

Nutrition in Paediatrics

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Nutrition in Paediatrics

- The goals of nutrition in paediatrics are:
 - Securing sufficient energy for the immediate use of the body
 - Securing enough nutrition for the growth and the development of a child
 - Prevention of nutrition deficiencies



Basic Components of Nutrition

- Water:
 - Water makes up 75 – 80% of an infant's body weight
 - In comparison, the percentage of water in adults is 55 – 60%
 - The daily requirements of water in children is higher compared with adults
 - Daily requirement of water in an infant is 10 – 15% of his weight, while it is only 2 – 4% in adults



Basic Components of Nutrition

- Energy:
 - Energy requirements in children differ depending on the age and physical activity
 - In children between 6- and 12-years energy is spent:
 - Basal metabolism ~ 50%
 - Growth ~ 12%
 - Physical activity ~ 25%
 - Loss of energy with the stools ~ 8%



Basic Components of Nutrition

- Energy:
 - Daily energy requirement in the first year of life is 80 – 120 kcal/kg
 - It decreases by 10 kcal/kg for each 3 years of life until reaching adult energy requirements



Basic Components of Nutrition

- The basic sources of food are:
 - Proteins
 - Sugars
 - Fats
- Ideal composition of food intake:
 - Proteins ~ 9 – 15%
 - Sugars ~ 45 – 55%
 - Fats ~ 35 – 45%



Basic Components of Nutrition

- Energy content in nutrients:
 - 1 g of proteins = 4 kcal
 - 1 g of sugars = 4 kcal
 - 1 g of fats = 9 kcal



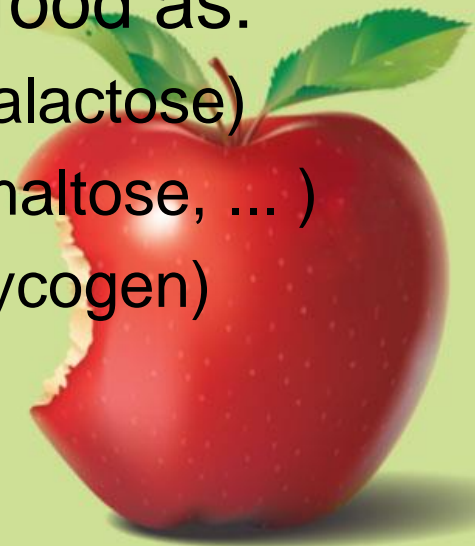
Basic Components of Nutrition

- Proteins:
 - Proteins make 25% of adult body weight
 - They are built from a combination of 24 amino acids
 - 9 amino acids are essential:
 - The body cannot build them again



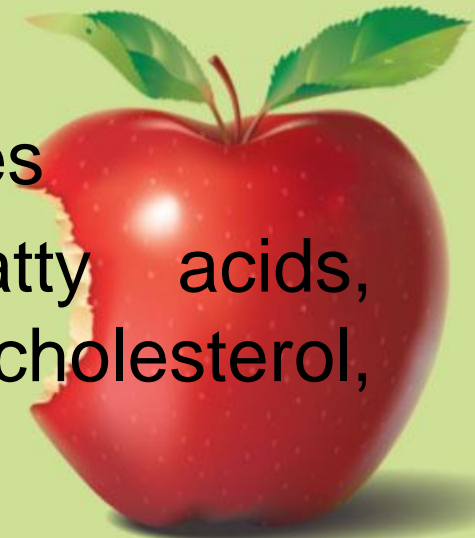
Basic Components of Nutrition

- Sugars:
 - Sugars are an essential source of energy
 - Reservoirs of sugar make only 1% of body weight
 - Sugars are stored in the body as glycogen
 - Sugars are contained in children's food as:
 - Monosaccharide (glucose, fructose, galactose)
 - Disaccharides (lactose, saccharose, maltose, ...)
 - Polysaccharides (starch, dextrans, glycogen)



Basic Components of Nutrition

- Fats:
 - Fats are an important energy source
 - Fats and their metabolites are important for the structure of cell walls
 - Fats increase the taste of foods
 - Fats help in transporting fat soluble vitamins (A, D, E, K)
 - 98% of fats in foods are triglycerides
 - 2% are made from free fatty acids, monoglycerides, diglycerides, cholesterol, phospholipids



Nutrition of Newborns and Infants

- Foods received by babies in their first year of life can be divided into:
 - Natural
 - Artificial
 - Mixed
- The highest energy requirements are in the first years of life
- 85 – 90% of energy is used for growth
- 5 – 10% is used for motion and thermoregulation



