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## Assessment of general characteristics of children according to anorexia status

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**Aim:** Determination of general socio-demographic and disease symptoms of children who applied to polyclinic with complaints of loss of appetite in the study and to show growth-development performance.

**Material & Methods:** All subjects (n=198) who did not have acute infection and gastrointestinal system disease, had at least one-month loss of appetite and volunteered to participate in the study between 01.02.2015-01.08.2015 were included in the study. Relative weighing values of patients according to age were recorded in kilograms per centile. Three categorizations were made according to the 3-day diet list requested by the children's anorexia-status family and the evaluation of the questionnaire forms (true appetite=insufficient calorie intake, normal=adequate balanced calorie intake, selective appetite=adequate-calorie intake, unbalanced diet). At the end of the study, it was determined by Chi-square analysis whether the other characteristics of the children changed according to the loss of appetite.

**Results:** It was determined that the loss of appetite in the study did not show a statistically significant change according to sex (p=0.085) but the selective anorexia rate (43%) was higher in girls than in boys (29.4%). Significant differences were found between the level of income in the study (P=0.003), maternal working status (P=0.040), serum 25OH-Ditamin levels (P<0.001), Percentile (P<0.001) and Relative weighing (P<0.001). As a result of the study, children with lower income levels and those with non-working mothers found a higher rate of loss of appetite. In addition, body weight percentile and relative weighing values by age were lower in children without real appetite. Again, patients with serum 25OH-Dvitamin levels <15 mg/dL had a higher rate of loss of appetite. It has been found that there is no significant effect of factors such as family structure, lack of appetite in family and who is fed by the individual (P>0.05).

**Conclusion:** In childhood, the proportion of normal children who apply for a doctor due to loss of appetite and eating problems varies between 20-35%. In this sense, the patients with close to the lower limit of the normal percentage and relative weight loss with respect to growth retardation, an important result of loss of appetite, should be followed closely. In addition, suggestions should be made in terms of balanced nutrition and nutritional behavior of patients with selective appetite.

### Biography

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