Ready to use therapeutic food for treatment of marasmus

Summary of published letter

Severely malnourished child eats crude porridge mix before the development of specialised therapeutic foods. Chad '85

The second edition of field exchange carried a short piece on the development of a ready to use therapeutic food (RUTF) referred to then as Therapeutic Spread for the treatment of marasmus. This product was developed as a substitute for F100 to be used where unhygienic conditions created a risk of F100 becoming contaminated. F100 which contains dried skimmed milk is ideal for bacterial growth and therefore has to be prepared before each meal and used by experienced staff. In certain settings proper use of F100 may not always be feasible or advisable. The RTUF substitute, which was developed in France, complies with the F100 formula except that part of the Dried Skimmed Milk (DSM) has been replaced with lactoserum and groundnut paste. This eliminates the need for dilution with water. Tests showed that bacteria failed to grow on this product.

A recent letter in the Lancet gives the results of a study by ACF and the Chadian ministry of health on 20 severely malnourished children (<70% weight for height and over 12 months of age) without oedema fed with RUTF. The primary aim of the study was to determine whether children consumed the appropriate amounts of energy during this phase of their recovery. The children were only included in the study after they had been gaining weight rapidly for at least three days on F100. During the study alternative F100 feeds were replaced by the RUTF. Children were fed by their mothers who were asked not to 'force feed' the child. The study found that the caloric intake with the combined feed was the same as when the children were exclusively fed F100.

The researchers concluded that RUTF might be useful in contaminated environments or where residential management is not possible, e.g. during a war or disaster. It might also be useful for treatment at home or in centres without a kitchen. The use of RUTF could increase cost-effectiveness and coverage of nutrition rehabilitation programmes. However, the authors caution that RTUF has not been tested in infants (in whom an assured water intake is more critical) or in cases of oedematous malnutrition, and may not be appropriate for
children with infection. Thus, wide promotion of this new diet is premature in settings where the use of standard protocols is possible. Nonetheless, the bottom line is that RTUF does appear to obviate problems of quality control and bacterial contamination.


Taken from Field Exchange 8

www.ennonline.net/fex/8/ready

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