Natural Nutrition of Newborns and Infants

- The natural and most preferable nutrition method for newborns and small infants is breastfeeding
- Breast glands prepare for lactation during pregnancy
- Milk creation is influenced by estrogens and prolactin
- Oxytocin causes contraction of the ducts and ejection of the milk



Breast Milk

- The first stages of breast milk are called colostrum:
 - Has high density in small volumes
 - Has higher contents of protein and salts
- Colostrum is replaced during the second week of a newborn's life by mature milk



Composition of Breast Milk

- Low concentration of proteins:
 - 1.15 g per 100 ml
 - This amount is sufficient for growth while not overloading for the kidneys
 - Whey to casein ration = 60 : 40
 - Cow's milk in comparison = 20 : 80



Composition of Breast Milk

- Fat makes 55% of breast milk energy
- Fat content is 4 g per 100 ml of mature breast milk
- The content of fat changes even during one breast feeding session!



Composition of Breast Milk

- The only sugar in breast milk is lactose
- Lactose content is 5 – 6 g per 100 ml
- Lactose makes 40% of breast milk energy



Composition of Breast Milk

- Concentration of minerals is low in breast milk in comparison with cow's milk
- Calcium to phosphorus ratio = 2 : 1
 - Making it easy to absorb
- 70 % of breast milk iron is absorbed
 - In comparison, only 10 % are absorbed from cow milk-based formulas
- Iodine is the only mineral with insufficient concentrations in breast milk



Composition of Breast Milk

- Vitamin concentrations depend on the nutrition of the mother
- Under normal circumstances, infants need to be supplemented by vitamins D and K only
 - Vitamin D is given as drops starting the 3rd week of life until 1 year of age
 - Vitamin K is supplemented once a week for 12 weeks
 - Unless it was applied i.m. at the delivery room



Composition of Breast Milk

- Breast milk plays a vital role in the immune system of newborns and young infants:
 - It contains humoral substances (secretory IgA, lactoferrin, lysozyme, oligosaccharides, fatty acids)
 - It contains immune cells (macrophages, lymphocytes, neutrophils)
 - It contains immunoregulatory factors (hormones, growth factors)
 - It contains anti-inflammatory substances



Advantages of Breast Feeding

- For the infant:
 - Decreased incidence of:
 - Diarrhoea
 - Respiratory infections
 - Middle ear infections
 - Urinary tract infections (UTIs)
 - Bacterial meningitis
 - Necrotizing enterocolitis (NEC)
 - Botulism
 - Sudden Infant Death Syndrome (SIDS)
 - Allergic diseases
 - Diabetes mellitus type 1



Advantages of Breast Feeding

- For the mother:
 - Lower amounts of postpartum bleeding
 - More rapid decrease in size of the uterus
 - Development of lactic amenorrhea
 - More rapid return to pre-pregnancy weight
 - Lower risk of breast and ovary cancers
 - Lower risk of hip fractures during menopause



Breastfeeding

- Maternal contraindications of breast feeding:
 - Serious infectious illness (TB, HIV)
 - Serious systemic illness (cardiovascular, chronic kidney insufficiency)
 - Using of certain drugs (chemotherapy, anti-convulsion drugs)
 - Lactic psychosis



Breastfeeding

- Breastfeeding difficulties from the maternal side:
 - Inflammation of the breast
 - Fissures of the nipples
 - Inverted nipples



Breastfeeding

- Breastfeeding difficulties from the infant's side:
 - Absence of suckling reflex
 - Cleft palate
 - Atresia of the choans
- Breastfeeding contraindications from the infant's side:
 - Galactosemia
 - Phenylketonuria



Complimentary Foods in Breastfed Infants

- From the finished 6th month of age, non-milk based complimentary foods are introduced
- Vegetables are introduced first
- Meat and fruits are gradually introduced
- Gluten should be introduced between the finished 4th month and before 1 year of age
- Unmodified cow's milk should not be introduced before 1 year of age



Baby Milk Formulas in Newborns and Infants

- Cow milk protein is the basis for the majority of baby milk formulas
- Unmodified cow milk protein is not suitable for newborns and infants:
 - High amounts of proteins
 - High amounts of salt
 - Low concentration of lactose
- Unmodified cow milk protein should not be introduced before reaching 12 (10) months of age



Baby Milk Formulas in Newborns and Infants

- Cow's milk is modified in a process called adaptation:
 - Decreasing the amounts of proteins
 - Correcting the whey to casein ratio
 - Partial replacement of animal fat with polyunsaturated fatty acids of plant origin
 - Increasing the concentration of lactose
 - Decreasing the amount of salt
 - Increasing the amounts of vitamins and iron



