

SAFETY OF USING MID-UPPER ARM CIRCUMFERENCE
AS A DISCHARGE CRITERION IN COMMUNITY BASED
MANAGEMENT OF SEVERE ACUTE MALNUTRITION

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Background

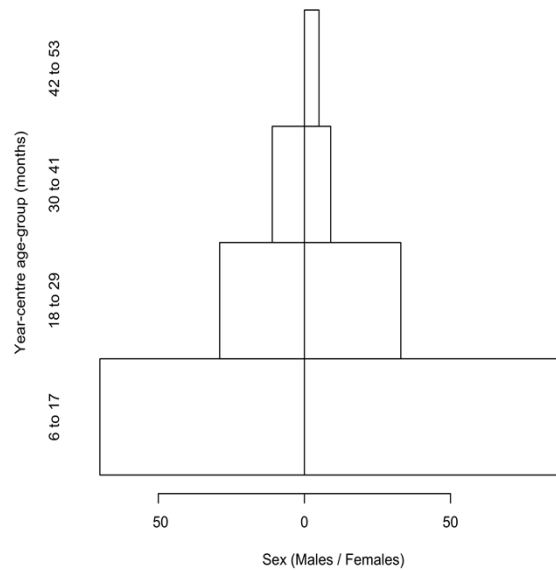
- MUAC accepted criterion for admission to therapeutic care
- Studies showed MUAC responds to treatment similarly to weight
- 2008 Washington Conference suggested MUAC may be safe for monitoring and discharge . Data suggested similar LOS as for proportional weight gain or WFH thresholds
- 2009 Proportional weight gain (WHO / UNICEF Joint Statement)
- Problems with proportional weight gain criterion in that most malnourished receive the least treatment

Methodology

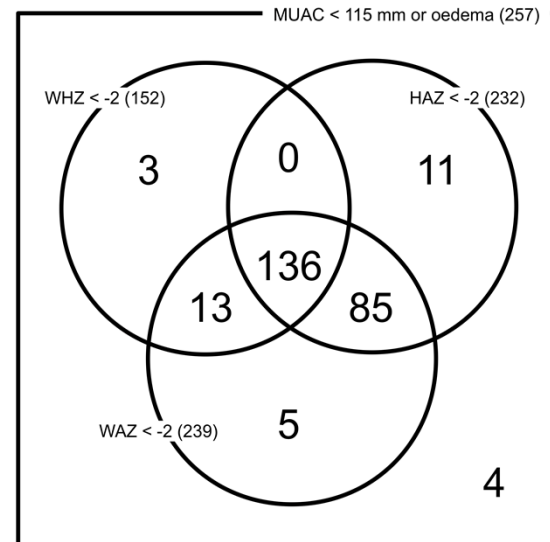
- Subjects aged 6-59 months with MUAC <115mm in OTP
- Total of 5 DHO Health Centres in Lilongwe District, Malawi
- Treatment according to National Guidelines
- Discharged at MUAC \geq 125mm (2 consecutive occasions)
- Community follow up every 2 weeks for 3 months post discharge

COHORT PROFILE

Age / Sex profile



Anthropometric profile



TREATMENT GIVEN

Treatment	Value	Percentage
RUTF	257	(100%)
Vitamin A	203	(79.0%)
Antimicrobials	238	(92.6%)
Anthelmintics	108	(67.1%)
Antimalarials	82	(31.9%)
Received full CMAM protocol	168	(65.1%)
Referred for inpatient care	35	(13.5%)

