

You can obtain 3 CEU's for reading the article "BMI-based Figure Rating Scale (BFRS) as an adjunctive aid in nutritional screening and assessment in a resource-limited setting" and answering ALL the accompanying questions, if a pass mark of 70% or more is achieved.

This article has been accredited for CEU's (ref. no. DT/A01/P00008/2021/00001)

### HOW TO EARN YOUR CEUs

- 1) Register at <https://www.mpconsulting.co.za>.
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### Activity 154

1. Early detection of malnutrition, or the risk thereof, is vital for:
  - (a) The treatment or delay of malnutrition
  - (b) Reducing the severity of malnutrition associated complications
  - (c) Reducing costs
  - (d) All of the above
2. What proportion of malnourished hospitalised patients goes undetected and untreated, according to a South African study?
  - (a) 20%
  - (b) 40%
  - (c) 80%
3. How often is nutrition screening recommended in the hospital setting?
  - (a) On admission only
  - (b) Every two weeks
  - (c) Both on admission and on a weekly basis thereafter
4. The Global Leadership Initiative on Malnutrition (GLIM), recently launched a global two-step model that consist of malnutrition screening, followed by malnutrition assessment diagnosis and grading severity.
  - (a) True
  - (b) False
5. Who according to GLIM, should perform this two-step model?
  - (a) Dietitians and nutritionists
  - (b) Doctors and nurses
  - (c) All healthcare professionals
6. Parameters that should be included in nutrition screening, according to The National Institute for Health and Care Excellence (NICE):
  - (a) BMI
  - (b) Percentage unintentional weight loss
  - (c) The time over which weight loss occurred
  - (d) The likelihood of future impaired nutrient intake
  - (e) Frame size
  - (f) Only a-d
7. Reasons why it may be difficult to obtain the parameters needed for nutritional screening and assessment, such as BMI and percentage weight change, include(s):
  - (a) Patients may not be mobile to obtain direct measurements
  - (b) Patients may not be conscious to mobilise for direct measurements
  - (c) Limited anthropometric skills by non-nutrition health care professionals
  - (d) Lack of equipment
  - (e) Lack of documentation in patient files
  - (f) All of the above
8. The use of Figure rating scales (FRS) has previously been used:
  - (a) To assess body size perceptions
  - (b) As an inexpensive indicator of nutritional status when direct anthropometric measurements were not possible
  - (c) All of the above
9. The symbol "D" on the Figure rating scale (FRS) developed by Harris et al, depicts a BMI of:
  - (a) 18.5–24.9
  - (b) 25–29.9
  - (c) 30–34.9
10. The proportion of participants that were able to accurately select a FRS image to match their current measured BMI, was:
  - (a) 43%
  - (b) 61%
  - (c) 67%
11. In this study, male participants were more likely to select an accurate corresponding BMI image than female participants.
  - (a) True
  - (b) False
12. Participants with a normal weight or underweight, were more likely to select an accurate FRS image, in comparison to overweight and obese participants.
  - (a) True
  - (b) False
13. The use of a BMI-based FRS, has the potential to estimate the following parameters, where it is not otherwise obtainable in the clinical setting:
  - (a) Estimate a change in weight only
  - (b) Estimate a change in BMI only
  - (c) Estimate a change in both weight and BMI
14. The use of BMI-based FRS should only be used by registered dietitians or nutritionists to conduct nutrition screening and malnutrition diagnosis.
  - (a) True
  - (b) False
15. Further research is recommended to validate a FRS developed or adapted for African populations, based on the following criteria:
  - (a) Images should include both front and side-view body scales
  - (b) Use of a setting where the usual weight (i.e. prior to weight change) is accurately documented.
  - (c) Both of the above