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Perspective

Nutritional Status of Children with CNS Diseases

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ABOUT THE STUDY

The nutrition of children and adolescents is very important for their physical and mental development. This group is most vulnerable to the adverse effects of improper nutrition. A proper diet can also help reduce the risk of developing civilization diseases in adulthood such as obesity, atherosclerosis, type 2 diabetes, allergies, cancer and mild diseases. According to the European Society for Clinical Nutrition and Metabolism (ESPEN), malnutrition is associated with inadequate food supply or malnutrition, causing changes in body composition, physical and mental disorders, and impairing the outcome of underlying diseases. This is the most common cause of stunting in childhood. Early detection of malnutrition is very important in developmental geriatrics due to the continued development of young organisms.

Children with CNS disorders are a special group of patients at risk of malnutrition. This is due to progressive weight loss caused by body fat, muscle loss, and a decrease in body mass index (BMI). In addition, growth disorder in children with neurological disorders is affected by non-dietary factors such as the type and severity of damage to the nervous system, mobility, and mental capacity. Damage to the nervous system of children with oral dysphagia or gastroesophageal reflux disease makes it difficult to correctly assess nutritional needs and thus progressive malnutrition and growth. Children with neuropathy are generally shorter, weigh less, and rarely reach the third percentile than healthy children. The prevalence of malnutrition increases with age. However, a small percentage of children (8-14%) may be overweight.

Malnutrition is a common problem in hospitalized children with central nervous system disorders. This can be due to neuropathy, nutritional deficits, and inadequate calorie intake. Patient immobilization, neurological disorders them, and their metabolic consequences are factors that perpetuate malnutrition. Knowledge of causes, symptoms, how to diagnose malnutrition, and effective treatments are key to successful treatment. In the case of anemia and iron deficiency, it is necessary to consider the concentration of ferritin involved in the iron storage in the body. In our own study, abnormal ferritin levels were observed in 18% of children. Hillesund reported similar results, and his study of nutritional status in children with cerebral palsy based on micronutrient content in the body showed reduced ferritin levels in 13% of patients. Malnourished children with CNS injuries can usually be assumed to have normal levels of hemoglobin and ferritin. A small proportion of these children have been diagnosed with iron deficiency anemia.

Considering the type of diet and the amount of calories in the diet, more than half of the children were orally ingested and 40% were orally ingested, whereas those with proper calorie management received proper calorie control. It was less than half. Other studies have shown that children with neuropathy have too low a calorie content in their diet. In addition, abnormal caloric content in the diet was reported in half of the children studied. To better assess existing disorders, we examined selected anthropometric and biochemical parameters in a group of children with CNS injury.

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