Food and the child

A diversified diet may reduce school age children stunting in North Western Morocco
Y Aboussaleh*, AOT Ahami, F-Z Azzaoui , M El Hioui and A Boukhari
Nutrition and Neurosciences laboratory, Ibn Tofail University, Kenitra Morocco.

Problem position: Morocco is undergoing a nutritional transition phase when stunting, micronutrient deficiencies coexist with chronic malnutrition in the same household. Strategies based on supplementation and food fortification are launched but food based ones need more attention from policy makers. Food diversification is one way to prevent and protect simultaneously in transitional stages. The nutritional status of school age children has rarely been assessed in Morocco though school is the suitable frame for nutrition education.

Objectives: To evaluate the nutritional status of school children in urban and suburban areas of Kenitra and propose a food diversity index. Associations between this index and different nutritional indicators will be studied.

Subjects and methods: 306 preadolescent children aged from 12 to 16 from seven schools are recruited and observed. A medical team has assessed the anthropometry and physical examinations. Blood was withdrawn by venipuncture. Hemoglobin concentrations were determined by auto analysis using colorimetry. Food consumption data was evaluated by a food frequency questionnaire for the past week. Z scores for the height-age, weight –age and body mass index were calculated by Epi info 2000. The food diversity index: FDI was defined as the probability a child has consumed every day a diet including four food groups (cereals, dairy products, meat and fish, fruits and vegetables).

Results: Stunting affects 25% of children, whereas 7% are emaciated. Obesity is not a problem in this age group (less than 1%) although it is emerging in the adults. Anaemia is found in 31.6% using Hemog <11.5g/dl. According to the FDI used , only 17% of the children adequately diversify their diets. Stunting is associated to FDI (OR=1.87, CI= 0.75- 4.89) though not statistically significant.

Conclusion: Nutritional status of preadolescent children was not better than preschool children. Their food is not always diversified. Consequently school health and nutrition programs are needed to educate children and the household.

Green tea consumption enhances survival of epithelial ovarian cancer patients
CW Binns*, M Zhang, AH Lee and C Xing Xie
School of Public Health, Curtin University of Technology GPO Box U 1987, Perth 6845, Western Australia

Aim: To investigate whether green tea consumption post-diagnosis can enhance survival of patients with epithelial ovarian cancer.

Methods: A prospective cohort study was conducted in the community, Hangzhou, P. R. China. A cohort of 309 patients with histopathologically confirmed epithelial ovarian cancer, who were recruited in the study during 1999-2000, were followed for a minimum of three years. The variables measured included their survival time and the frequency and quantity of tea consumed post diagnosis. From the original cohort 294 (95.1%) subjects, or their close relatives, were traced and interviewed using a structured questionnaire in 2003. The actual number of deaths was obtained and the hazard ratios were calculated. Cox proportional models were used to compute adjusted hazard ratios (HR) and associated 95% confidence intervals (CI). These models were adjusted for age at diagnosis, locality, BMI, parity, stage at diagnosis, histo-pathologic grade of differentiation, cytology of ascites, and the presence of residual tumor after surgery.

Results: Increasing frequency and quantity of tea consumption were associated a longer survival in Chinese women with epithelial ovarian cancer. The survival experiences were different between tea drinkers and non-drinkers (p<0.001). There were 109 (79.6%) out of 137 tea-drinkers who survived to the time of interview, compared with only 77 women (49.0%) still alive among the 157 non-tea drinkers. Compared with non-drinkers, the adjusted hazard ratios were 0.6 (95% CI 0.4-0.9) for tea-drinkers, 0.3 (95% CI 0.2-0.8) for consuming at least one cup of green tea per day, 0.4 (95%CI 0.2-0.8) for brewing at least one batch of green tea per day, and 0.3 (95% CI 0.2-0.8) for consumption of 500g or more dried tealeaf per year. The corresponding dose response relationships were statistically significant.

Conclusion: Regular consumption of green tea post-diagnosis can enhance epithelial ovarian cancer survival. There are no previously published studies of ovarian cancer survival and tea consumption. This study has the potential to benefit many women who are diagnosed with ovarian cancer.