









Undernutrition, Environmental Enteric Dysfunction and the potential role of legumes to improve child health

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Presentation outline

- Importance of Undernutrition (stunting)
- Environmental Enteric Dysfunction (EED)
- EED and stunting
- EED interventions
- Potential role of grain legumes





Undernutrition is a Major Cause of Child Mortality



	Attributable deaths with UN prevalences*	Proportion of total deaths of children younger than 5 years	Attributable deaths with NIMS prevalences†	Proportion of total deaths of children younger than 5 years
Fetal growth restriction (<1 month)	817 000	11.8%	817 000	11.8%
Stunting (1–59 months)	1017000*	14.7%	1179 000†	17.0%
Underweight (1–59 months)	999 000*	14-4%	1180 000†	17.0%
Wasting (1-59 months)	875000*	12.6%	†000 008	11.5%
Severe wasting (1–59 months)	516 000*	7.4%	540 000†	7.8%
Zinc deficiency (12–59 months)	116 000	1.7%	116 000	1.7%
Vitamin A deficiency (6–59 months)	157 000	2.3%	157 000	2.3%
Suboptimum breastfeeding (0–23 months)	804000	11.6%	804000	11.6%
Joint effects of fetal growth restriction and suboptimum breastfeeding in neonates	1348 000	19.4%	1348 000	19.4%
Joint effects of fetal growth restriction, suboptimum breastfeeding, stunting, wasting, and vitamin A and zinc deficiencies (<5 years)	3097000	44-7%	3149 000	45.4%

Data are to the nearest thousand. *Prevalence estimates from the UN. †Prevalence estimates from Nutrition Impact Model Study (NIMS).

Table 2: Global deaths in children younger than 5 years attributed to nutritional disorders





Stunting

- Affects 25% of children globally, 35% in Africa, 37%in Malawi.
- Stunting is associated with:
- Increased mortality from diarrhoea, pneumonia, other infectious diseases
- Impaired cognitive development
- Reduced income (by up to 22%)
- Reduced life expectancy by up to 17%
- A significant portion of stunting comes from EED which comes from marginal diet + microbial imbalance
- Need for interventions to improve diet and correct microbial imbalance







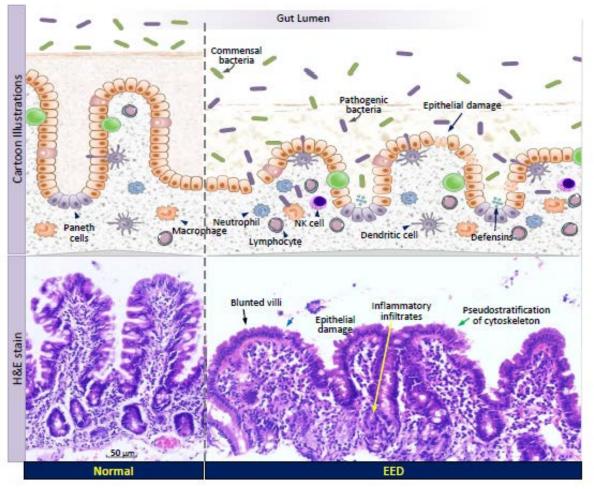
Environmental Enteric Dysfunction

- Chronic inflammatory state of the gut
- Subclinical: No direct and easily measurable clinical case definition
- Linked to unsanitary living conditions
- High risk in the first three years of life





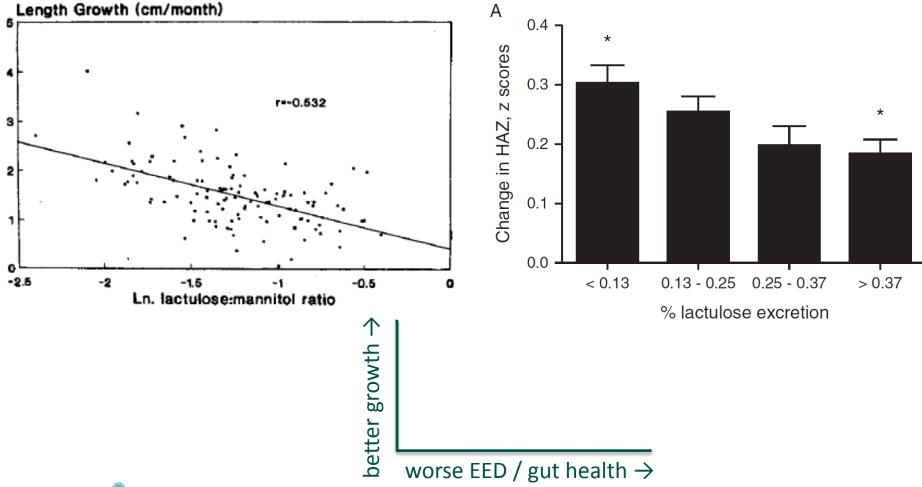
What happens in EED?







EED is Associated with Stunting





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Prior attempts to treat EED

- Probiotics and antibiotics don't work
- Promotion of access to clean water and sanitation (WASH and SHINE trials)
- Micronutrient supplementation shows some improvement
 - Glutamine, vitamin A and zinc improve intestinal barrier function
- Deworming with albendazole or high-dose zinc slows EED progression
- Poly-unsaturated fatty acid supplementation not effective
 - Used for anti-inflammatory effects in Crohn's





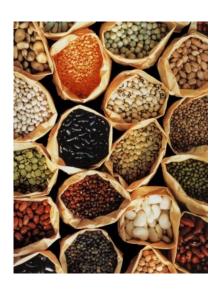
AJCN 2005; 82: 1040; Am J Gastro 2009; 104: 2326 Lancet 2009; 374: 1032; Clinics 2014; 69: 225;

Clin Gastro Hep 2014; in press



How might legumes fit in

- Diets enriched in legumes decrease markers of inflammation
- Increased legume intake is inversely correlated with illnesses with inflammatory components such as colorectal cancer and cardiovascular disease
- Nutritional role: May serve as a major source of protein and micronutrients in populations where carbohydrate consumption predominates in complementary feeding.
- Cheapest source for added nutrition for women and children
- Low protein consumption (essential amino acids) associated with stunting

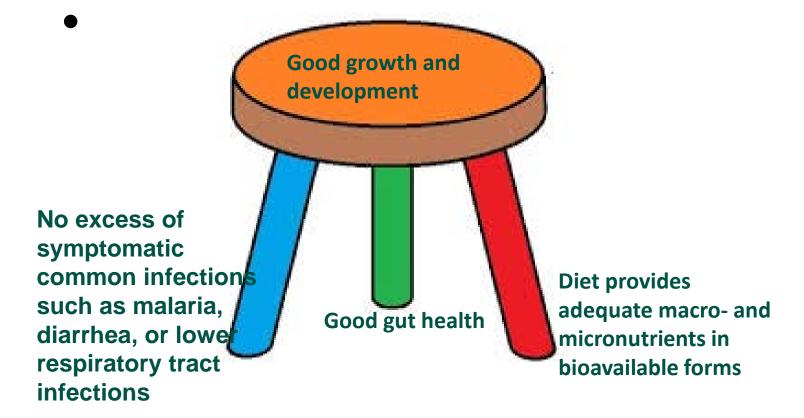


J Nutr 2012; 142: 334; Nitric Oxide 1997; 1: 476 Lipids 2010; 45: 765; Eur J Clin Nutr 2011; 65: 415 Dry Beans and Pulses 2012; JPGN 2007; 44: 487





For normal growth and development 3 conditions must be met





Acknowledgements