Types of baby milk formula

- Starter formula
- Continuing formula



Starter Formula

- Fully adapted cow's milk
- Usually designated as no. 1
- Suitable until complementary food is introduced
- Can be used for infant feeding till 1 year of age



Continuing Formula

- Not necessarily fully adapted:
 - Have decreased amount of protein
 - Are enriched with vitamins, iron and micronutrients
 - Can be used after the introduction of complimentary foods



Complimentary Foods in Bottle Fed Infants

- Complimentary foods are started after the finished 4th month of life
- Single component vegetables are the first complimentary foods
- Meat and fruits are added gradually
- Gluten should be added into the diet between the finished 4th and before 1 year of life.



Special Baby Milk Formulas

- Are used for:
 - Cow's Milk Protein Allergy
 - Lactose Intolerance
 - Gastroesophageal reflux
- Special conditions:
 - Soy based formulas
 - Other mammal milk formulas



Cow's Milk Protein Allergy

- Cow's milk protein is the first foreign protein that an infant encounters
- Is the most common food induced allergy in children up to 3 years of age
- Affects 1 – 3 % of infants
- 90 % of children manifest symptoms during the first 3 months of life
- Most common allergen is beta-lactoglobulin



Cow's Milk Protein Allergy

Clinical manifestations

- **Gastrointestinal:**
 - 50 – 80 % of affected children
- **Skin related:**
 - 20 – 40 % of affected children
 - Eczema, urticaria
- **Respiratory:**
 - 25 % of affected children
 - Wheezing, coughing, dyspnoea
- **Anaphylaxis:**
 - 7 % of affected children
 - Manifests within minutes from ingestion
 - Oedema of the lips
 - Laryngospasm



Cow's Milk Protein Allergy

- Types of Allergic Reactions:
 - IgE mediated
 - Non-IgE mediated
 - Mixed IgE and non-IgE mediated



Best practice for confirming CMA diagnosis upon suspicion



Breastfed baby



Formula-fed baby
Mild to moderate symptoms



Formula-fed baby
Severe symptoms/anaphylaxis



Continue breastfeeding;
mother should be on a CM-free diet
and calcium for 2-4 weeks



May require extensively hydrolysed
formula (eHF) or hydrolysed rice
formula (HRF) for 2-4 weeks



Amino acid (based) formula
(AAF) for 2-4 weeks

Symptoms improve or disappear

No

- **Good compliance**
Not CMA
- **Doubtful compliance**
Refer patient to dietitian or
nutritionist for reevaluation

**Long-term
management**



Eliminate all CM
sources (refer to
dietitian/nutritionist)

Symptoms improve or disappear

eHF/HRF

Yes

Reintroduction/challenge CM

No symptoms

Not CMA

eHF

No

May not
be CMA

HRF

No

Not CMA

Consider switching to other regimens to confirm



Consider breast milk or eHF/HRF/AAF
(depending on tolerance) for 6 months or
until 9 to 12 months of age

Symptoms improve or disappear

No

Not CMA

Yes

CMA

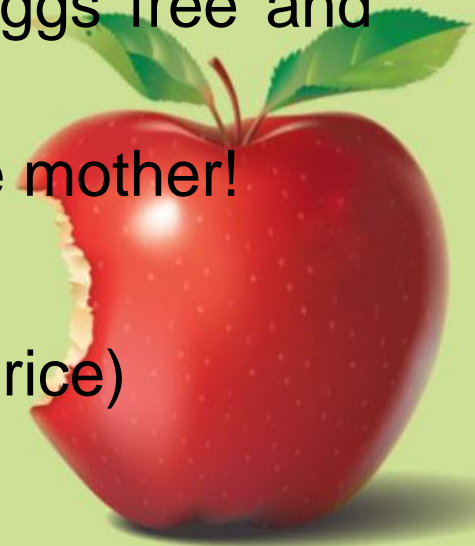


Monitor tolerance
development

To confirm the diagnosis of CMA and avoid overdiagnosis, an oral food challenge test is recommended after a short diagnostic elimination diet

Cow's Milk Protein Allergy Treatment

- Elimination diet without cow milk protein and its products
- Cow's milk substitution:
 - In breastfed infants:
 - Maternal diet: milk free, dairy free, eggs free and soy free
 - Essential substitution of calcium in the mother!
 - In bottle fed infants:
 - Extensive hydrolysates (cow's milk or rice)
 - Amino acid-based formulas



Cow's Milk Protein Allergy Prognosis

- Spontaneous remission by 5 years of age does not exceed 50 %.



