

New study on severe malnutrition breaks the myth that management with RUTF is a miracle

New Delhi. 15 July 12, 2017. A new study has been published today in the 'Indian Pediatrics' on "Survival and recovery in severe malnutrition ". It was done with the objective to evaluate recovery and survival of severely wasted children in an area without a formal treatment programme like community management of acute malnutrition (CMAM).

The study was carried out in two rural blocks of Uttar Pradesh, in Meerut district, an area having poor indicators of health and nutrition. Out of 18463 children under five were clinically examined and prevalence of severe wasting (weight height <-3Z) was found to be 2.2%. These 409 children with severe wasting were followed up for survival and repeat anthropometry. Parents and caregivers of severely wasted children were given appropriate nutrition counseling by the project staff and referred to nearest PHC. There was no special CMAM programme for such children in the UP.

Of the 409 children identified who were diagnosed as SAM, 55% were between 6 to 24 months. Unemployed or unskilled labourers headed half the households with SAM children.

In this study on 409 children only 11 children died during 1 to 7.4 months follow up. This resulted in a low case fatality rate of 2.7 percent, while the earlier perception is that these mortality rates are very high (30-50%). According to the authors, such perceptions of mortality risks of untreated severely wasted children have been drawn from studies that are 2 to 4 decades old. This study breaks the myth that severe acute malnutrition carries a very high risk of mortality in South Asia; this myth has been projected nationwide and [globally](#).

Based on this perception of high mortality risk, community-based management is being [vigorously advocated](#) as a lifesaving intervention for children with uncomplicated Severe Acute Malnutrition (SAM), which includes providing specially formulated diet like ready to use therapeutic food (RUTF). This intervention has been under cloud due to [lack of robust evidence](#) for its use, its [cost](#) and the [risk of commercialization](#). A few State Governments in India have been conducting trials. According to one GOI communication, Rajasthan is implementing a trial of on CMAM where treatment using ready to use therapeutic food called Energy Dense Nutritional Supplement (EDNS) was undertaken; it is reported to cost INR 11584 per child.

Maharashtra is another state that has [announced its intention](#) to use 'three packets a day' of RUTF for such children at cost of INR 75 per child per day.

Among those who died, the researchers found out that younger the age; the higher is the risk of death. Among survivors, nutritional status of children improved with longer follow-up. Overall in

this study 1.2% children died within one month and 2.7% within 7.4 months, and spontaneous recovery occurred with only 30% remaining severely wasted.

Dr. H.P.S. Sachdev, the lead author of the study stated, "The lower recovery rates than African settings, particularly after cessation of treatment phase (demonstrated in the large three center trial from Delhi, Rajasthan and Tamil Nadu) and our data suggest that the benefits of investing in community-based management of severe wasting in India are considerably overestimated. Extreme thinness in Indian children could have a different biological and social perspective than in African regions prone to periodic food insecurity."

Said Dr. Arun Gupta, convener of NAPI, " The results of this study raise concerns on the scaling up of CMAM with RUTFs and calls for a clear policy for this problem which is evidence based" He also said that states should instead focus on investigation for the real numbers of SAM and mortality risks.

According to the former Health Secretary Sh. Keshav Deisraju, "This study adds important evidence for decision making on use of RUTFs. Children with Severe Acute Malnutrition need urgent and immediate interventions, which could include nutritional support as a supplementary measure. The more important, if longer term, solution is much greater investment in the prevention of malnutrition with sustainable solutions and development."

Nutrition Advocacy in Public Interest – NAPI¹

<http://www.napiindia.in>

Contacts:

Prof HPS Sachdev hpssachdev@gmail.com 98101 04400

Dr. JP Dadhich jpdadhich@bpni.org 98739 26751

¹ NAPI

A national think tank on nutrition –consisting of independent experts in epidemiology, human nutrition, community nutrition and pediatrics, medical education, administration and management; having decades of experience in respective fields; has come together to advocate on nutrition policy in public interest.