



The Malaga Declaration — A call to incorporate morphofunctional assessment across all levels of healthcare

La Declaración de Málaga: una llamada a incorporar la valoración morfofuncional en todos los niveles asistenciales

Disease-related malnutrition (DRM) is an underdiagnosed condition, with high prevalence among hospitalized patients, those in long-term care facilities, and in outpatient settings (1-3). Its clinical and economic impact is unquestionable: it increases morbidity and mortality, prolongs hospital stays, reduces quality of life and functional status, and raises healthcare costs (4,5). In light of this reality, the Málaga Declaration—presented at the 2025 SENPE National Congress and endorsed by scientific societies and patient associations—represents a turning point in the approach to clinical nutrition. It calls for the systematic integration of morphofunctional assessment (MFA) as a key tool within the nutritional care process (6).

The precedents are clear. The Vienna Declaration (2021) affirmed that nutritional care is a human right, as it brings together the right to health and the right to food (7). Alongside earlier texts, such as the Council of Europe's Resolution AP (2003) on food and nutritional care in hospitals (8), and the Cancún (2008) (9) and Cartagena (2019) (10), Declarations, it reinforced the demand for evidence-based medical nutrition therapy that is accessible and delivered by qualified professionals.

Clinical Nutrition is a multidisciplinary field that emerged in the second half of the 20th century through the integration of clinical medicine and nutrition: "nutrition applied to the patient" (11). Today, it has reached maturity as an autonomous discipline and delivers cost-effective medical nutrition therapy (12,13).

The Málaga Declaration clearly asserts that body mass index (BMI) is not sufficient to conduct a comprehensive assessment of nutritional status. It fails to identify hidden DRM or the functional decline typical of sarcopenia. Loss of muscle mass and function may be present in individuals without visible signs of malnutrition or low weight—including those who are overweight or obese. Numerous studies have shown that incorporating advanced morphofunctional tools such as bioelectrical impedance analysis (particularly phase angle), nutritional ultrasound, handgrip strength, or computed tomography enables a more accurate characterisation of nutritional status (14-18). This broader diagnostic framework provides a conceptual and practical basis for designing and evaluating personalized interventions aimed at improving health outcomes.

In this context, MFA is established as a comprehensive diagnostic paradigm that integrates structural and functional parameters to dynamically characterize nutritional status. Phase angle, derived from raw vectorial analysis by bioelectrical impedance, emerges as a robust prognostic marker for identifying clinical risk, as it directly reflects cellular membrane integrity and intracellular compartment functionality without the need for predictive models. This utility has been supported by multiple studies that independently associate it with morbidity and mortality, which has led to its proposal as a cross-cutting marker in future lines of clinical research (19). Nutritional ultrasound, in turn, enables the estimation of lean and fat mass through ultrasonography, offering a direct and standardized approach to assessing both muscle quantity and quality, as well as subcutaneous and visceral fat deposits, thereby allowing early discrimination of inflammatory or sarcopenic patterns (17,20). Additionally,

editorial

imaging techniques such as computed tomography—when available—provide accurate and opportunistic evaluations of muscular and adipose tissue, especially useful in oncological or critically ill patients (16). Alongside these structural techniques, functional components are integrated through tests such as handgrip strength, gait speed, the “Up & Go test”, or the Chair Stand Test, all of which possess high predictive value for adverse clinical outcomes and physical performance decline (18,21). Finally, the inclusion of cross-cutting dimensions such as health-related quality of life (HRQoL) and therapeutic adherence completes the diagnostic-therapeutic circle, consolidating MFA as a validated and customizable model within contemporary nutritional medicine (22).

The “Málaga Declaration” proposes an operational framework aligned with the GLIM (Global Leadership Initiative on Malnutrition) criteria (23,24), integrating the evaluation of muscle and fat mass within a complete and holistic nutritional assessment. This enables:

- Early detection of muscle mass and functional loss.
- Identification of patients at higher risk of complications associated with DRM and sarcopenia.
- Guidance for the personalization of medical nutrition therapy and physical exercise programs.

This approach requires overcoming long-standing barriers such as inadequate training (25), limited awareness of clinical nutrition, and the lack of integrated public health policies (8,26). As such, the “Málaga Declaration” also serves as a call to institutional, educational, and political action, and outlines specific commitments:

1. Incorporate MFA as a standard of care from primary to tertiary levels.
2. Ensure equitable access to advanced technologies and the resources required for implementation.
3. Integrate training in body composition and functionality across undergraduate, postgraduate, and continuing education programs for all healthcare professionals.
4. Promote research into morphofunctional assessment techniques and their impact on clinical outcomes.
5. Adopt a comprehensive, person-centered, biopsychosocial approach.

Modern medicine can no longer rely solely on BMI as an indicator of nutritional status. The available scientific evidence—including research from Spanish groups—demonstrates that advanced MFA tools more accurately predict complications, functionality, and mortality, and provide the starting point for designing and evaluating personalized medical nutrition therapies.

Body composition and muscle function are not secondary variables, but key prognostic and therapeutic determinants. The “Málaga Declaration” is not merely a theoretical proposal—it is a roadmap toward equitable, efficient, and evidence-based nutritional care. Its implementation requires the firm commitment of all stakeholders: healthcare managers, clinicians, educators, researchers, and policymakers.

“The integration of morphofunctional assessment is not merely a technical improvement—it is a clinical and ethical imperative for transforming nutritional care in the 21st century, and a firm commitment in the fight against disease-related malnutrition” (6).

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