

Continuing professional development activity for dietitians

SAJCN CPD activity No 56 and 57 - 2008

ACTIVITY 54

You can obtain 3 CEU's for reading the article: "SOCIO-DEMOGRAPHIC PROFILES AND ANTHROPOMETRIC STATUS OF 0- TO 71-MONTH-OLD CHILDREN AND THEIR CAREGIVERS IN RURAL DISTRICTS OF THE EASTERN CAPE AND KWAZULU-NATAL PROVINCES OF SOUTH AFRICA" and answering the accompanying questions.

> This article has been accredited for CEUs for dietitians. Ref number: DT/A01/P00008/2008/00005

PLEASE ANSWER ALL THE QUESTIONS (True or False)						
	1.	The main focus of the Integrated Nutrition Programme (INP) is to address insufficient dietary intake of vulnerable children through food parcels.		True False		
	2.	The study had a cross-sectional design.		True False		
	3.	A quantified food frequency questionnaire was used to assess nutritional quality of the diet.		True False		
	4.	The height of the children was taken in a standing position, except for the smaller children who could not yet stand on their own.		True False		
	5.	The severity of childhood malnutrition was assessed using World Health Organization criteria.		True False		
	6.	Coverage of measles immunization at 18 months was below 50% in both provinces.		True False		
	7.	In South Africa, the poorest bear the heaviest burden of stunting and underweight.		True False		
	8.	The authors recommended vegetable gardens as the sole solution to address vitamin A deficiency.		True False		
	9.	The study showed that home-gardens were a good source of income for the majority of the households.		True False		
	10.	More than half of the households in the study population owned livestock.		True False		
	11.	Meat was consumed more frequently in KwaZulu-Natal than the Eastern Cape.		True False		
	12.	Nutrition programmes should be flexible and should take into consideration the local conditions.		True False		

ACTIVITY 55

You can obtain 3 CEU's for reading the article: "THE DEVELOPMENT OF A PRELIMINARY REGRESSION EQUATION FOR ESTIMATING THE WEIGHT OF BLACK SOUTH AFRICAN PARAPLEGIC MALES USING ANTHROPOMETRIC MEASUREMENTS,

	TSHWANE, SOUTH AFRICA" and answering the accompanying questions.					
	This article has been accredited for CEUs for dietitians. Ref number: DT/A01/P00008/2008/00006					
PL	PLEASE ANSWER ALL THE QUESTIONS (True or False)					
1.	Loss of lean body mass in spinal cord injured (SCI) persons is due to disuse atrophy.	True False				
2.	The decreased energy expenditure of SCI subjects can mainly be explained by lower resting energy expenditure.	True False				
3.	In paraplegic persons the most significant changes in body composition occur in the first 3 months after the spinal cord injury.	True False				
4.	In this study 8 anthropometric measurements as well as demographic data were assessed for possible inclusion in a regression equation.	True False				
5.	The following anthropometric measurements were taken while the subjects were lying on the examination bed: supine length, waist circumference and upper-arm length.	☐ True ☐ False				
6.	Multiple stepwise linear regression was used to analyze the relationship between weight as the independent variable and the anthropometric measurements and demographic data as dependent variables.	True False				
7.	In this study, arm circumference had the strongest correlation with weight (R = 0.89).	True False				
8.	None of the demographic data correlated significantly with weight in this study	True False				
9.	The R square value gives an indication of the strength of a relationship between the predicted weight using the regression equation and the actual weight.	True False				
10.	The four-variable equation in this study included the following variables: calf circumference, chest circumference, neck circumference and supine length.	True False				
11.	The ideal body weight of a paraplegic person is 4.5 to 6.5 kg below the ideal body weight of able-bodied persons of the same height.	True False				
12.	One of the biggest limitations of this study was the small sample size.	True False				

HOW TO EARN YOUR CEUS

1. Please checkyour name and HPCSA number. 2. Read the article and answer all the questions. 3. Only ONE answers be et may be submitted per article. 4. Indicate your answers to the questions by coloring the appropriate block on this answer sheet. 5. This CPD questionnaire can now be completed online at www.sajcn.co.za. Click on "CPD" on the main page. You are now linked to the ecpdsa website. Register with the ecpdsa website, log in and choose the SAJCN CPD activity for this issue. Please provide your fax number and e-mail address for your processed certificate. 6. Only torn-out copies will be accepted by post. Please sign the document and post it to Postnet Suite 55, Private Bagx22, Tygervalley, Cape Town, 7536. 7. Answer sheets must be submitted not later than 30 November 2008. Answer sheets received after this date will not be processed. 8. You will earn 3 CEUs per article if you answer more than 70% of the questions correctly. A score of less than 70% will not earn you any CEUs. 9. Make a photocopy for your own records in case your form is lost in the mail.

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Full member of: ADSA: \square yes \square no NSSA: \square yes \square no SA	SPEN: yes no This is	s my own unassisted work.	



Giving toddlers a head start in life



ABBOTT, leaders in Science-Based Nutrition, are proud to announce the launch of Isomil® 3 Plus EYE Q, the first soy-based follow-on formula to contain the essential long-chain polyunsaturated fatty acids, arachidonic acid (ARA) and docosahexaenoic acid (DHA).

The importance of DHA and ARA, naturally found in breast milk and added to infant formulas, to support brain development, was recognized by the rapid accretion of these fatty acids in the infant brain.^{1,2} Reports of enhanced intellectual development in breastfed children and the recognition of the physiologic importance of DHA in visual and neural systems, led to clinical trials that evaluated whether infant formulas supplemented with DHA and ARA would enhance visual and cognitive development.¹

Evidence for a beneficial effect of ARA plus DHA supplementation on central nervous system (CNS) development is strong.³ A randomized study evaluated visual and cognitive development in infants at 14 and 39 months of age and compared infants fed standard formula, formula supplemented with DHA or formula supplemented with DHA and ARA.¹ This study, with the longest follow-up period reported to date, showed that:

 DHA and ARA supplementation support visual and cognitive development in infants from birth to children 39 months of age.¹

Isomil® 3 Plus EYE Q is a milk- and lactose-free, soy-based formula that is specifically designed for children

from one year of age who have IgE-mediated cow's milk allergy, are lactose intolerant or suffer from digestive symptoms such as gas, diarrhea or regurgitation.⁴

In addition to the patented combination of DHA and ARA, Isomil® 3 Plus EYE Q contains:

- Taurine and choline, which together with DHA and ARA are required for brain development. 5,6
- Soy protein isolate, equivalent to animal protein in quality and a rich source of nucleotides, required for normal immune development.⁷
- A vegetable oil blend that optimizes calcium and fat absorption and is associated with a lower incidence of gastrointestinal intolerance than infant formulas containing animal fats or palm olein oil.⁸
 Stool characteristics of infants fed with this unique vegetable oil blend closely resemble those of infants fed human milk.⁸
- Two sources of carbohydrate, which use two different digestive enzymes and two different noncompeting absorptive pathways, thereby enhancing carbohydrate absorption.⁹

Isomil® 3 Plus EYE Q is a nutritionally complete, follow-on soy formula for growing toddlers from one year of age. It has been tested in clinical trials and is the scientifically supported soy formula with the EYE Q system of brain nutrients that support brain development.¹

Isomil® 3 Plus EYE Q is competitively priced and is available at pharmacies, supermarkets and baby stores. For more information on Isomil® 3 Plus EYE Q, please contact the brand manager, Yvonne MacLeod, at Abbott Nutrition. Tel. No: (011) 858 2000.

References:

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