



## Effect of Nutritional Deficiencies in Children and Adolescents

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### DESCRIPTION

Despite recent improvements in global income related poverty, malnutrition remains common. Iron, vitamin A, folic acid and zinc deficits are common in children globally, especially in low income countries. Throughout the life cycle, micronutrient deficiency has an impact on health, function and physical and cognitive development. Nutritional deficits have been linked to a variety of diseases and morbid states. Birth abnormalities, delays in physical and cognitive development, a higher risk of infectious illnesses and a higher likelihood of poor adult health are just a few examples. Over two-thirds of all deaths in young children around the world are due to nutritional deficiencies.

The identification of important nutrients and their roles in illness prevention has aided in the reduction of nutritional deficiency diseases like as goitre, rickets and pellagra in many countries, including the United States, Canada, Europe and third world countries. In Israel, a country with a significant immigrant population and a big proportion of the people living in poverty, unemployment is rather high and the population is ageing. These factors contribute to a relatively high prevalence of essential nutrient deficiencies in many sections of the Israel population, such as iron deficiency anaemia, goitre and vitamin D deficiency. In the Israel population, low vitamin B12 levels, low folic acid levels and hence high homocysteine levels, as well as an elevated risk of coronary heart disease, have been reported. Israel's regulatory authorities have been planning to implement food fortification for years. Few of the nutrients are needed to be used and many are used by local enterprises on a voluntary basis.

Children's eating habits have evolved over the last few decades and they now consume too much fat, particularly saturated fats, as well as sugary beverages. They don't eat enough fruits and vegetables and as a result, they don't get enough fibre. Milk, cheese, meat, vegetables and fruits are consumed in smaller amounts by most pupils from low income families. Only few children can eat the required quantity of fruits and vegetables each day. Children's calcium and iron consumption is similarly

low. One of the main causes of obesity in children is the use of huge volumes of sugary soft drinks. Obesity coronary heart disease, type 2 diabetes, stroke, cancer and osteoporosis are all chronic long term health concerns that can be prevented by addressing dietary and exercise inadequacies. Calcium, fibre, folate, iron, magnesium, potassium and vitamin E are the most prevalent nutrient deficiencies among schoolchildren. Iron and vitamin D deficits are the two most prevalent deficiencies detected in healthy children. Stunting (energy, protein and zinc), rickets (vitamin D) and other bone deformities are all symptoms of traditional nutrient shortages (copper, zinc, vitamin C).

Iron deficiency anaemia has become well known as a public health issue in recent years, both in developing and industrialized countries and has gotten a lot of attention from the World Health Organization (WHO). Vitamin D insufficiency and osteoporosis are frequent in northern regions, although they can also occur in sunny places like Israel, Australia and southern Europe. It is particularly common among the elderly, veiled, dark-skinned and other at risk demographic groups, who are also frequently advised to avoid sunlight to avoid skin cancer.

Since salt has been iodinated, the prevalence of endemic goitre and other iodine deficits has decreased. Zinc deficiency in animals causes growth inhibition and decreased food intake. Malnutrition causes neurocognitive deficiencies, which lead to persistent externalising behaviour difficulties throughout children and adolescence. The addressing of early malnutrition may aid in the reduction of antisocial and aggressive behaviour later in life.

Several deficiencies in adolescents have been identified, including iron deficiency (particularly in athletes) and vitamin D, calcium, phosphorus, magnesium and zinc deficits. Toddlers and teenagers in Israel, like those in other Western countries, use "energy drinks" which can lead to vitamin D and iron deficiency. Children from central Israel had low bone density due to lack of calcium in their diet. Iron insufficiency and vitamin B12 deficiency were found in overweight children.

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