

ABSTRACT FORM

Abstract Category: Oral Poster

1. GASTROENTEROLOGY

2. HEPATOLOGY

3. NUTRITION

Abstract Title: Post discharge morbidities in children with severe acute malnutrition bypassing the nutrition rehabilitation phase are high

Presenting/Corresponding Author's Name: Khaleda Adib (First name) Binte Abdullah (Last name)

Department: Centre for Nutrition and Food Security

Institute Name: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

City: Dhaka **Country:** Bangladesh **Email Id:** k.adib@icddr.org

Co-Author(s):

S.No.	Full Name	Institute Name
1	Prasenjit Mondal	icddr,b
2	M Munirul Islam	icddr,b
3	Sayeeda Huq	icddr,b
4	Md Iqbal Hossain	icddr,b

Body of Abstract - (Aim/ Methods/ Results/ Conclusions):

Aim: This prospective analysis was conducted to evaluate the post discharged morbidities among severe acute malnourished children bypassing the nutrition rehabilitation phase in Dhaka hospital of icddr,b

Method: During May 2014 through August 2014 we prospectively followed up 90 children aged 6-59 months suffering from SAM. These children, after receiving their acute phase treatment from the Dhaka hospital of icddr,b, Bangladesh did not undergo NR due to refusal from their mothers/caregivers. For them, three follow-up schedules were set. The children were followed up - the first follow up was made over phone after two weeks; the second one after four weeks, when the mothers/caregivers were asked to come physically with the children at the nutrition follow up unit; and the third follow up was conducted again over phone after six weeks of discharge.

Result: The mean±SD age of the children were 15.4±4.2 months, among them 84% were severely wasted and 16% were edematous malnutrition. We were able to reach 70 children over phone for the 1st follow up and 37 (53%) of them had history of different types of morbidities. Common morbidities were fever (30%), diarrhea (21%) and cough (21%). Only 7 children came for the 2nd follow and all of them needed to be hospitalized for their morbidities. On 3rd follow up 58 (64%) subjects could be reached over phone and 23 (40%) of them reported for some morbidities, among them 8 were admitted in the hospital. However, only one patient died during hospitalization. We looked for different associated factors of morbidities in these children and found that odds of morbidities were 7.7 times higher (95% CI: 2.33-26.58, p<0.0001) among the children came from poor family (monthly income < USD\$127).

Conclusion: Children with SAM bypassing the nutritional rehabilitation phase frequently suffer from different types of morbidities. Poor economic status is a triggering factor for their repeated morbidities. They need appropriate treatment including their nutritional rehabilitation phase, which usually done in a nutrition rehabilitation unit or in the community if appropriate therapeutic food is available.

Key Words:

Malnutrition; severe acute malnutrition; nutritional rehabilitation; pneumonia; diarrhea; therapeutic food