Diagnosing the nutritional status in Cerebral Palsy

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AIM
To examine the optimal methods of diagnosing the nutritional status in children and adults with CP.

CONCLUSION
A practical approach for nutritional status is proposed. There is a need for more reliable measurements and equations in CP and an uniform registration.

**Weight:**
Calibrated scales, wheelchair scales or lifter with weight-unit

**Height:**
Knee height (equation Stevenson or Chumlea) or measuring segmental height with patient lying on his side

**Growth, height and weight:**
CP I,II: national growth charts
CP III, IV,V: national growth charts (and if desired) growth charts Brooks

**Body-composition:**
Not yet measured
BIA not validated
Skinfold measurements not reliable and frightening for mentally disabled patient

**Medication:**
Attention for antiepileptic drugs and antacids because of food related adverse effects

**GMFCS:**
Gross Motor Function Classification System indicates severity

**Reflux:**
Volume, frequency, use of medication
Behaviour problems in mentally disabled patient

**Swallowing problems:**
Diagnostics:
Speech therapist, Dietitians:
EAT-10 and Red flags (Arvedson)

**Energy expenditure:**
Equations (Schofield without length and Harris & Benedict);
Not yet measured by indirect calorimetry

**Defecation:**
Bristol Stool Chart
Constipation: fluid + fibers
child: age +5 g/day
adult: 14g/1000 kcal

**Vitamin and mineral status:**
Some regularly measured:
Vitamin D and B12, iron, magnesium and sodium