

**Table S1.** Main causes for hospital admission in patients stratified according to the Global Leadership Initiative on Malnutrition consensus.

	<b>No malnutrition <i>n</i> = 82</b>	<b>Malnutrition <i>n</i> = 70</b>	<b><i>p</i></b>
<b>Heart failure (<i>n</i>, %)</b>	34 (41)	30 (43)	0.8707
<b>Respiratory failure (<i>n</i>, %)</b>	12 (15)	9 (13)	0.8167
<b>Anemia (<i>n</i>, %)</b>	7 (9)	11 (16)	0.2114
<b>Acute renal failure (<i>n</i>, %)</b>	7 (9)	3 (4)	0.3432
<b>Pneumonia (<i>n</i>, %)</b>	14 (17)	10 (14)	0.6631
<b>Acute pancreatitis (<i>n</i>, %)</b>	2 (2)	0 (0)	0.4998
<b>Other (<i>n</i>, %)</b>	6 (7)	7 (10)	0.5754

Statistical differences were assessed by Pearson's Chi-squared test and Fisher's exact test.

**Table S2.** Assessment criteria of malnutrition according to the Global Leader Initiative on Malnutrition (GLIM)

Phenotypic	Etiologic
<p><i>Non-volitional weight loss</i></p> <p>A weight loss &gt; 4.5 kg in the past year was reported and used as a threshold. Unintentional weight loss was obtained by clinical interview at baseline.</p>	<p><i>Reduced food intake or assimilation</i></p> <p>The Mini-nutritional Assessment- Short Form (MNA-SF) item was used to determine reduced food intake</p>
<p><i>Low body mass index</i></p> <p>BMI (kg/m<sup>2</sup>) was considered reduced if &lt;20 kg/m<sup>2</sup> or &lt;22 kg/m<sup>2</sup> in participants younger and older than 70 years, respectively.</p>	<p><i>Disease burden/inflammatory condition</i></p> <p>Erythrocyte Sedimentation Rate and C-Reactive Protein were selected as biomarkers to assess inflammation</p>
<p><i>Reduced muscle mass</i></p> <p>FFMI &lt;17 kg/m<sup>2</sup> in men and &lt;15 kg/m<sup>2</sup> in women or ALMI &lt;7 kg/m<sup>2</sup> in men and &lt;5.5 kg/m<sup>2</sup> in women was used as a threshold</p>	

Diagnosis of malnutrition was performed when patients met at least 1 phenotypic and 1 etiologic criterion. BMI, Body Mass Index; FFMI, Fat-Free Mass Index; ALMI, Appendicular Lean Mass Index.

**Table S3.** Prevalence of criteria of the Global Leader Initiative on Malnutrition (GLIM) registered in the study population

<b>Phenotypic (n = 152)</b>	
1. <i>Non-volitional weight loss (n, %)</i>	48 (31.6)
2. <i>Low body mass index (n, %)</i>	27 (17.8)
3. <i>Reduced muscle mass (n, %)</i>	42 (27.6%)
<b>Etiologic (n = 152)</b>	
a. <i>Reduced food intake or assimilation (n, %)</i>	107 (70.4)
b. <i>Disease burden/inflammatory condition (n, %)</i>	96 (63.1)
<b>Combined criteria (n = 70)</b>	
• <i>1 + a (n, %)</i>	45 (64.3)
• <i>1 + b (n, %)</i>	43 (61.4)
• <i>2 + a (n, %)</i>	27 (38.6)
• <i>2 + b (n, %)</i>	25 (35.7)
• <i>3 + a (n, %)</i>	40 (57.1)
• <i>3 + b (n, %)</i>	39 (55.7)

The prevalence of single criteria is indicated for the whole study population, while the prevalence of combined criteria is related to patients diagnosed with malnutrition.