Community medicine

I tried to write the things the doctor focused on in the lecture .. the ones underlined are really important and you have to refer to the slides .. and I added some extra information the doctor mentioned during the lecture.

Medical Nutrition Therapy for Low–Birth-Weight (LBW) Infants

Slide 2: the whole slide is very important .. normal weight 2500 anything less is LBW

Slide3 : the whole slide is very important .. 28 days >> neonatal ,, 1day-5years >> children under 5

slide 4 : meaning of gastrointestinal age is important …

IUGR(تخلف النمو داخل الرحم)

SGA: baby weighs <10% of standard weight .. has IUGR

AGA : 10%-90% which is appropriate

LGA: >90%

Slide 6: not important just know the baby will have complications in almost every system

Slide 7: just read it

Slide 8 : enteral means feeding by nasogastric tube … ***from slide 8-15 they are all numbers not for memorizing***

Slide 16 -18 the doctor just read them didn't focus on them

Slide 19 : read it

Slide 20 : skip

Slide 21 : proteins 3.5-4 g .. lipids40%-50% (EFA 3%) …carbs 40-50% ** we have to take into consideration the lactose intolerance , just take a look at them

Slide 22-24: read it

**Slide 25: read it

Slide 27 read it >> growth :depends on physical size , while development :depends on skills

Slide 29 read it

Nutrition in Childhood

Slide2 : very important

Slide 3: Nutrient requirements are affected by a generally slowed and erratic growth rate between infancy and adolescence and a child individual needs **read the rest of the slide**

Slide 4 : PEM >>protein –energy malnutrition , has two features low proteins or low energy , low protein causes kwashiorkor disease when the baby is no more breast fed , he will receive less protein and if the baby is fed by bottled milk he will have protein malnutrition due to wrong dilution of the milk , or if the bottle not clean it will cause it infection , the baby will have edema .. if the decrease was in the energy due to low carbs proteins and fat , the person will have low muscle and fat mass, look very thin.(not mentioned in slides but the doctor focused on it during lecture)

The rest of the deficiencies we took them in the first lecture >> vitamin D :rickets , iron: anemia , zinc :growth retardation, cretinism

Lead toxicity : children eat it , found in paint , cause neurosystem behavioral changes

Slide5 :the doctor never told us to memorize such numbers , so I think they are not important

Slide6 : read it carefully , CDC >> use growth chart and calculate baby's weight height etc.. .**then compares it to the chart , starts from age 0-36m

Slide 7 : Growth rate:the rapid rate of growth during infancy is followed by a deceleration during the preschool and school age years, infants growth is rapid

Between 6 years of age and the adolescent growth spurt, gender differences can be noted

At age 6 boys are taller and heavier than girls

By age 9 the height of the average female is the same as that of the 9 year old male and her weight is slightly more

**Charts are put by CDC (Center for Disease Control) founded by WHO in Atlanta, Georgia

Slide 8 : read it

Slide 9: needs of protein changes and becomes less

Slide 10: most of it was mentioned before >> 1-3 years are at high risk of iron deficiency(9% of toddlers)

Slide11-12 : read it

Slide 13 : growth rate decrease

Slide 14-16 :read it

Slide 17-18 : skip it

Slide 19-21 : read it

Slide 22-23 : we took the whole thing in biochem so you should be familiar with it

Slide 24-29 :read it.. Physical changes in the years between infancy and adolescence happen at a slower and steadier pace, and the cognitive, physical, and socioemotional growth is significant

Nutrition during Pregnancy and Lactation

Slide 1 : 8-11 weeks most important time of pregnancy where it is very sensitive stage

Slide 2: fetus weighs 7.5-8.5 lb , mother gains 28-29 lb

Slide 3 : just memorize the one on the right and the one on the left ..

Prepregnancy Body Size Based on BMI	Inadequate Gain	Appropriate Gain (Recommended weight gain)
BMI <18.5 (Underweight)	<11	13 - 18 kg
BMI 18.5 – 24..9 (Normal)	<12	11 – 16 kg
BMI 25-29.9 (Overweight)	<5	7 -11 kg
BMI >30 (Obese) **Teenagers** **Twin pregnancy**	Weight loss or no gain	5 – 9 kg 16 – 18 kg 16 – 20 kg

Slide 5-9 : most common GI physiologic change during pregnancy is heartburn.. read the rest of the slides

Slide 10 : Metabolism increases 15%

DRIs add 340 to 360 kcal/day during the second trimester and another 112 kcal/day in the third trimester

Slide 11 : fiber most important

Slides 12-13 : read it

Slide 14 : pregnant woman increase in the amount of food

Slide 15 : 8-10 glasses of water

Slide 16 : read it .. not sure if we have to memorize the numbers.

Slide 17: most dangerous methyl mercury and PCB ..mostly found in contaminated sea creatures

Pica :the habit of eating clay

Slide 20 :know what time each complication mostly occur

Slides 21-22 :read it

Slide 23 : breastfeeding should be at least 6m as long as possible to 12m and up to 2 y , which is called executive breastfeeding (the baby only drinks milk and a little amount of water) ** never give the baby honey, because it has spores which could cause botulism

Slide 24 : breastfeeding decreases incidence and/or severity of infectious diseases

Slide 25-26 : just take a look at them

Slide 28 : study it from the pic .. anterior pituitary>> prolactin (milk production) …. Posterior pituitary >> oxytocin (milk ejection)

Slides 29-31 : read it

Focus on the topics the doctor mentioned in the review lecture they are really important they have a high chance in being in the exam, past papers are important! Please study the **Nutrition during Infancy from the sides cause I couldn't get my hands on a record of the lecture, so they are not written here.

Sorry for any mistakes

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