FLOW DIAGRAM OF STUDY COHORT

257 Enrolled in study

Outcomes

163 Cured

36 Defaulted

10 Died

48 Non-cured

8 Exclusions in follow-up

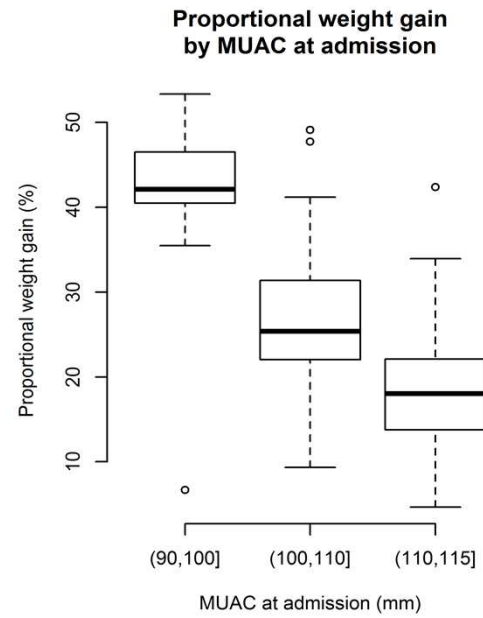
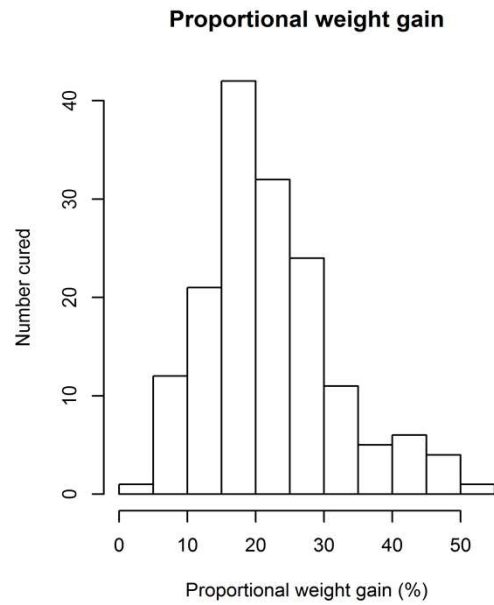
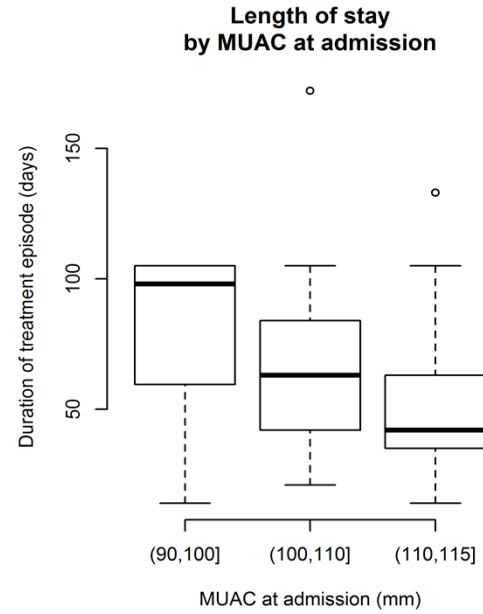
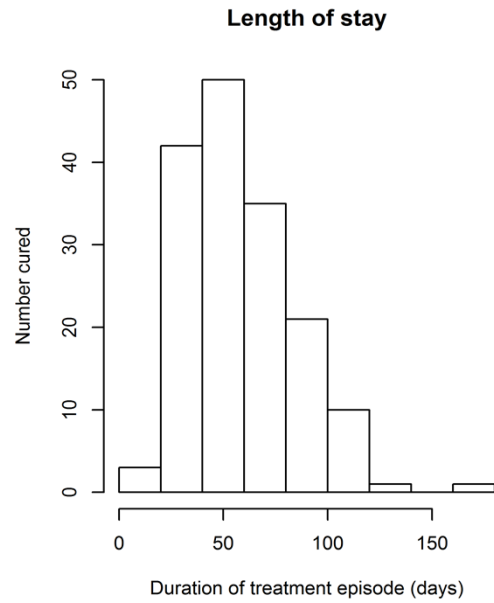
2 Follow-up discontinued (site closure)

