

NUTRIENT INTAKES OF CEREBRAL PALSIED CHILDREN

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Oromotor problems have a significant effect on both the quality and quantity of food eaten by cerebral palsied children. The feeding position is also important as prolonged extension of the whole body may result in messy feeding and limited food and fluid intake (Webb, 1979).

The nutrient intakes of 16 children, aged 6 to 16 years, in residence at the Queensland Spastic Centre, New Farm, were assessed by 24 hour food diary. These were compiled by observation. Nutritional adequacy was determined by comparing the values obtained to the NH & MRC Recommended Dietary Intakes (1985) for normal healthy children.

Growth assessment was made from height and weight measurements. Crown heel length was taken in the supine position as the children were unable to stand erect. Some children were measured in calipers to avoid errors from leg flexings. All were weighed in light indoor clothing. Standard height and weight charts for normal children were used. These showed that 50% of the children studied were below the 3rd percentile for height-for-age and that 80% were below for weight-for-age.

Results indicated that the dietary intakes of nutrients were adequate for protein, retinol, riboflavin and ascorbic acid. The quality of the protein offered was generally poor. The energy intake for the group was adequate but 8 children (50%) had energy intakes below the R.D.I. 2 of these may have had an increased need because of athetosis.

Calcium intakes clustered around 400 mg/day/child with 2 children receiving intakes significantly less. Only 2 children had intakes near 800 mg/day. Iron intake of the group was poor because meat was not well tolerated. None of the girls met the iron R.D.I. value.

Thiamin and niacin intakes were marginal. The 2 athetoids did not meet their increased need for thiamin. 5 of the children had niacin intakes <70% of R.D.I. because of the low biological value protein consumed.

Ascorbic acid intakes were adequate but all children were also receiving either 500 or 1000 mg supplements per day.

It is recommended that meat intake be increased in the diet of the children and a dietitian be consulted to do this so that the texture and consistency of the dishes can be made appropriate to needs.

NH & MRC, (1985). Dietary Allowances for Use in Australia. Aust. Gov. Publ. Ser., Canberra.

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