

DIETARY INTAKES OF INSTITUTIONALIZED MENTALLY RETARDED CHILDREN

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The dietary intake of dependent feeders such as mentally retarded children is often influenced by the feeding staff in the institution (Litchford & Wakefield, 1985). For some children, proper nutrition maybe one of the most important factors for survival and development (Wallace, 1972).

The dietary intakes of 17 institutionalized mentally retarded children, aged 7 to 14 years was investigated by a 3 day survey. The food was weighed before intake and plate waste was also weighed. The study was performed on a Saturday, Monday and Tuesday.

The children live in one of five groups, according to age and compatibility. For the study, 3 of the groups were chosen.

Each group consumed different meals except for dinner which was prepared centrally. The smallest and largest intakes were analysed using SODA and folic acid and fibre were calculated using McCance and Widdowson's The Composition of Foods (Paul and Southgate, 1978).

The intakes of iron, Vitamin A, thiamin, riboflavin, niacin and ascorbic acid were adequate. Calcium intakes met the Recommended Dietary Intake (RDI) in one group only. Daily intakes ranged from 245-1096 mg/day. Sodium intakes were excessive. Folic acid intakes were of particular interest since 41% of those studied were receiving anti-convulsant therapy. The daily fibre intakes ranged from 7 to 36 g/day and were adequate when averaged over the 3 days.

Energy intakes were inadequate in one group and excessive in another. Protein intakes were adequate. The contribution to energy from protein was 13-14%, from fat 39-43% and carbohydrate 41-47%.

When analysing nutritional adequacy in these children the following must be considered:

- (1) RDIs may not be applicable to this group.
- (2) Mentally retarded children may have increased requirements for some nutrients.
- (3) Mentally retarded children frequently have growth parameters less than the average for age. Requirements based on chronological age may be inappropriate.

76% of those studied had heights less than the 50% percentile.

The intakes reflected a poorly planned dinner menu, unplanned total dietary intakes and poor staff nutrition knowledge.

LITCHFORD, M.D. and WAKEFIELD, L.M. (1985). *J. Am. Dietet. Assoc.* 85: 690.

PAUL, A.A. and SOUTHGATE, D.A.T., McCance & Widdowson's The Composition of Foods, 4th Ed., London. HMSO, 1978.

WALLACE, H.M. (1972). *J. Am. Dietet. Assoc.* 61: 127.

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