
Subject: Oedema & use of all valid z-scores

Posted by [bloessnerM](#) on Wed, 02 Apr 2014 16:04:33 GMT

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We propose to include the assessment of bilateral pitting oedema in children 0-59 months old. The recommended assessment technique is to grasp the foot so that it rests in your hand with your thumb on top of the foot. Press your thumb gently for a few seconds. If a pit (dent) remains in the foot when you lift your thumb, the child has oedema. The oedema must appear in both feet; if the swelling is in only one foot, it may just be a sore or infected foot. [Reference WHO: Training course on child growth assessment, Module B . (http://www.who.int/childgrowth/training/module_b_measuring_growth.pdf?ua=1).

Children with oedema should not be weighed given that the excess fluid may result in a weight measurement that masks severe acute malnutrition. Not assessing oedema in children thus may result in underestimation of SAM in for certain populations.

The WHO macro to derive z-scores based on WHO standards to our knowledge was incorporated into the DHS CPro procedure and it already contains the logic to calculate aggregated estimates for surveys including oedema cases.

If oedema assessment is included into the DHS nutrition module, it would be good to add to the results table the total number of oedema cases found in the surveyed population.

It is important to note that oedema assessment is not necessary for all countries, but would be recommended to include for surveys in countries where oedema has been repeatedly observed such as in Sub-Saharan Africa, South-central and South-eastern Asia.

Another suggestion refers to the current DHS calculation approach using list-wise deletion of child records when one indicator z-score is flagged as outside the limits. UNICEF and WHO, for MICS and the WHO Global Database on Child Growth and Malnutrition, respectively, use all valid z-scores per indicator in order to make maximum use of the available data.

Subject: Re: Oedema & use of all valid z-scores

Posted by [odary](#) on Fri, 11 Apr 2014 19:43:59 GMT

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The USAID-NUT Division endorses the recommendation of including determination of bilateral edema. We also suggest to include the determination of MUAC.

1. What is the information needed? Acute undernutrition may be underestimated if only w/h is assessed. Furthermore, MUAC is an additional indicator to validate wasting rates, which in some instances have been erroneous. Bilateral edema is important for identifying malnourished children even if the weight may be normal due to water accumulation.

2. What questions will elicit this information? Determination of MUAC and bilateral edema by the surveyors.

3. How will the resulting information be used? To complement and to corroborate information

about wasting

4. What is the priority? This suggestion has high priority to strengthen the validity of DHS results about wasting.

5. Priority among several addition? NA

6. Should the additional data be collected in all countries? Yes

Subject: Re: Oedema & use of all valid z-scores
Posted by [ElisabethS](#) on Sat, 12 Apr 2014 03:20:53 GMT
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I agree that it would be important to assess whether children have edema; however, I suggest that all children should be weighed (as has been done in past DHS surveys) and that the presence of edema should be recorded in the questionnaire. This will allow the exclusion of children with edema at the analysis stage, and allow comparability with previous DHS surveys.
