Original Article

Determine the Prevalence and Outcomes of Hypoglycemia in Children with

Hypoglycemia in Children with Acute Malnutrition

Severe Acute Malnutrition

Rukhsana Habib, Attaullah Bizenjo, Saima Rayaz and Mohammad Hanif

ABSTRACT

Objective: To examine the incidence rate and outcomes of hypoglycemia in children presented with severe acute malnutrition.

Study Design: Cross-sectional study

Place and Duration of Study: This study was conducted at the Department of Paediatric Medicine Unit 4, Bolan Medical Complex Hospital Quetta from June 2019 to November 2019.

Materials and Methods: Two hundred and five patients of both genders presented with severe acute malnutrition were included. Patients detailed demographic including age, sex and socio-economic status were recorded. Serum glucose level was examined in all the patients. Prevalence of hypoglycemia was recorded. Outcome in term of mortality was examined.

Results: One hundred and twenty (58.64%) patients were males and 85 (41.36%) patients were females. Majority of patients 132 (64.39%) were ages <1 years. Hypoglycemia was found in 40 (19.51%) patients. 32 (15.61%) patients were died among all the patients. Out of 40 hypoglycemic patients 24 (60%) were died and in normoglycemic 8/165 (4.85%) patients were died.

Conclusion: The frequency of hypoglycemia was high in children with severe acute malnutrition. Mortality rate was high in hypoglycemic patients as compared to normoglycemic children.

Kev Words: Severe Acute Malnutrition, Hypoglycemia, Mortality

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INTRODUCTION

Malnutrition includes both under nutrition and over nutrition.1 Under-nutrition is preventable cause of morbidity and mortality among children aged below five years.² Moreover severe malnutrition is one of the reasons of hospital admissions in economically poor.^{3,4} Diarrhea is the second most common life threatening condition worldwide among all infectious diseases in children younger than 5 years.5 Diarrhea and malnutrition are inter-related. Hypoglycemia is usually associated with severe malnutrition and persistent diarrhea.^{6,7} Decreased stores of glycogen, increased peripheral utilization of glucose, and intestinal malabsorption have all been associated hypoglycemia.8

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In children, hypoglycemia resulting from impaired glucogenesis is associated with mortality from infectious diarrhoea regardless of their nutritional status. The major long term sequelae of severe prolonged hypoglycemia are neurological damage resulting in mental retardation, cognitive impairment, neurological deficit and recurrent seizure activity. 9,10 Incidence of hypoglycemia varies with the definition, population, method and timing of feeding, and the type of glucose assay. 11 The age is also helpful in assessing the probable diagnosis of hypoglycemia. The incidence is highest in the immediate post neonatal period. 12

MATERIALS AND METHODS

This observational study was conducted at Department of Paediatric Medicine Unit 4 Bolan Medical Complex Hospital Quetta from 1st June 2019 to 30th November 2019. A total of 205 patients of both genders presented with severe acute malnutrition according to the WHO criteria of severe acute malnutrition. Patients detailed demographic including age, sex and socio-economic status were recorded. Patients with congenital heart disease, renal failure patients, cerebral palsy patients and patients with ages above 2 years were excluded. Blood sample was obtained from all the patients to examine the serum glucose level. Hypoglycemia was defined as serum glucose level <54mg/dl. Complete examination was done. Frequency of hypoglycemia was

recorded. Outcomes in term of mortality associated to hypoglycemia were examined. Data was analyzed by SPSS 24. Chi-square and student t' test was applied to compare the mortality between hypoglycemic and normoglycemic patients. P-value <0.05 was considered as significant.

RESULTS

One hundred and twenty (58.64%) patients were males and 85 (41.36%) patients were females. Majority of patients 132 (64.39%) were ages <1 year while 73 (35.61%) patients had ages above 1 year. 128 (62.44%) patients had low-socioeconomic status while remaining 77 (37.56%) patients had middle socio-economic status. 175 (85.37%) patients were marasmic while 30 (14.63%) patients were khwashikor (Table 1). From all the patients 40 (19.51%) patients were hypoglycemic while 165 (80.49%) patients were normoglycemic (Fig. 1).

