

# New diagnostic code "5B72 Undernutrition in Adults" approved for inclusion in the 11th Revision of the International Classification of Diseases (ICD-11)

Machiko Uenishi<sup>1</sup>, Peipei Song<sup>1,2,\*</sup>

<sup>1</sup> Center for Clinical Sciences, Japan Institute for Health Security, Tokyo, Japan;

<sup>2</sup> National College of Nursing, Japan Institute for Health Security, Tokyo, Japan.

**SUMMARY:** The World Health Organization (WHO) has approved a new diagnostic code, "5B72 Undernutrition in Adults", in the 11th Revision of the International Classification of Diseases (ICD-11). Prior to this update, undernutrition in adults was represented only by the code "5B54 Underweight in Adults". However, the increasing diversity of causes of undernutrition in adults and the accompanying rise in associated diseases have been recognized as global health challenges in recent years. The approval of the "5B72 Undernutrition in Adults" category signifies its formal recognition as a distinct disease entity and is expected to improve data collection and research, enhance clinical diagnosis and interventions, and support policy development and nutritional education.

**Keywords:** undernutrition, malnutrition, ICD-11, GLIM

## 1. Introduction

On October 23, 2025, the European Society for Clinical Nutrition and Metabolism (ESPEN) announced through its social media accounts that the WHO and the International Classification of Diseases 11th Revision (ICD-11) team in Geneva had approved the new diagnostic code "5B72 Undernutrition in Adults" for ICD-11, describing this approval as a "milestone for clinical nutrition (1)".

According to information released on November 3, 2025 by the American Society for Parenteral and Enteral Nutrition (ASPEN), the code includes three subcategories: *i*) 5B72.0 Undernutrition in adults related to disease with moderate to severe inflammation; *ii*) 5B72.1 Undernutrition in adults related to disease with non-discernible inflammation; and *iii*) 5B72.2 Undernutrition in adults related to starvation (2). And according to the news released on November 4, 2025 by the European Geriatric Medicine Society (EuGMS), this new "5B72 Undernutrition in Adults" category was developed in close alignment with the Global Leadership Initiative on Malnutrition (GLIM) framework (3). The new codes are scheduled to come into effect in 2027.

An editorial published in 2022 by Cederholm *et al.* noted that since 2020, over 40 international societies of clinical nutrition including ESPEN – which made the aforementioned announcement – had collaborated with

the Swedish National Board of Health and Welfare to propose a diagnostic code for "Malnutrition in Adults" (4). The revisions to ICD-11 regarding undernutrition, which previously only covered infants through adolescence, reflect recommendations from these academic societies (5).

The same editorial pointed out that the current ICD-11 includes only two diagnostic codes for adult undernutrition, with "5B54 Underweight in Adults" having previously served as the primary indicator of undernutrition in adults. This was influenced by experiences from famines in poorer parts of the world during the 1960s and 1970s. The editorial noted that droughts, floods, poverty, and war-related malnutrition still exist, but today's manifestations of malnutrition have evolved and become more complicated, causing increasing concern even among individuals living in developed nations, who are often older and exposed to catabolic diseases.

According to sources including a review on malnutrition in older adults by the Lancet (6-9), undernutrition in adults encompasses various outcomes: metabolic abnormalities (*e.g.*, hypothermia, impaired glucose tolerance, dyslipidemia, and low T3 syndrome); body composition abnormalities (*e.g.*, underweight, sarcopenia/frailty, and associated falls); health complications resulting from vitamin and micronutrient deficiencies (*e.g.*, anemia, delayed wound healing, increased pressure ulcers, impaired immune system,

Table 1. Clinical outcomes resulting from undernutrition in adults\*

Category	Representative clinical consequences
Metabolic abnormalities	Hypothermia, impaired glucose tolerance, dyslipidemia, low T3 syndrome
Body composition abnormalities	Underweight, sarcopenia/frailty, and associated falls
Health complications due to vitamin and micronutrient deficiencies	Anemia, delayed wound healing, increased pressure ulcers, impaired immune system, taste disorders, osteoporosis
Hormonal imbalances in premenopausal women	Menstrual irregularities, ovulation disorders, increased risk of infertility or pregnancy complications
Higher hospitalization rates and prolonged recovery periods after acute illness	
Premature mortality	

\*Source: Ref. (6-9).

