Nutritional Challenges in Children

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This issue of Pediatric Annals is dedicated to nutrition, a broad and obviously central issue to children’s health. Because this is a problem about which I am particularly concerned, I was happy to serve as the guest editor as well as the Editor-in-Chief.

The cases range from an American child who developed kwashiorkor, which is atypical in industrialized nations, to a drywall-ingesting child with a surprising diagnosis. Also included are a child with multiple disabilities who developed failure to thrive from an unusual complication; a girl with severe hypertriglyceridemia complicated by acute pancreatitis; a micropreemie (520 g) whose nutritional challenges were dramatic and highly complicated, and a grossly obese teen who successfully lost about 90 lb and normalized his lab studies.

NUTRITION LABELING

Improved nutrition for both adults and children could be greatly facilitated by placing explicit labels on packaged food and beverages, yet a recent perspective in The New England Journal of Medicine (June 23, 2011) highlights some of the difficulties encountered in dealing with the food and beverage industry.
Early in 2011, the Grocery Manufacturers of America and the Food Marketing Institute, both major US food-industry trade organizations, announced a $50 million voluntary educational program and nutrition-labeling system (Nutrition Keys) on food packages to “help busy consumers make informed choices.”

The timing of this effort is of concern because the industry announced its new approach despite the fact that the CDC and the FDA have commissioned the highly respected and objective Institute of Medicine (IOM) to issue recommendations, with a final report due in fall 2011. Recently, the food industry spent at least $1.5 billion (yes, billion) to lobby against the European Union’s use of an easy-to-understand “traffic-light” system label, especially opposing the use of a red symbol to suggest that a food was too high in fat, sugar, or salt. There were sufficient negative press and critical comments from the FDA to force the industry to discontinue its Nutrition Keys program. Hopefully, the food industry will wait for the IOM report and endorse the best-evidence approach to labeling. Otherwise, it risks the government mandating certain kinds of labels while restricting some others, an outcome the industry would surely want to avoid.

AN INTERNATIONAL PERSPECTIVE

The stamps accompanying this column are an Australian one depicting a child’s heart pleading for “No junk food, please;” a 1984 Mauritanian stamp showing a cage-like device to weigh infants and children with a growth chart in the background; and two colorful stamps from the Solomon Islands, one showing an array of fruits and vegetables with the message “local food is best (for your health),” and the other emphasizing that “mother’s milk is best.”

I hope you find the articles in this issue helpful to your clinical practice. Feel free to get in touch; I am always interested in your thoughts. Email comments or questions to pedann@slackinc.com.

REFERENCE


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