Table No.1: Baseline characteristics of all the nationts

patients						
Variable	No.	%				
Gender						
Male	120	58.64				
Female	85	41.36				
Age (years)						
<u><</u> 1r	132	64.39				
>1	73	35.61				
Socioeconomic status						
Low	128	62.44				
Middle	77	37.56				
Type of SAM						
Marasmus	175	85.37				
Khwashikor	30	14.63				

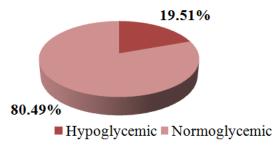


Figure No. 1: Frequency of hypoglycemia

Among 175 marasmic patients 33 (18.86%) patients had hypoglycemia and among 30 khwashikor patients 7 (23.33%) patients had hypoglycemia (Table 2). The overall mortality observed in 32 (15.61%) patients. Out of 40 hypoglycemic patients 24 (60%) were died and in normoglycemic 8/165 (4.85%) patients were died. We found a significant difference in term of mortality between hypoglycemic and normoglycemic patients p-value <0.001 (Table 3).

Table No. 2: Frequency of hypoglycemia according to the bilateral pedal edema

Hypoglycemia	With edema (n=30)	Without edema (n=175)	P- value
Yes	7 (23.33%)	33 (18.86%)	
	23	142	0.046
No	(76.67%)	(81.14%)	

Table No.3: Mortality between hypoglycemic and normoglycemic patients

	Mortality	With edema (n=30)	Without edema (n=175)	P- value
I	Yes	24 (60%)	8 (4.85%)	
Ī			157	< 0.0001
	No	16 (40%0	(95.15%)	

DISCUSSION

Severe acute malnutrition is one of the most common pediatric disorders in developing countries and it accounted 5 to 50% of mortality among children with ages less than 5 years. 13,14 Worldwide children with severe acute malnutrition had high rate of morbidity and mortality. Hypoglycemia is one of the common complications in severe acute malnutrition patients and directly associated with high rate of morbidity and mortality. 15,16 The present study was conducted to examine the prevalence of hypoglycemia and mortality associated to hypoglycemia in children with severe acute malnutrition. In present study 120 (58.64%) patients were males and 85 (41.36%) patients were females. Majority of patients 132 (64.39%) were ages <1 year while 73 (35.61%) patients had ages above 1 year. These results were similar to many of previous studies in which male patients were high in numbers 55 to 70% as compared to females and mostly patients with severe acute malnutrition were ages less than 12 months. 17,18

In the present study 175 (85.37%) patients were marasmic while 30 (14.63%) patients were khwashikor. These results were similar to the study conducted by Khan et al¹⁹ regarding frequency of hypoglycemia in severe acute malnutrition children and they reported 83.67% patients were without edema and 16.33% patients were with bilateral pedal edema.

We found that 40 (19.51%) patients were hypoglycemic while 165 (80.49%) patients were normoglycemic. Khan et al¹⁹ reported frequency of hypoglycemia in severe acute malnutrition patients was 8.2%. Another study conducted by Tahseen et al²⁰ reported that 30.4% patients were hypoglycemic among 184 severe acute malnutrition patients. A study conducted by Meena et al²¹ reported the prevalence of hypoglycemia was 11.11%.

This study showed that overall mortality observed in 32 (15.61%) patients. Out of 40 hypoglycemic patients 24 (60%) were died and in normoglycemic 8/165 (4.85%) patients were died. We found a significant difference in term of mortality between hypoglycemic and normoglycemic patients. These results were similar to the study by Tahseen et al²⁰ reported that 41 (67.21%) out of 56 children from hypoglycemic group while 20 (15.6%) out 128 children from normoglycemic group expired. The mortality was significantly more in hypoglycemic children. (P=0.000). Our study results regarding outcomes of hypoglycemia were similar to some other previous studies in which mortality rate in hypoglycemic patients was high 40-70% as compared to normoglycemic patients.²²⁻²⁴

CONCLUSION

Severe acute malnutrition is one of the commonest disorders in infants and children less than 24 months with high morbidity and mortality rate. We concluded that the frequency of hypoglycemia was high in children with severe acute malnutrition. Mortality rate was high in hypoglycemic patients as compared to normoglycemic children.

Author's Contribution:

Revisiting Critically:

Concept & Design of Study: Rukhsana Habib
Drafting: Attaullah Bizenjo
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REFERENCES

- 1. Black RE, Morris SS, Bryce J. Where and why are 10 million children dying every year? Lancet 2003;361:2226-34.
- Berkley J, Mwangi I, Griffiths K, Ahmed I, Mithwani S, English M, et al. Assessment of severe malnutrition among hospitalized children in rural Kenya: Comparison of weight for height and mid upper arm circumference. JAMA 2005;294:591-7.
- 3. Allen SJ, Hammer C. Improving quality of care for severe malnutrition. Lancet 2004;363:2089-90.
- 4. Hobbs B, Bush A. Acute malnutrition: an everyday emergency; a 10-point plan for tackling acute malnutrition in under-fives. 2014.
- 5. HTP. Technical notes on management of severe acute malnutrition. 2011.
- Sadler K. Community-based therapeutic care: treating severe acute malnutrition in sub-Saharan Africa. London: University College London; 2010.

