



ABSTRACT

Nutritional Management for catch up growth in disease related & non-disease related malnutrition

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Received: 20 October 2022 Accepted: 24 October 2022 Published: 31 October 2022

Link to DOI: 10.25220/WNJ.V06.S1.0014

Citation: Devaera Y. Nutritional Management for catch up growth in disease related & non-disease related malnutrition. World Nutrition Journal.2022 October 31, 6(S1): 21.



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Website http://www.worldnutrijournal.o

Abstract: Nutri Virtual Symposium 2022 - Speaker

Globally in 2020, 149 million children under 5 were estimated to be stunted, 45 million were estimated to be wasted according to WHO. Pediatric malnutrition (undernutrition) is estimated to contribute to approximately 45% of all child deaths globally. Traditionally undernutrition was thought to be low-middle income countries problem related to availability of food. A new paradigm of pediatric malnutrition included the cause of malnutrition in relation to acute/chronic diseases was adopted in 2015 and continued to be accepted worldwide. One data point and two data points of assessment including growth velocity has been proposed. In hospital setting, undernutrition will be related to prolonged stay, complications, and cost. Data shows even in high income countries, hospital malnutrition can be as high as 45%. Given complex nature of disease related undernutrition, clinical evaluation and anthropometry should be complemented by other measures, depending on the clinical condition and the questions arising in the individual patient, for example assessment of dietary intake, body composition laboratory biomarkers, and environmental conditions. Nutritional support using foods for special medical purposes (FSMP) either orally or tube feeding may be needed. Some considerations in choosing the right formula will be discussed.

Keywords: disease related malnutrition, child, pediatric enteral nutrition

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