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Prevalence of overweight and obesity among school age children in kurdistan region/IRAQ

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Background and aims: The Prevalence of child obesity is increasing rapidly worldwide. It is believed that childhood obesity can lead to adulthood obesity. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem. It is also associated with several risk factors for later heart disease and other chronic diseases including hyperlipidaemia, hyperinsulinemia, hypertension, and early atherosclerosis.

Aims: Determine the prevalence of overweight and obesity in school aged children.

Methods: A cross-sectional study was conducted among 2009 school aged 10 -17 years old children in Duhok and Erbil cities/ Iraq. Multistage sampling method used (Stratified sampling then Simple random sampling in phase two and three). The data were collected from 5th Februarys 2012 to 10th July 2012 using a self-administered, pretested questionnaire. Anthropometric measures were taken in schools; BMI was calculated for each child as the ratio of weight (kg) to height (m) squared (kg/m²). All measurements were performed twice depended on CDC data. Children were classified as follows: <5th percentile underweight, 5th percentile to < 85th percentile Healthy weight, 85th percentile to < 95th percentile overweight and ≥95th percentile considered obese.

Results: The overall prevalence of overweight and obesity were 15.2 % and 12.1%, respectively. Prevalence of obesity was higher among male, from Erbil, physically inactive & those with positive family history of overweight and obesity.

Conclusions: Based on the study results, it is recommended that weight, height and BMI should be assessed regularly in children and adolescents to identify individuals at risk

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Human albumin infusions in neonates with gastroschisis in a tertiary government hospital: Practices and outcomes

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Objectives: The varying conclusions regarding the utility of albumin in improving outcomes have precluded the consistent use of albumin infusions in gastroschisis. This study aimed to determine the association of albumin infusion and mortality among neonates with gastroschisis admitted in a tertiary government hospital.

Methodology: This was a retrospective cohort study on neonates with gastroschisis admitted from January 2009 to December 2013. A total of 39 records were reviewed and baseline characteristics were described. An association between albumin infusion status and each of the following outcomes were described: length of hospital stay, incidence of at least one complication and mortality.

Results: The results are comparable to earlier studies in that majority had low birth weights, were early term births to young mothers. Most underwent two-stage repair and had hypo-albuminemia. Most (59%) had albumin infusions given postoperatively. Significant differences were noted between neonates given albumin and those who were not given albumin infusions in terms of hospital stay (median Pearson Chi p-value 0.027) and the incidence of at least one complication (crude odds ratio 13.2, 95%CI 1.25-633.87). There is no significant difference in terms of mortality (crude odds ratio 0.24, 95%CI 0.005-2.58).

Conclusion: Human albumin infusion was significantly associated with increased length of hospital stay and higher incidence of at least 1 complication, but with no significant decrease in mortality. However, the small number of data limits further analysis for confounders and modifiers. Larger prospective studies are recommended to further describe these associations.

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