

# Redefining pediatric malnutrition to improve treatment

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In recent years, an effort has been underway to redefine malnutrition in pediatric patients to include both the acute clinical population and the more traditional ambulatory populations. Identifying and treating malnutrition in pediatric patients is important from an acute standpoint and to ensure that children have enough nutrition to reach optimal final height and development.

Pediatric malnutrition in the clinical setting was recently defined by the Academy of Nutrition and Dietetics and A.S.P.E.N. as "an imbalance between nutrient requirements and intake that results in cumulative deficits of energy, protein or micronutrients that may negatively affect growth, development and other relevant outcomes." This revised definition includes evaluation of patients based on five domains: anthropometrics, growth, chronicity, etiology, and impact on functional status.

A new article, published today in *Nutrition in Clinical Practice (NCP)*, a peer-reviewed, interdisciplinary journal of the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) that publishes articles about the scientific basis and clinical application of nutrition and nutrition support, reviews the new definition of pediatric malnutrition; identifies populations where the new guidelines can be problematic in [clinical practice](#); and describes the implementation of a malnutrition identification program within a large tertiary care children's hospital.

Malnutrition is an ongoing problem among chronically ill hospitalized

[pediatric patients](#). However, it is only diagnosed in approximately four percent of patients despite prevalence rates reported between 24 and 50 percent worldwide. Malnourished infants and children younger than five years of age are at an increased risk of death from common childhood illnesses as compared to non-malnourished infants and children of the same age.

The diagnosis of pediatric malnutrition has typically focused solely on assessing anthropometrics such as weight, length/height, or head circumference. In hospitalized children, the assessment of malnutrition is much more complex than in adults and involves anthropometrics and poor or stagnant growth. Children can also experience many illness-related factors contributing to malnutrition such as inflammation, [nutrient losses](#), increased energy expenditure, decreased [nutrient intake](#), or altered nutrient use. These confounding variables need to be considered in the assessment of pediatric [malnutrition](#).

Provided by American Society for Parenteral and Enteral Nutrition

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