Lactose Intolerance

- Primary lactase deficiency:
 - With inborn lactase deficiency:
 - Extremely rare
 - Autosomal recessive inheritance
 - Manifests as severe diarrhoea as soon as the newborn is breast/bottle fed
 - Severe metabolic acidosis, dehydration and failure to thrive develop
 - Can be diagnosed on a molecular genetic basis



Lactose Intolerance

- Late on set primary lactase deficiency:
 - So-called adult hypolactasia
 - Autosomal recessive inheritance
 - Is a physiological decrease in lactase deficiency
 - Affects:
 - 20 – 25 % of Caucasians
 - 80 % of Afro-Americans
 - 100 % of South-East Asians



Lactose Intolerance

- Secondary lactase deficiency:
 - In conditions affecting the gut villi:
 - Chronic diarrhoea
 - Intestinal infections
 - Food allergies
 - Eosinophilic gastroenteritis
 - Chronic intestinal inflammations
 - Coeliac disease
 - Immune deficiencies



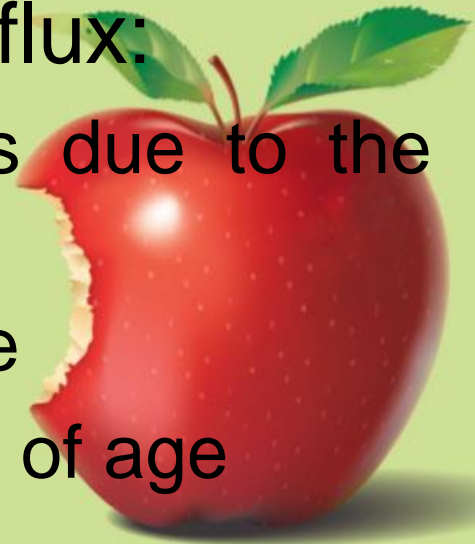
Lactose Intolerance

- Diagnosis:
 - Thin intestine biopsies with measurement of lactase activity
 - Lactose breath test
- Treatment:
 - Low lactose formulas
 - No lactose formulas



Gastroesophageal Reflux

- Gastroesophageal reflux (GER) is involuntary return of gastric content into the oesophagus and in some cases the mouth
- Gastroesophageal reflux disease (GERD) is associated with symptoms due to GER
- Physiological gastroesophageal reflux:
 - Occurs in all newborns and babies due to the immaturity of anti-reflux mechanisms
 - Starts decreasing by 6 months of age
 - Should disappear by 12 – 18 months of age



Anti-Reflux Mechanisms

- Lower oesophageal sphincter (LES)
- Diaphragm surrounding the LES
- Angle of Hiss



Diagnosis of GER

- Clinical presentation in newborns and infants is sufficient
- In some cases pH-metry or MII-pH-metry is indicated



GER Treatment

- Diet changes:
 - In breastfed newborns and infants:
 - Thickening of breast milk: Nutriton
 - Gastrotuss Baby
 - In bottle fed newborns and infants:
 - Anti-reflux baby milk formulas
 - Artificially thickened
 - Designated as AR
 - Gastrotuss Baby



GER Treatment

- Lifestyle modifications:
 - More frequent feeding with lesser amounts
 - Burping of the newborns and infants after feeding
 - Elevated higher half of the body in comparison with the lower while supine



Soy Based Formulas

- Generally, not recommended in newborns and infants:
 - Not suitable for their GIT
 - 60% cross reactivity with cow milk protein
 - Reserved for:
 - Galactosemia historically
 - Children of strict vegans



Other Mammal Milk Based Formulas

- Generally not recommended in newborns and infants:
 - Higher dose of proteins and salts in comparison with cow milk based formulas
 - 80% cross reactivity with cow milk protein



Nutrition in Toddlers and Preschool Children

- Solid foods form the basis of the diet
- A daily intake of 250 – 500 ml of milk and dairy products is recommended
- Diet should be varied, rich in fibre
- Most common mistakes:
 - Monotonous diet
 - Too much sweets, fried foods and sauces
 - Insufficient intake of milk, vegetables and fruits
 - Bad hygiene and eating habits



Diet in Adolescents

- Highest energy intake demands:
 - Increases growth speed
 - Allows the development of bone, muscle and fat tissues
- Experimenting with diet
- Regulation of food intake
- Manifestations of feeding disorders
- Monotonous diet

