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KNOWLEDGE ABOUT THE ASSESSMENT AND MANAGEMENT OF MALNUTRITION

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Abstract:
Malnutrition is a condition that results from eating a diet which does not supply a healthy amount of one or more nutrients. This includes diets that have too little nutrients or so many that the diet causes health problems. The nutrients involved can include calories, protein, carbohydrates, fat, vitamins or minerals. A lack of nutrients is called undernutrition or undernourishment while a surplus of nutrients cases overnutrition. This cross-sectional study was conducted among medical students at different medical colleges. All the students were given a predefined questionnaire. All the data was entered and analyzed with SPSS Ver. 23.0. There were 120 medical students included in this study. The mean age of the students was 21.23±1.34 years. There were 60 (50%) males and 60 (50%) females in this study. Almost all the students knew about the concept of malnutrition and how to access this condition. Out of 120, 38 students knew about the management of this condition.

Keywords: *Malnutrition*

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INTRODUCTION:

Malnutrition is a condition that results from eating a diet which does not supply a healthy amount of one or more nutrients. This includes diets that have too little nutrients or so many that the diet causes health problems. The nutrients involved can include calories, protein, carbohydrates, fat, vitamins or minerals. A lack of nutrients is called undernutrition or undernourishment while a surplus of nutrients cases overnutrition. Malnutrition is most often used to refer to undernutrition - when an individual is not getting enough calories, protein, or micronutrients. If undernutrition occurs during pregnancy, or before two years of age, it may result in permanent problems with physical and mental development. Extreme undernourishment, known as starvation or chronic hunger, may have symptoms that include: a short height, thin body, very poor energy levels, and swollen legs and abdomen. Those who are malnourished often get infections and are frequently cold. The symptoms of micronutrient deficiencies depend on the micronutrient that is lacking. Undernourishment is most often due to a lack of high-quality food which is available to eat. This is often related to high food prices and poverty. A lack of breastfeeding may contribute to undernourishment. Infectious diseases such as gastroenteritis, pneumonia, malaria, and measles, which increase nutrient requirements, can also cause malnutrition. There are two main types of undernourishment: proteinenergy malnutrition and dietary deficiencies. Protein-energy malnutrition has two severe forms: and kwashiorkor (a lack of protein) and marasmus (a lack of protein and calories). Common micronutrient deficiencies include a lack of iron, iodine, and vitamin A. Deficiencies may become more common during pregnancy, due to the body's increased need of nutrients. In some developing countries, overnutrition in the form of obesity is beginning to present within the same communities as undernutrition. This is because the food that is often available is not healthy. Other causes of malnutrition include anorexia nervosa and bariatric surgery. Efforts to improve nutrition are some of the most effective forms of development aid. Breastfeeding can reduce rates of malnutrition and death in children, and some efforts to promote the practice have been successful. In young children, providing food (in addition to breastmilk) between six months and two years of age improves outcomes. There is also good evidence supporting the supplementation of a number of micronutrients to women during pregnancy and young children in the developing world. Delivering food and providing money to organizations who do so can help get food to those who need it most. Some strategies help people buy food within local markets. Simply feeding students at school is insufficient. Management of severe malnutrition within the person's home with readyto-use therapeutic foods is possible much of the time. In those who have severe malnutrition complicated by other health problems, treatment in a hospital setting is recommended. This often involves managing low blood sugar and body temperature, addressing dehydration, and gradual feeding. Routine antibiotics are usually recommended due to the high risk of infection. Longer-term measures include: improving agricultural practices, reducing poverty and improving sanitation (13). The objective of this study was to understand the knowledge of malnutrition among medical students.

MATERIAL OF METHODS:

This cross-sectional study was conducted among medical students at different medical colleges. All the students were given a predefined questionnaire. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:

There were 120 medical students included in this study. The mean age of the students was 21.23±1.34 years. There were 60 (50%) males and 60 (50%) females in this study. Almost all the students knew about the concept of malnutrition and how to access this condition. Out of 120,
38 students knew about the management of this condition.

DISCUSSION:

Malnutrition increases the risk of infection and infectious disease, and moderate malnutrition weakens every part of the immune system. For example, it is a major risk factor in the onset of active tuberculosis. Protein and energy malnutrition and deficiencies of specific micronutrients (including iron, zinc, and vitamins) increase susceptibility to infection. Malnutrition affects HIV transmission by increasing the risk of transmission from mother to child and also increasing replication of the virus. In communities or areas that lack access to safe drinking water, these additional health risks present a critical problem. Lower energy and impaired function of the brain also represent the downward spiral of malnutrition as victims are less able to perform the tasks they need to in order to acquire food, earn an income, or gain an education. Hypoglycemia (low

blood sugar) can result from a child not eating for 4 to 6 hours. Hypoglycemia should be considered if there is lethargy, limpness, convulsion, or loss of consciousness. If blood sugar can be measured immediately and quickly, perform a finger or heel stick. In those with malnutrition some of the signs of dehydration differ. Children; however, may still be interested in drinking, have decreased interactions with the world around them, have decreased urine output, and may be cool to touch (4-6).

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