



Malnutrition in Refractory Convulsive Status Epilepticus

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ABOUT THE STUDY

To take a look at the risk factor and analysis of malnutrition in patients with refractory convulsive status epilepticus. A overall of seventy three patients with refractory convulsive epileptic status in West China Hospital from January 2017 to May 2019 have been collected. All patients met the 2016 International Anti-epileptic Alliance diagnostic standards for refractory convulsive status epilepticus. A logistic regression version become used to assess the risk factor of malnutrition in refractory convulsive status epilepticus.

Convulsive status epilepticus is one of the most common critical and extreme neurological diseases. Its most important function is non-stop epileptic seizure, with excessive incapacity and at the same time as refractory convulsive status epilepticus (RCSE) has better hassle. Previous research have proven that RCSE calls for intravenous injection of narcotic tablets after ordinary remedy for patients with convulsive status epilepticus, accounting for 23%-48% of convulsive status epilepticus. The fatality charge is as excessive as 23%-61%, that is three instances as excessive as that of nonrefractory convulsive status epilepticus. Malnutrition is a not common hassle for the duration of the hospitalization of patients with RCSE and can be associated with bad analysis. Malnutrition is generally described as malnutrition as a result of inadequate consumption, bad absorption or immoderate lack of nutrients, ensuing in bodily and intellectual purposeful defects.

During hospitalization, despite the fact that RCSE patients acquired dietary support, diverse dietary parameters nevertheless confirmed downward trends. The malnutrition prices have been 9.59% on the time of admission and 45.21% on the time of discharge on this take a look at. At present, there's no universally

frequent definition of malnutrition, and there's no gold general for nutrients assessment. Previous research have observed that serum albumin is the maximum extensive indicator to mirror dietary status and is frequently used to evaluate dietary status, however the half-lifestyles is tremendously long, about 14-20 days.

In RCSE patients who rapid because of attention disorder, gastrointestinal hemodynamics is affected because of loss of meals stimulation, and gastrointestinal digestion and absorption feature weaken or maybe disappear; thus, malnutrition happens because of bad nutrient absorption. When gastrointestinal dynamics are weakened, it is able to result in a growth in gastrointestinal pressure, coupled with harm to the gastrointestinal mucosal shape as a result of ischemia. A big quantity of microorganism and pollutants in gastrointestinal tract can input the blood, inflicting systemic contamination and poisoning symptoms, stressful the body's electricity intake and main to malnutrition.

The longer the stay in the hospital is, the much more likely the patients are to be afflicted by nosocomial contamination, bedsores, gastrointestinal hemorrhage and different complications; moreover, the dietary consumption for the duration of hospitalization is worse than that once discharge. The weight loss plan frequent via way of means of nasal-feeding patients is in particular a liquid weight loss plan, together with protein powder, rice flour, etc., which incorporates a excessive threat of diarrhea. The threat of malnutrition for the duration of hospitalization in RCSE patients is 45.21%. Malnutrition, nasal feeding and hospitalization days are risk factor for malnutrition. Malnourished patients at admission are much more likely to increase malnutrition for the duration of hospitalization, and early intervention is needed for those patients.

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