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Follow-up between 6 and 24 months after discharge from treatment for severe acute malnutrition in children aged 6-59 months: A systematic review

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Severe acute malnutrition (SAM) is a major global health problem estimated to affect 16.9 million children under 5. 6-24 months post-discharge is uniquely vulnerable period that, until now, has fallen through the gap between 12-week follow-up from supplementary feeding programs and research on the long-term effects of early life nutrition on adult health. Embase, Global Health and MEDLINE were systematically searched with terms related to SAM, nutritional intervention and follow-up between June and August 2017. Studies were selected if they included children who have had received a therapeutic feeding intervention and presented any outcome from follow-up between 6 and 24 months later. A total of 3,691 articles were retrieved from the search, 55 full-texts were screened and seven met the inclusion criteria to be included in the review. Loss-to-follow-up, mortality, relapse, morbidity and anthropometry were outcomes reported. Between 45.1% and 0.0% of cohorts was lost-to-follow-up. Mortality ranged from 10.4% to 0.6% at an average of 12 months after-discharge. Two studies reported improvement of weight-for-height from discharge to follow-up at 12-months, whilst the three studies that reported height-for-age found either limited or no improvement. The scarcity of follow-up studies, significant heterogeneity of included studies and an overall high risk of bias equate to an urgent need for further follow-up studies investigating a diverse range of outcomes, using control groups and streamlined admission and discharge criteria. Our focus must shift to look beyond anthropometric definitions of recovery, as recovered children remain vulnerable to adverse outcomes after discharge from SAM treatment.

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