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10 years' experience in multidisciplinary management of patients with food allergies and its impact on the nutritional status in an outpatient medical center of paediatric gastroenterology, hepatology and nutrition (gastronutriped) of Colombia

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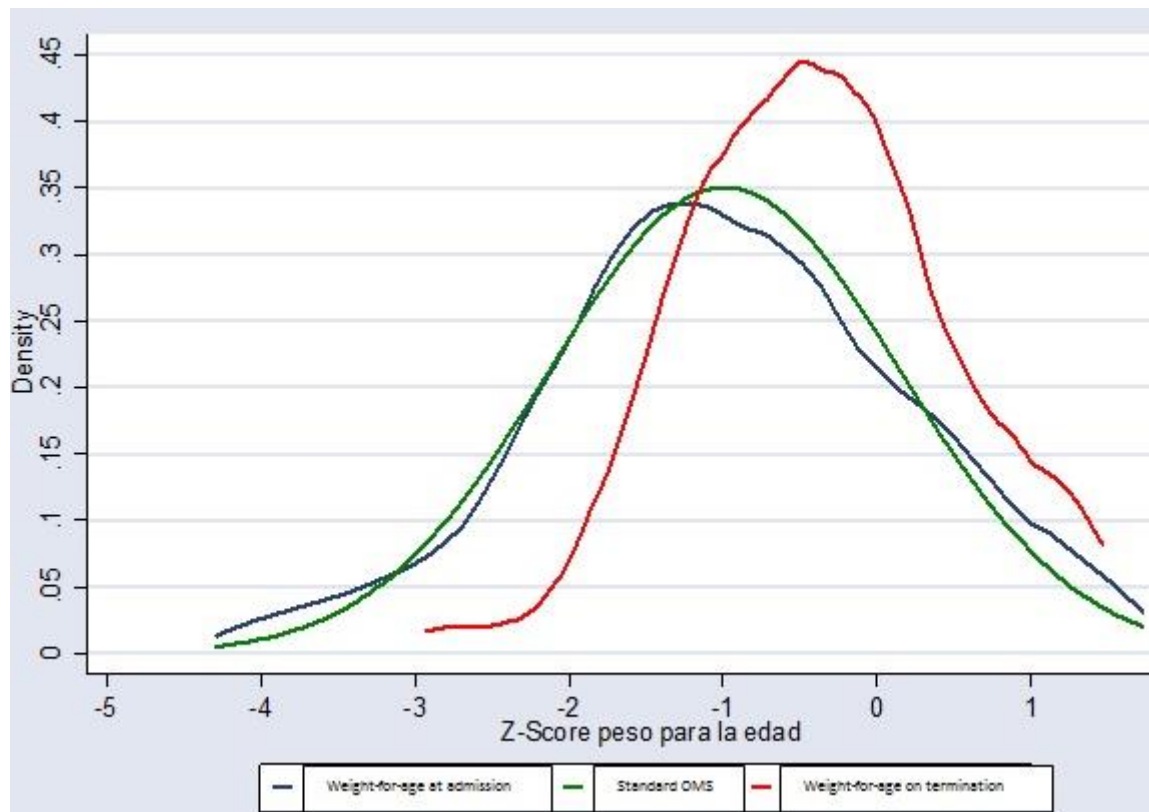
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Objectives and Study: Food allergy (FA) is an immune reaction to a food antigen. Nutrition plays a fundamental role. Furthermore, as part of some clinical expressions and/or as a consequence of its management, alterations in the nutritional status and/or specific deficiencies of some nutrients have been documented. Our objective was to evaluate the impact of the medical-nutritional treatment on the stature-ponderal growth during the first 2 years of life in patients with a diagnosis of FA in an outpatient center of pediatric gastroenterology and nutrition between 2008 - 2018. Observational and analytic study of a retrospective cohort.

Methodology: Patients between 0 and 2 years of age with a diagnosis of FA who had completed medical-nutritional treatment and on whom an oral food challenge (OFC) was carried out were included. Sociodemographic, comorbidities and nutritional status variables were analyzed. The patients were evaluated by a paediatric gastroenterologist, a nutritionist and a speech therapist. The nutritional state was defined by means of anthropometric indicators and was analyzed using OMS software. The frequency of each indicator was estimated at the beginning of treatment and during OFC. The data were extracted from the medical records. The nominal and ordinal categorical variables were summarized with absolute and relative frequency distributions. For continuous variables, measures of central tendency and dispersion were used. In order to evaluate changes in anthropometric variables, pre- and post-treatment differences were calculated and it was determined if there were statistically significant differences with Wilcoxon signed-rank test.

Results: 92 patients, 55.9% females. Median age was 6.05 months \pm 5,7 standard deviation (SD); 12.90% were premature. Most frequent clinical expressions were allergic proctocolitis (35.45%), allergic enteropathy (33.33%) and atopic dermatitis (26.88%). 72 patients underwent a blind challenge (77.42%). Most frequent positive allergens by ImmunoCAP were cow's milk (23.5%) and eggs (17.3%). Average time of treatment was 10.3 months \pm 4.41 SD. 64.8% exhibited a normal nutritional status at the outset and at the end, this increased to 73.9%. 26.88% exhibited feeding difficulties at the beginning of treatment and improved with intervention of a speech therapist (38.04% vs. 1.09%), like postprandial vomiting (27.17 vs. 2.17%), food rejection (22.83% vs. 0%). Upon admission, average weight was 6447.97 gr \pm 2177.22 SD and at the end, 10109.35 gr \pm 1754.71 SD. Average height at the beginning was 62.67 cm \pm 9.24 SD and at the end, 78.29 cm \pm 6.63 SD. Average head circumference on admission was 41.34 cm \pm 3.91 SD and at the end, 47.13 cm \pm 3.40 SD. Statistically significant differences were found in anthropometric data at the beginning and the end of treatment: weight/age ($p=0.001$) (Figure 1), height/age ($p=0.001$), weight/height ($p=0.001$) and head circumference/age ($p=0.001$).

Conclusions: Timely diagnosis and appropriate medical-nutritional management are important factors of the nutritional status in patients with FA. An interdisciplinary approach is fundamental for a development of the growth potential of a child with FA. Multicenter studies with a larger number of patients and those from different populations are required in order to corroborate these findings.



[Comparison of indicator of weight/age]

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