



Undernutrition and Perioperative Risk

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:

Studies estimate that approximately 1 in 4 older adults (65+) have or are at risk for malnutrition,ⁱ and 40-50% of people undergoing surgery have some degree of undernutrition.ⁱⁱ However, undernutrition remains significantly under-identified and undertreated across healthcare settings. Older adults are particularly vulnerable due to age-related declines in muscle mass and strength, chronic disease burden, and reduced dietary intake. Undernutrition in this population can lead to frailty, delirium, osteoporosis, cognitive impairment, lower quality of life, and mortality. Against this backdrop, we have the new introduction of glucagon-like peptide-1 receptor agonists (GLP-1s), with 1 in 8 adults reporting use for diabetes, weight loss, or other reasons.ⁱⁱⁱ GLP-1s, which are primarily used for diabetes and obesity, have raised additional concerns regarding loss of lean body mass as high as 15-40%,^{iv} and development of sarcopenia, which are associated with similar rates of poor outcomes as other forms of undernutrition.^{v,vi} Traditional approaches that rely heavily on body mass index (BMI) or weight loss alone may fail to identify sarcopenia. Strategies to address these changes include: review of methods to identify people who are at risk for or have undernutrition both on or not on GLP-1s, education around the role of GLP-1s in undernutrition risk, and guidelines for preoperative nutritional optimization for those with confirmed or suspected undernutrition. Standardized approaches to nutrition screening, assessment, referral, and management could improve outcomes while reducing avoidable healthcare utilization and costs.

DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):

- | | |
|---|---|
| ☒ VARIATION IN CARE | ☒ SAFETY CONCERNS |
| ☒ HIGH COST AND POOR OUTCOMES | ☒ EQUITY CONCERNS |

PROPOSED SCOPE:

- Identification and management of undernutrition in primary care, surgical settings, inpatient settings, and post-acute care
- Screening and management of GLP-1 associated sarcopenia and nutritional risk
- Nutrition optimization for elective surgery
- Interdisciplinary care models inclusive of registered dietitians
- Payor policies that incent appropriate screening and intervention for those at risk
- Measurement and evaluation framework for screening and intervention in multiple settings

Out of Scope: Food insecurity policy, overweight and obesity treatment guidelines, pediatric nutrition, eating disorders, and general weight-management recommendations unrelated to undernutrition risk.

EVIDENCE-BASED IMPACT STRATEGY:

Clinicians/Care Teams: routine undernutrition and sarcopenia screening for older adults and those using GLP-1 RAs; assess dietary intake, strength, function, and body composition; interdisciplinary collaboration with nutrition professionals

Delivery Systems: standardize screening workflows across all settings, integrate nutrition professionals into care teams, and establish protocols to identify patients with rapid weight loss, frailty, or potential sarcopenic obesity

Plans: incent nutritional assessment at key points (e.g., preoperatively); lower barriers to medical nutrition therapy and oral nutrition supplements when needed;

Purchasers: Promote evidence-based weight management programs; ensure employee benefits reflect access to nutrition and preventive services Public Health: Public education and awareness of healthy aging, maintaining strength, and nutritional status; benefit access to nutrition and preventive services
AVAILABLE DATA FOR MONITORING AND EVALUATION:
SCOAP; BRFSS; CHARS – need data sharing agreement; WSHA dashboards; WEMIS; RHINO
POTENTIAL PARTNERS:
DOH; HCA; SCOAP; WSHA; Academy of Nutrition and Dietetics; AAAs;
HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS
The Bree could build consensus around practical, evidence-based approaches to identifying and managing undernutrition and nutritional risk across health care settings, with special attention to emerging risk of GLP-1 associated sarcopenia, align quality measures and incentives around early and consistent identification and intervention, reduce avoidable surgical complications and hospitalizations, and support healthier aging for Washingtonians

ⁱ Dent E, Wright ORL, Woo J, Hoogendijk EO. Malnutrition in older adults. *Lancet*. 2023 Mar 18;401(10380):951-966. doi: 10.1016/S0140-6736(22)02612-5. Epub 2023 Jan 27. PMID: 36716756.

ⁱⁱ Martínez-Ortega, A. J., Piñar-Gutiérrez, A., Serrano-Aguayo, P., González-Navarro, I., Remón-Ruiz, P. J., Pereira-Cunill, J. L., & García-Luna, P. P. (2022). Perioperative Nutritional Support: A Review of Current Literature. *Nutrients*, 14(8), 1601. <https://doi.org/10.3390/nu14081601>

ⁱⁱⁱ Montero, A., Kearney, A., Mulugeta, M., Kirzinger, A., & Hamel, L. (2025, November 14). Poll: 1 in 8 adults say they are currently taking a GLP-1 drug for weight loss, diabetes or another condition, even as half say the drugs are difficult to afford. KFF. <https://www.kff.org/public-opinion/poll-1-in-8-adults-say-they-are-currently-taking-a-glp-1-drug-for-weight-loss-diabetes-or-another-condition-even-as-half-say-the-drugs-are-difficult-to-afford/>

^{iv} Memel, Z., Gold, S. L., Pearlman, M., Muratore, A., & Martindale, R. (2025). Impact of GLP-1 receptor agonist therapy in patients high risk for sarcopenia. *Current Nutrition Reports*, 14(1), Article 63. <https://doi.org/10.1007/s13668-025-00649-w>

^v Rossi, G., Bucciarelli, L., Mananguite, CL. et al. Muscle loss and GLP-1R agonists use. *Acta Diabetol* 63, 333–342 (2026). <https://doi.org/10.1007/s00592-025-02611-2>

^{vi} Joshua E Lewis, Mbinui Ghogomu, Stanley J Hickman, Adedamola Ashade, Raven J Hollis, Jimmie E Lewis, Wei-Chen Lee, Semaglutide and Postoperative Outcomes in Nondiabetic Patients Following Body Contouring Surgery, *Aesthetic Surgery Journal*, Volume 45, Issue 4, April 2025, Pages 381–386, <https://doi.org/10.1093/asj/sjae241>