

Nutrition in toddlers



This issue of CME is dedicated to nutrition and malnutrition in young children. It is an important topic in paediatric medicine and child health, because toddlers start feeding independently and lifelong feeding patterns for health are thus set in motion.

Malnutrition as a result of protein or energy deficiency or chronic illness is relatively common in this age group, even in our modern world.

The establishment of normal nutritional patterns in toddlers is precariously balanced between the legacy of infancy, genetic determinants, environmental inputs and social and cultural norms. Healthy nutrition is both physically and emotionally manipulated. While disease is reflected in growth, it is equally revealed in both micronutrient deficiency, intellectual dysfunction, immune disorders and behavioural pathology. A number of overt and subtle physical conditions are consequences of malnutrition. This issue of CME focuses on obvious gross malnutrition, malnutrition as a result of subtle deficiencies, and deficiencies associated with chronic illness.

There are many national programmes and policies that address feeding and malnutrition. In the state healthcare delivery sector, severe acute malnutrition has received national priority and hospitals that treat children are required to keep detailed monthly admission data that include anthropometric details according to the new World Health Organization z-scores.^[1] Mortality data for children are collected nationally according to the Child Healthcare Problem Identification Programme (CHPIP) data summary; this information determines the modifiable factors, including malnutrition. These data are critical to ensure that health priorities focus on the consequences of poverty, including malnutrition in children.

Malnutrition in the modern world does not only comprise the consequences of protein energy shortage. There is also recognition of a growing concern for obesity in children and teenagers and insights into the health consequences of vitamin and trace element

deficiencies, including iron, vitamin D and vitamin A, although every vitamin and mineral is critical to good health.

It is my pleasure to collate and present the articles in this issue of CME in the *SAMJ*. I thank the authors for outstanding contributions and trust that readers will find this issue constructive and educational.

I have included an article by Jeane Cloete^[2] on 'Management of severe acute malnutrition', in which she motivates for the implementation of a multifocus set of interventions for feeding, but also that one should not ignore the social needs of children with the condition. Colleagues Tony Westwood,^[3] Etienne Nel and Alta Terblanche,^[4] and Rajendra Thejpal^[5] share their wealth of knowledge on 'Nutrition in children with long-term health conditions' (chronic illness), 'Nutritional support of children with chronic liver disease' and 'Iron deficiency in children', respectively. The review article relates to vitamin D deficiency in young people.

Ultimately, our goal is improved health for South African children and potential achievement of the Millennium Development Goals of improved child health in our country and on our continent.

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