- 7. Golden M, Grellety Y. Protocol for the management of severe acute malnutrition. Ethiopia: MOH; 2007.
- Central Stastical Agency (Ethiopia), ICF International. Ethiopian Demographic and Health Survey 2011. In: Central Statistical Agency, editor. Addis Ababa, Maryland: Central Statistical Agency and ICF International; 2012.
- Black RE, Couseus S, Johnson HL, Lawa JE, Rudan I, Bassani DG, et al. Global regional and attritional causes of child mortality in 2008: a systematic analysis. Lancet 2010;375(9730): 1969-87.
- Khadduri R, Marsh DR, Rasmussen B, Bari A, Nazir R, Darmstadt GL. Household knowledge and practices of newborn and maternal health in Haripur district, Pak J Perinatol 2008;28(3):182-87.
- 11. Teferi E, Lera M, Sita S, Bogale Z, Datiko DG, Yassin MA. Treatment outcome of children with severe acute malnutrition admitted to therapeutic feeding centers in Southern Region of Ethiopia. Ethiopian J. Health Dev 2010;24(3)234-38.
- 12. Nyeko R, Calbi V, Ssegujja BO, Ayot GF. Treatment outcome among children under-five years hospitalized with severe acute malnutrition in St. Mary's Hospital Lacor, Northern Uganda. BMC Nutr 2016; 2(1): 19-26.
- 13. Talbert A, Thuo N, Karisa J, Chesaro C, Ohuma E, Ignas J, et al. Diarrhoea complicating severe acute malnutrition in Kenyan children: a prospective descriptive study of risk factors and outcome. PLoS One 2012;7(6):e38321.
- 14. Chane T, Oljira L, Atomesa GE, Agedew E. Treatment outcome and associated factors among under-five children with severe acute malnutrition admitted to therapeutic feeding unit in Woldia Hospital, North Ethiopia. J Nutr Food Sci 2014; 4(6): 329-35.
- 15. World Health Organization. Updates on the management of severe acute malnutrition in infants and children. Geneva: WHO, 2016.
- Chandra S, Singh DK, Ansari MA, Pareek P. Blood glucose as a predictor of diarrheal dehydration in children. Indian J Child Health 2016;3(3):261-2.
- 17. Ntia HN, Anah MU, Udo JJ, Ewa AU, Onubi J. Prevalence of hypoglycemia in under-five children presenting with acute diarrhea in University of Calabar Teaching Hospital, Calabar. Niger J Paediatr 2012;39(2):63.
- 18. Ninama R, Chaudhry C, Suman RL, Goyal S, Bairwa RP, Singla S. Prevalence of hypoglycemia in diarrheal dehydration at hospitalization in severe acute malnutrition. Int J Contemp Pediat 2018; 5(3):1092-6.

- 19. Khan S, Ali I, Iqbal MI, Arshad R, nausherwan Nazeer S. Frequency of Hypoglycemia in SAM children. Pak Pediatr J 2019: 43(2):115-9.
- 20. Tahseen SA, Ahmad A, Khan MI. Frequency and outcome of hypoglycemia in children having severe protein energy malnutrition presenting with diarrhea. JSZMC 2015;7(1):930-3.
- 21. Meena DK, Sharma D, Meena NK, Jain A. Children with severe acute malnutrition, outcome and its complications. JMSCR 2016;4(2):9509-12.
- 22. Kumar R, Singh J, Joshi K, Singh HP< Bijesh S. Co-morbidities in severely malnourished children Indian Pediatr 2013;51:125-7.
- 23. Barennes H, Sayavong E, Pussard E. High mortality risk in hypoglycemic and dysglycemic children admitted at a referral Hospital in a non malaria tropical setting of a low income country. PLoS One 2016;11(2):e0150076.
- Musa A, Ilah BG, Sakajiki AM, Adeniji AO, Yusuf I. Prevalence and outcome of hypoglycemia in children attending emergency pediatric unit of a specialist hospital in Nigeria. Sahel Med J 2019;22:77-8.