



# SLMNA

# NEWSLETTER

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Issue 2

*Getting back to a new normal....*

## Message from the editors...

Dear Members,

As we recover from the Covid -19 pandemic, we are adjusting to a new way of living life. The changes we have to face reach beyond the impact of the virus. It has exposed the fragilities of our society and given us an opportunity to create a more self-sufficient future as an individual and as a nation.

This issue of our newsletter mainly focuses on overcoming challenges faced during the pandemic to create a better future.

We are excited to feature articles from SLMNA members and we would be encouraged by your feedback and suggestions to improve the quality of this newsletter. Your articles related to clinical nutrition and case reports are warmly welcomed. Please feel free to forward them to [slmna2015@gmail.com](mailto:slmna2015@gmail.com)

Let's prepare for the future now. Be safe.

Co-editors

Thilini & Chameera

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# 01. Capture of the month



Let's keep on practicing

- ✓ Social distancing
- ✓ Hand washing
- ✓ Avoid touching eyes, nose and mouth
- ✓ Wearing a mask

## 02. Challenge of the month- picky eating in children

Picky eating refers to eating an inadequate variety of food by refusing either familiar or unfamiliar foods and it can extend to refusal of certain textures. With the recent pandemic, as preferred food choices became scarce; this might have led to precipitation of this behavior.



Food neophobia is the avoidance or reluctance to eat new food. This will result in providing a different meal that is different to the rest of the family or interfere with the daily routine so that it will be a problem for parent, child or parent-child relationship.

The behavior is considered as a disorder when it significantly impact the child resulting in macro or micronutrient malnutrition.

*Diagnostic and Statistical Manual of Mental Disorders -5 defines the following diagnostic criteria to say it as ARFID (Avoidant/restrictive food intake disorder).*

- *An Eating or Feeding disturbance as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:*
  1. *Significant loss of weight (or failure to achieve expected weight gain or faltering growth in children).*
  2. *Significant nutritional deficiency*
  3. *Dependence on enteral feeding or oral nutritional supplements*
  4. *Marked interference with psychosocial functioning*
- *The behavior is not better explained by lack of available food or by an associated culturally sanctioned practice.*
- *The behavior does not occur exclusively during anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way one's body weight or shape is experienced.*

***The eating disturbance is not attributed to a medical condition, or better explained by another mental health disorder. When it does occur in the presence of another condition/disorder, the behavior exceeds what is usually associated, and warrants additional clinical attention***

This behavior is considered a part of child development, where they explore their environment and assert their independence. Their appetite will also vary from meal to meal depending on their level of activity, mood and growth over a period. It is important to keep in mind that children will become less fussy as they get older and will begin to enjoy a wide variety of food.



The long-term effect of this eating behavior on health is not clearly investigated, but there are several studies to support that these children weigh less than non-picky eaters, exhibit more problem behaviors and have a risk of developing anorexia nervosa later in life. These children will have difficulty in meeting their nutritional requirement if their picky eating persists.

There is no evidence based management for ARFID. The management methods are based on successful behavioral therapy which was observed among children with autism and similar eating disorders where these management methods have shown successful outcomes. The disorder can be managed using cognitive behavioral therapy in adults and systematic desensitization in children. There is a family therapy and combined individual therapy as well. Sometimes pharmacological management of anxiety is also included.

The systematic desensitization includes 4 steps called record, reward, relax and review. In the stage of record children are encouraged to record their usual food intake. Then they are asked to list new food that they would like to taste which are similar what they eat. There the children are rewarded for trying new food. Then children are asked to imagine about the food they dislike and make them adjust their mind towards relax status if that food is offered. Then in real life the food is introduced and encourages trying. If there is a significant amount of anxiety, medication also can be given to help the child. Then this behavior is continued by follow up and continuous psychological support, to establish this good eating behavior.



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We need to improve self-efficacy of caregivers in managing behavioral problems in an effective manner. In many of the instances there are disrupted caregiver child relationships during feeding. So, we need to train the caregiver to be firm in appropriate situations and to be compassionate and helpful for the child when anxious, in order to overcome this problem during therapy. As this management takes months we need a cooperative, dedicated caregiver who continues their prolonged support to sustain the achieved good behavior.

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03. A novel aspect of gardening of gre

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With the current pandemic of COVID-19, many faced difficulties in accessing healthy food. As a measure to establish national food security, the concept of home gardening is widely discussed. Food safety and household food security are ensured by home gardening.

The structure of home gardening changes according to socio-economical, cultural, geographical and personal factors. With urbanization and limited land available for gardening, novel methods of urban gardening were proposed. Such methods are vertical gardening, rooftop gardening, balcony/ terrace gardening, hanging gardens and aqua gardening.

