

International Conference on

Pediatric Nutrition

August 01-02, 2016 New Orleans, USA

Real food through the tube renewed interest in an old feeding strategy

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For most of human history, attempts to feed individuals unable to eat by mouth utilized blended whole foods as the feeding substrate. In the late 20th century health care providers abandoned blended food tube feeding (BFTF) in favor of commercial formulas due to concerns of high bacterial loads, clogged tubes and unknown nutrient composition. Advances in surgical procedures, improved tubing and pumps, medical plan cost coverage and a myriad of standard and disease-specific formulas has made BFTF practically a relic in nutrition support until recently. Although commercial formulas are easy to administer and typically well tolerated, a subset of the population experiences tube feeding intolerance unresponsive to standard interventions and others desire a more physiologic feeding including parents of tube fed children. Scant evidence demonstrates BFTF alleviates tube feeding intolerance and may advance oral feeding in children. We surveyed registered dietitians/nutritionists (RDN) working with tube fed children about their experiences with BFTF in clinical practice. In this convenience sample (N=244), nearly 58% reported they use and recommend BFTF when patient selection criteria are met. Twenty eight percent were familiar with BFTF but wanted more information and 12% did not use or recommend it due to previously identified concerns or lack of ability to follow up with families. Among RDNs who use it, nearly 80% percent reported overall positive outcomes and 70% cited parent request as the most common initiator. Younger RDNs had less experience and wanted more information on BFTF compared to older RDNs. Basic information and suggested resources are identified.

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Prevalence and risk factors of allergic sensitization to common food and inhalant allergens among adolescents from Cuenca and Santa Isabel-Ecuador

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Allergic diseases, major public health problem, are the result of composite interaction of both genetic and environmental factors. Little is known on the prevalence and risk factors of allergic sensitizations among Ecuadorian adolescents. This study tries to determine the prevalence of allergic sensitization to food and inhalant allergens among adolescents attending basic schools of Cuenca and Santa Isabel, Ecuador. Adolescents 11-19 years attending different schools in two cantons of Azuay province Ecuador. Skin prick tests with both food and inhalant allergens were administered to determine the allergic sensitization. Standardized questionnaires were employed to both adolescents and their parents to assess potential risk factors. 1457 adolescents underwent SPT to a predefined panel of allergens. The prevalence of allergic sensitization was 64.2% with only slight difference between Cuenca and Santa Isabel (65.4% vs 61.4%, $p=0.14$). The most common positive skin reactivity test was to *D pteronyssinus* (36%) and *D farinae* (34.5%) (house dust mites) and *blomia tropicalis* (25.3%). The bivariate analysis revealed that adolescents from Cuenca were more of male participants, economically better off ($p<0.001$), have more smoking mothers ($p=0.001$), lower chance of living in farm in direct contact with animals ($p<0.001$), higher farm visit during first year of life (0.001), higher maternal and paternal education levels ($P<0.001$) and have higher day care attendance (<0.001). Farm visit during 1st year of life was a protective factor against allergic sensitization (OR=0.64, $p=0.025$). Whereas higher maternal education level (OR=1.76, $p=0.012$) and paternal history of physician diagnosed animal wool allergy (OR=2.49, $p=0.031$) were the only predictors which were significantly associated with atopy development. The prevalence of allergic sensitization was found to be high in Ecuador giving alert that atopy and allergic disease are not only the major public health problem of western and developed countries.

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