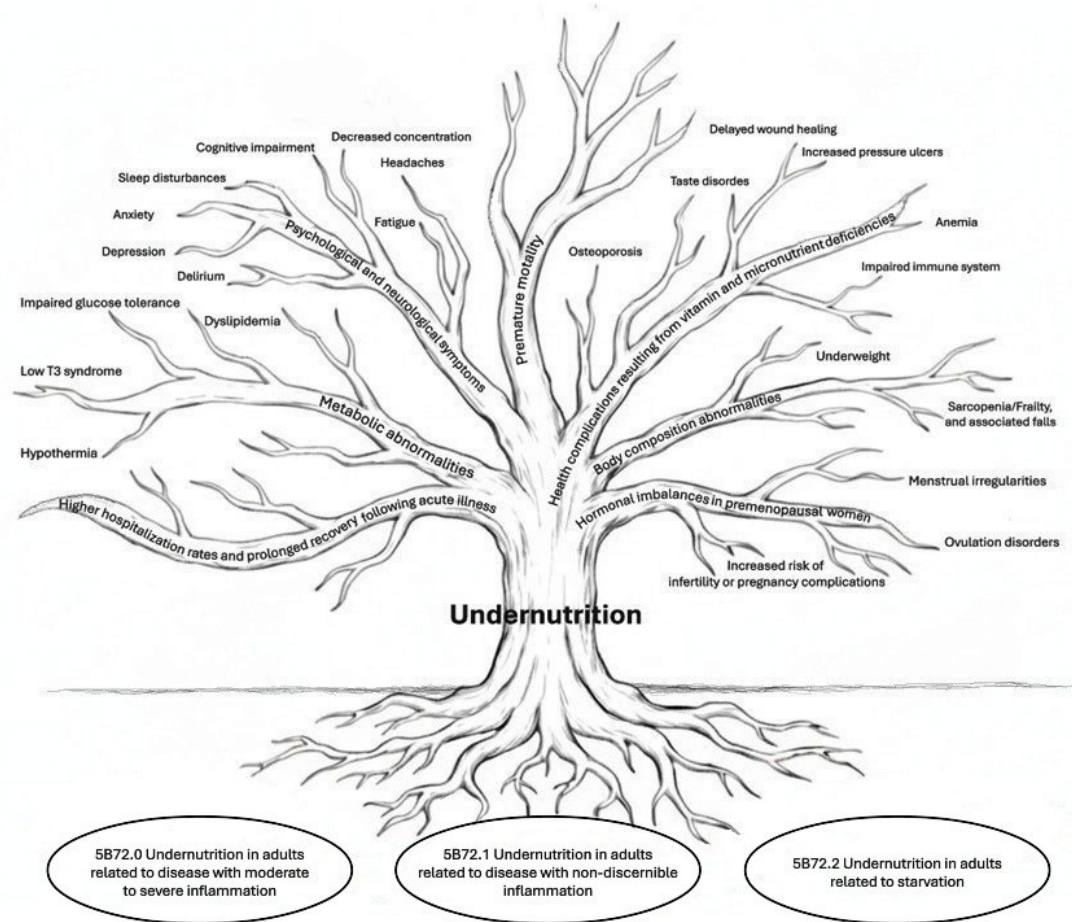


Figure 1. A tree image of undernutrition in adults: Its causes and resulting clinical outcomes. Source: Ref. (2,6-9).

taste disorders, and osteoporosis); psychological and neurological symptoms (e.g., delirium, fatigue, sleep disturbances, headaches, depression, anxiety, decreased concentration, and cognitive impairment); hormonal imbalances in premenopausal women (e.g., menstrual irregularities, ovulation disorders, and increased risk of infertility or pregnancy complications); higher hospitalization rates and prolonged recovery periods following acute illness; and premature mortality (Table 1 and Figure 1). These factors collectively pose significant public health concerns.

The approval of the new diagnostic codes has

significant implications from multiple perspectives: *i*) Academically, classifying undernutrition in adults as a distinct disease entity will facilitate the refinement of disease concepts and the global standardization of the GLIM criteria; *ii*) Clinically, these new diagnostic codes are expected to enhance diagnostic accuracy in clinical practice and improve alignment with health insurance systems and healthcare benefits; *iii*) Policy-wise, the approval will support the development and implementation of nutritional interventions and aging-related policies globally, while serving as an opportunity to reaffirm the importance of nutritional management

and education across all life stages; and *iv*) Data-wise, improved data precision for the Global Burden of Disease (GBD) study and national nutrition monitoring are expected, enhancing the reliability of epidemiological research and international comparisons.

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*\*Address correspondence to:*

Peipei Song, Center for Clinical Sciences, Japan Institute for Health Security, 1-21-1 Toyama, Shinjuku, Tokyo 162-8655, Japan.

E-mail: [psong@jihs.go.jp](mailto:psong@jihs.go.jp)

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