Reviewer's report

Title: Do the Malnutrition Universal Screening Tool (MUST) and Birmingham Nutrition Risk (BNR) Score Predict Mortality in Older Hospitalised Patients?

Version: 1 Date: 7 May 2008

Reviewer: Carrie H Ruxton

Reviewer's report:

Major Compulsory Revisions
None

Minor Essential Revisions
The methodological detail is rather thin. While I can see that this study was basically a paper audit with no actual intervention by authors, I would still like to see mention of the following:
1. Information on the types of scales were used for weighing the patients, i.e. chair, stand on, hoist. How did the researchers know that these were accurate?
2. You mention ‘consecutive patients’ but do you mean ‘all consecutive patients’ or were any excluded? If so, what were the exclusion criteria?
3. Information on whether all patients could be weighed. If this was not the case, what procedure was carried out to apply the screening tools?
4. Reassurance that the screening tools were adapted for those patients whose weight (and thus BMI) would have been affected by amputation or fluid overload.
5. Further information on the weighing regime in the hospital. Were patients weighed frequently enough to enable nurses to calculate ‘unplanned weight loss’ from the MUST score?
6. There is no information on ethical approval. Even if this study qualifies as an audit and, thus, does not require ethical approval, I think this fact should be mentioned.

Results:
7. The results say that 126 patients ‘were included’. I am unclear whether this number refers to all the patients admitted during the study period or whether any were excluded for whatever reason (absence due to tests or treatment, lack of assessment etc). This should be clarified.
8. Also, the authors note that 115 had their BMI recorded. What was the reason for the lack of data for the remaining patients? I think that the abstract should be amended to mention only the 115 for whom data were available. There is little point speculating on the mortality risk of the others considering that vital data on BMI were lacking.
9. The authors say that 80/121 patients had died at the time of accessing
records. In the statistical analysis that followed, were patients who lacked BMI data removed from the analysis? This should be stated. Also, the number of deaths out of the 115 with BMI records should be noted.

Discussion

10. The discussion should include any limitations in this study, e.g. possible lack of agreement between nursing staff scoring ‘disease effect’ for MUST.

Discretionary Revisions

11. The mortality charts appear to suggest that both the Birmingham Heartlands Tool and MUST were able to predict a lesser chance of death when patients were categorised as ‘low risk’. Could this be explored statistically and mentioned in the Discussion if found to be correct? It would be unfair to imply that the Birmingham Heartlands tool is no good if at least by categorising patients as ‘low risk’ it correctly estimates that they have a lower risk of mortality.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests