Why have mortality rates for severe malnutrition remained so high?

During food emergencies, agencies often have to decide at what point Therapeutic Feeding Programmes (TFPs) should be closed. An important element to consider is the capacity of local health structures to treat severely malnourished children after closure. Recent research at the Centre for Human Nutrition in the LSHTM is relevant to those facing these types of decisions in emergency situations.

The work looked at case management in hospitals and nutritional rehabilitation units. It showed that the case fatality from severe malnutrition in these health structures has remained unchanged over this period and is typically 20-30% with the highest levels (50-60%) being among those with oedematous malnutrition.

The review concluded that a likely cause of this continuing high mortality is faulty case-management. A survey of treatment centres world-wide (n=79) showed that for acutely ill children, inappropriate diets that are high in protein, energy and sodium and low in micronutrients are commonplace. Practices that could have fatal consequences such as prescribing diuretics for oedema, were also found to be widespread. Evidence of outmoded and conflicting teaching manuals also emerged. Since low mortality levels from malnutrition can be achieved using appropriate treatment regimens, the study concluded that updated treatment guidelines need to be implemented as part of a comprehensive training programme. These guidelines need to be practical and prescriptive rather than descriptive.

As a result, the LSHTM research team have developed brief guidelines on the 10 essential steps in the care of severely malnourished children (Child Health Dialogue 2nd and 3rd quarter 1996, Double issues 3 and 4). Information about these 10 steps will be accessible through a web site. The next phase of the project is to develop teaching material in the form of slide sets and handbooks and videos and to follow this up by establishing training courses.

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