Home gardening systems can include vegetables, fruits, green leaves, herbs, spices and ornamental plants with livestock production. In Sri Lankan gardens, total vegetable production is reported as 60% from leafy vegetables and 20% from other vegetables. Growing green leafy vegetables is suitable for gardening with a limited space due to many reasons. Leafy greens are,

- Small crops
- Grow relatively fast so the yield is quicker (results are seen in short-term)
- Replenishment time is considerably lower
- Need considerably less soil and space
- Easy to maintain
- Sustainable
- Some green leafy vegetables need considerably less sunlight so they can be grown in a relatively lower light space



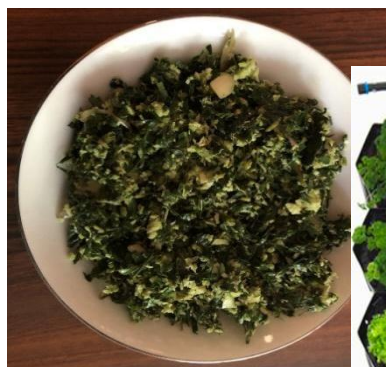
### **Variety of green leaves**

Sri Lanka is a land for more than 120 varieties of edible green leaves, some of which are exclusive to the island. More than half of these varieties can be grown in a small space.

This variety has much more to offer than their commercial value like in Gotukola (*Centellaasiatica*), Mukunuwenna (*Alternantherasessilis*), Nivithi/Spinach (*Basellaalba*), Kankun (*Ipomoea aquatica*) and Kathurumurunga (*Sesbaniagrandidiflora*). Some of the other types which are nutritious and fast growing in a limited space are Sarana (*Trianthemaportulacastrum*), Thampala (*Amaranthusviridis*), Gova/Cabbage leaves (*Brassica oleracea*), Hathavariya (*Asparagus gonoclados/ Asparagus falcatus*), Kurinnan (*Gymnemalactiferum*), Thebu (*Costusspeciosus*), Passion fruit (*Passifloraedulis*), Lunu kola/Onion leaves (*Allium cepa*) and Welpenela/Balloon wine (*Cardiospermumhalicacabum*).

There are many health benefits of green leaves due to the nutritional value. It is a rich source of fiber, vitamins (Vitamin A, B, C, E and K) and minerals (iron, calcium, potassium and magnesium) and a functional food, rich in carotenoids, flavonoids and other bioactive substances. Further, it helps in maintaining healthy gastrointestinal functioning, protective effect on gastrointestinal cancers, improve immune function, maintain macular region of retina for vision, reduce glucose absorption from meals, control blood pressure with high potassium levels and increase satiety with protective effect from non-communicable diseases.

Green leaves can be prepared for meals in many ways such as kola kada (porridge), mallum, salads, curry, fried, sambol and can mix with different food items (vegetable chop-suey, soup, omelet). Also, they add colour and attractiveness to the plate.



- **Vertical gardening:**

A gardening technique which became popular in urban settings, it utilizes vertical space by encouraging methods and frames to support plants grow upwards utilizing the





unused spaces and walls. Eg: cultivation ladder, cultivation tat. Vertical garden sets or pouches can be commercially purchased. Cost for a set will be Rs. 2000/- upwards. Higher price will be charged for sets within built irrigation systems or large structures planned for designer homes and city designing.



- **Hanging gardening:**

This is a subcategory of vertical gardening that can be used for vines and small crops. Upside-down method or the usual vertical method also can be used. Less space and less soil are needed and cost is low. But the maintenance is high and only certain crops can be grown by this method.

- **Rooftop gardening/ square foot gardening:**

Small space is marked in square foot and crops are grown closer to utilize space effectively. The square foot can be a container or raised soil bed. Advantages of this method are less space, less soil preparation, less weeding, few maintenance chores, less risk of pests, less cost and larger yield in a compact space. These techniques are mostly used in apartments and urban settings.

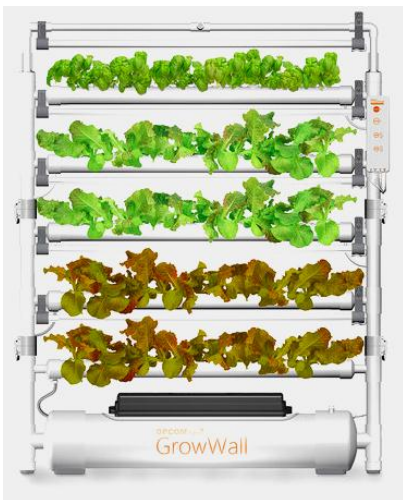


- **Layered gardening:**

Use of different layers of plant growth (E.g.: the ground level will contain a leafy vegetable lying in the shade of a fruit bearing tree and vines can be anchored on the said tree.(it's done regularly in farming but the same principle can be used in a rooftop/terrace system). Advantages of this method are maximum utilization of space, arrangement of crops according to the suitability of shade and adding more character to the garden.