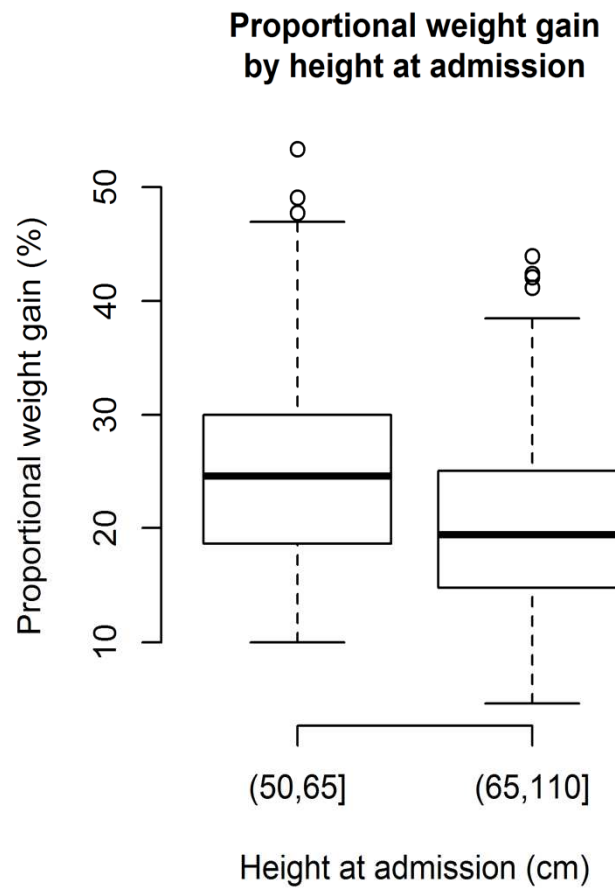
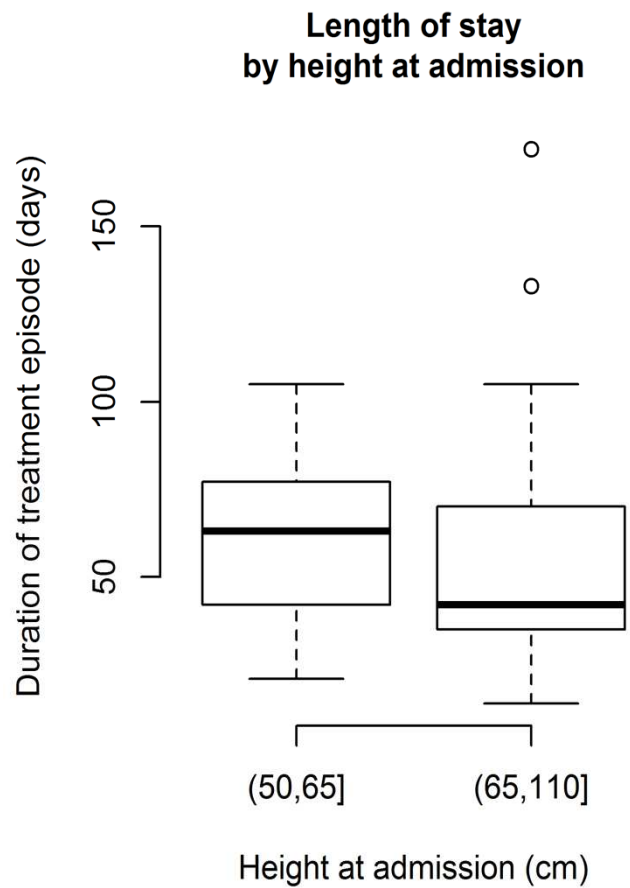
3 moved to another district

2 Not traceable (at given address)

1 Lost to follow up

155 Followed up in community





STUDY OUTCOMES

Safety of MUAC discharge

Study Standard:	< 10% total deaths and relapse
Deaths:	1.3%
Relapse	1.9%
Tot. Neg. outcome	3.2% (p = 0.0013)

CONCLUSIONS

- MUAC discharge criterion improves upon proportional weight gain. Most malnourished receive most treatment.
- Discharge @ $\geq 125\text{mm}$ represents a safe discharge criterion (minimal negative outcomes at 3 months post-discharge from OTP)

END

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