

February 25-26, 2019
Prague, Czech RepublicJ Clin Nutr Diet 2019, Volume: 5
DOI: 10.4172/2472-1921-C1-006

MALNUTRITION IN CROHN'S DISEASE IN REMISSION: FACT OR MISESTIMATION AND WHICH INDICATOR IS MORE RELIABLE?

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Malnutrition in Crohn's disease is a dreadful complication occurring in active phase but underestimated in remission. Furthermore, the absence of gold standard definition in assessment of nutritional status represents a major problem in treating this population. The aim of our study is to assess the nutritional status in a group of Crohn's disease patients in remission and to determine the prevalence of sarcopenia as nutritional indicator. We included 40 outpatient aged ≥ 18 years. The nutritional assessment was based on: subjective global assessment (SGA) and dietary survey; anthropometric evaluation (measurement of height, weight, body mass index (BMI), triceps skinfold (TSF), mid-arm circumference (MAC) and mid-arm muscle circumference (MAMC)). We have also evaluated also the handgrip strength (dynamometer) and used bio-impedance analysis to determine body-composition. The analysis of the dietary survey shows that most patients (83%) had an appropriate calories intake within 55% with hyper caloric diet. Respectively 15%, 35% and 44% ingested less than recommended amount of protein, carbohydrates and fat. Regarding micronutrients, calcium, iron, vitamin C, vitamin B9, zinc and magnesium intake were below the recommended amounts in 85%, 83%, 80%, 90%, 93% and 90% of patients, respectively, according to the RDA. The prevalence of malnutrition varied between 5% and 60% according to the diagnostic criterion used: 5% were undernourished following the TSF; 7.5% according to SGA; 12.5% using the MAMC; 15% according to BMI; 25% in reference to HGS and 60% estimated by appendicular skeletal muscle mass index (ASMI). Fifteen percent were considered sarcopenic taking into consideration the European consensus. Despite the period of remission and the normal either excessive daily calorie intake, the prevalence of malnutrition and sarcopenia were not negligible in our group. The evaluation of nutritional status should be systematic and repeated regularly and should take into account functional methods (HGS and impedancemetry).

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