight loss
 - (Reduced) lean mass
 - Status of disease burden and inflammation
 - Low BMI or underweight status

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Deprescribing: What About Vitamins, Minerals, and Other Nutritional Supplements?

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