

## NUTRITION AND NUTRITIONAL STATUS IN CHILDREN WITH CHRONIC RENAL FAILURE

**E. Sahpazova**, L. Todorovska, D. Kuzmanovska, N. Ristoska Bojkovska  
*Nephrology, Pediatric Clinic*<sup>2</sup>*Department of Physiology and Anthropology, Faculty of Medicine,*  
*Skopje, Macedonia*  
[vmaletic@zsv.ukim.edu.mk](mailto:vmaletic@zsv.ukim.edu.mk)

We are reporting three-year assessment of nutritional status and growth in 35 children (22 males and 13 females; mean age  $8.18 \pm 4.04$ ) with moderate renal failure, which were following an "ad libidum" diet.

Dietary intake was examined every 6 months using 3 consecutive days from dietary records kept by the parents and by urea nitrogen balance. Protein intake was also determined by urea nitrogen balance.

The nutritional condition was determined by anthropometrics measurement: weight, height, mid-arm muscle circumference (MAMC), triceps (TST) and subscapular skin fold thicknesses, expressed as standard deviation score.

Results: Glomerular filtration rate (GFR) was ranged from 22.5 to 75 ml/min per 1.73 m<sup>2</sup>. Protein intake determinate by nitrogen intake show that 46% of children received significantly lower protein intake than indicate the WHO safe levels ( $P < 0.05$ ). All patients were divided into two groups depending on their protein intake: "low protein" and "normal protein" intake group. The mean protein intake (% of WHO recommendation) determined by dietaries of patients in Group 1 was 92.68% vs. 153% in the Group 2 ( $p < 0.05$ ). Energy intake was 74.8% of WHO recommendation in Group 1 and 81.72% in Group 2. There is not significant difference in anthropometric parameters between two groups, nor between anthropometric parameters and creatinin clearance.

Conclusion: There was no correlation between protein intake, nutritional status and cretinin clearence in children with chronic renal failure within three year time period.