- **Hydroponic gardening:**



This method is currently becoming popular and uses solutions (Albert's solution) as the growing medium instead of soil. It uses less space and water, no soil used, uses dead spaces mostly, needs less day to day maintenance, uses reusable infrastructure once established and is light weight. Even though this system is popular, initial cost is relatively high (2 systems of 17 feet X 4 inches and 9 feet X 4 inches cost approximately Rs 6,500). A certain amount of knowledge is needed to start the process and needs a potting process prior to relocation of the system.

**Aquaponic system:**

This method is similar to the hydroponic system but the crops are grown with fish. Nitrates, produced by waste products of tank, become a growing medium to the crops. This method is costly and needs considerable space and care. It uses less soil and organic growing medium is free. If ornamental fish is used the system will be attractive.



## Challenges

Growing green leaves is challenging. Finding equipment and guidance for growing is the main challenge. Labor force is necessary for most methods and crops must be protected from pests and other plant diseases. Weather conditions should be favorable and maintenance requires considerable time. Drainage system and maintenance are important. Input from agriculture officers and online support groups are helpful in managing some of these challengers. But the satisfaction and outcome outweigh the limitations.

Government policies and programs are in place to uphold home gardening. Haritha Lanka program, ApiWawamu-Rata Nagamu, DiyataSevana, DiviNeguma and SaubhagyaGewaththa are some of them.

## Acknowledgement:

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## 04. Safety tips for parents of young children during Covid -19

### Mothers suspected of Covid 19 or with mild symptoms, isolated at home;

- Always wash hands with soap and water before and after contact with the baby
- Clean the surfaces around the house routinely
- Follow general advice even at home; social distancing from other family members, avoid touching face



- Get reliable health care information on breast feeding and complimentary feeding via electronic communication (hospital hotline, websites)

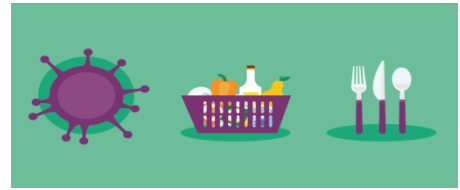
### Breast feeding;

- Timely exclusive breast feeding is important
- Mothers suspected of Covid 19 or with mild symptoms, isolated at home; should continue to breast feed while wearing a face mask
- If the mother is too ill to breast feed, expressed breast milk can be given. Before expressing milk wash hands properly with soap and water.
- Expressed breast milk should be fed to the child via cup and spoon.
- Ensure adequate psychological support for pregnant and lactating mothers.



## Complementary feeding;

- Give diverse, nutritious food prepared at home
- Locally available food should be used



- Read food labels carefully to help choose more nutritious food
- Limit foods that are high in sugar/salt
- Avoid highly processed food

- Caregivers should wash hand before and after preparing and feeding food
- Clean and disinfect food preparation areas thoroughly



- If the mother has any respiratory symptoms, wear a face mask while feeding the baby
- Allocate a separate plate and spoon for each child to avoid disease transmission



## 05. Disease specific nutrition therapy

## PREGNANT WOMEN

### A) Energy and protein requirement

- Total energy 15-40 kcal/kg/day according to pre-pregnant BMI
- 20% of calories to be provided as protein

### B) Micronutrient requirement

- Vitamin D 1000 IU daily orally
- Vitamin C 500 mg daily orally
- Thiamin 100 mg daily orally
- Zinc 20 mg daily orally

### C) Fluid requirement

- 35ml/kg/day



## CHILDREN 10-18 YEARS

### A) Micronutrient requirement

- Zinc 20 mg bd orally
- Vitamin D 600 IU daily orally
- Vitamin C 100 mg daily orally



*Please note that this is a continuation from our last publication on nutritional management of Covid -19. Refer to our last issue for further details.*

## 06. Webinars – how to get the best out of them

Following the pandemic, the way we communicate in a professional setting has drastically changed and has become more technologically based. Distance learning has taken center stage and webinars offer a wide range of opportunities to expand our knowledge. The following tips will give some insight as to gain the most from webinars for those who are interested in staying up to date in the post-covid-19 era.



### **BEFORE A WEBINAR**

- Choose webinars carefully. Time is limited and not all webinars are equal. Consider how much value each will provide for the topic at hand. Consult colleagues about which experiences have been most valuable to them.
- Remember to register early as some webinars have a maximum participant number or a closing date.
- Note down time and date in your calendar, set an alarm in your phone 30 minutes prior.
- Check local time in relation to scheduled time zones for international webinars.
- Log into the given webinar site at least 10 minutes early.

### **DURING A WEBINAR**

- Take notes. This will help you to pay attention.
- Use the webinar to network. When presenters distribute their contact information, follow-up with questions/ideas. Personal networks will be



## 07. Past events since our last publication





Even though the COVID 19 pandemic affected most our scheduled SLMNA events for this year, we remained active with regards to the following activities through online meetings.



1. Up grading SLMNA website
2. Upgrading SLMNA database
3. Working with planning directorate of Ministry of Health to link nutrition data to National Health Information System.
4. Getting guidance to initiate quality through indicators from Quality directorate of Ministry of Health.

## Stay connected with

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