



ORIGINAL RESEARCH PAPER

Paediatrics

STUDY OF CLINICAL PROFILE , OUTCOME AND ITS RELATION TO SOCIOECONOMIC STATUS OF SEVERE ACUTE MALNUTRITION PATIENTS

KEY WORDS: malnutrition , anemia , comorbidity , MUAC- Mid upper arm circumference

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INTRODUCTION

Malnutrition is widely prevalent & major cause of morbidity & mortality in children under age of five in India .

Mortality among children with severe acute malnutrition are nine times more than well nourished children .

Even with the establishment of NRC, data on malnutrition are not improved from NHFS -3 to NHFS - 4.

AIM AND OBJECTIVE

The primary objective of the study was to evaluate effect of socio economic status on the outcome of management of children with SAM & to evaluate the clinical profile of SAM patient .

MATERIAL AND METHODS

An observational study was carried out among 61 malnourished children of 6 – 59 month of the age admitted under nutritional rehabilitation center of a tertiary care institute in 1 year .

Children with SAM were admitted to NRC .

Demographic , clinical presentation , anthropometry , laboratory tests , hospital stay & outcome indicators were recorded .

Patients were followed up after 15 days & 1 month of discharge .

RESULTS

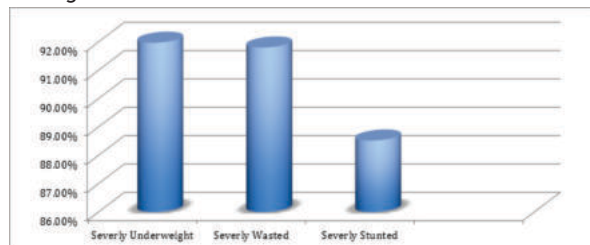
Total analysed children : 61

Female : 60.66%

Below the age of two years : 64.94%

Maternal illiteracy seen in : 31.14%

Belonged to the low socio economic class : 78.68%



Proportion of severely wasted , severely stunted & severe underweight child : 91.8 % , 88.52% & 91.97 %

Participants having edema : 21.31 %

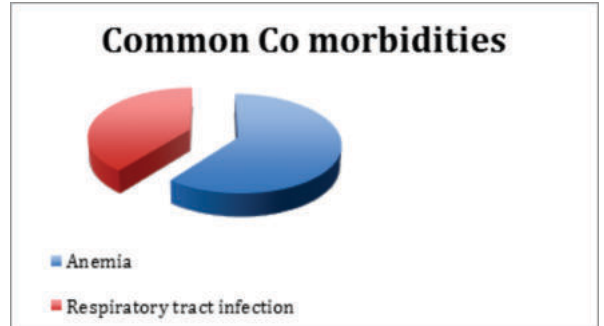
Mean duration of the stay at the NRC : 15.6 days .

Difference between mean weight & mean MUAC at the time of admission & at the time of discharge were statistically significant.

Most common clinical feature : loss of fat prevalent in (65.57%) and sparse hair (47.54%) children enrolled in the study .

Among 61 - 62.29% recovered while 16.40% and 21.31 % had

inadequate response and failure to response respectively on discharge .



Most common comorbidities

- Anemia (65.4%)
- Respiratory tract infection(42.62%).

CONCLUSION

Age of children affected of malnutrition was 6 to 24 months in which girls affected more.

Anemia and respiratory tract infection were major co morbidity .

Maternal literacy and socio economic status were not significantly affect on outcome of the SAM patients might be due to hospital based management of the SAM patients. Marasmus malnutrition more prevalent in this region.

Nutritional rehabilitation center plays key role in the management of the children with the recovery rate 62.29%.

It provides life saving care and helps in the survival of the children.

Adequate stay helps the child to regain weight effectively .