



## EVIDENCE SUPPORTING THE USE OF PLUMPY'SUP™

**Matilsky DK et al. "Supplementary feeding with fortified spreads results in higher recovery rates than with a corn/soy blend in moderately wasted children." J Nutr. (2009); 139:773-8.**

**OBJECTIVES:** Moderate childhood wasting is defined as having a weight-for-height Z-score (WHZ)  $\leq -2$ , but  $\geq -3$ . These children are typically given fortified corn/soy blended flour (CSB), but this intervention has shown limited effectiveness. Fortified spreads (FS) can be used as supplementary foods instead; they are energy-dense, lipid-based pastes with added powdered micronutrients. In this randomized clinical effectiveness trial, the recovery rates were compared among children with moderate wasting who received either milk/peanut FS, soy/peanut FS, or CSB.

**CONCLUSION:** We conclude that FS are superior supplementary foods to CSB for moderately wasted Malawian children.

**Karakochuk C et al. "Treatment of moderate acute malnutrition with ready-to-use supplementary food results in higher overall recovery rates compared with a corn-soya blend in children in southern Ethiopia: an operations research trial." Am J Clin Nutr. (2012); 96:911-6.**

**OBJECTIVES:** Moderate and severe acute malnutrition affects 13% of children, 5 y of age worldwide. Severe acute malnutrition affects fewer children but is associated with higher rates of mortality and morbidity. Supplementary feeding programs aim to treat moderate acute malnutrition and prevent the deterioration to severe acute malnutrition. The aim was to compare recovery rates of children with moderate acute malnutrition in supplementary feeding programs by using the newly recommended ration of ready-to-use supplementary food (RUSF) and the more conventional ration of corn-soya blend (CSB) in Ethiopia.

**CONCLUSION:** In comparison with CSB, the treatment of moderate acute malnutrition with RUSF resulted in higher recovery rates in children, despite the large ration size and higher energy content of the conventional CSB ration.

**Chang CY et al. "Children successfully treated for moderate acute malnutrition remain at risk for malnutrition and death in the subsequent year after recovery." J Nutr. (2013); 143:215-20.**

**OBJECTIVES:** Moderate acute malnutrition (MAM) affects 11% of children  $\leq 5$  y old worldwide and increases their risk for morbidity and mortality. It is assumed that successful treatment of MAM reduces these risks. A total of 1967 children aged 6-59 mo successfully treated for MAM in rural Malawi following randomized treatment with corn-soy blend plus milk and oil (CSB++), soy ready-to-use supplementary food (RUSF), or soy/whey RUSF were followed for 12 mo.

**CONCLUSION:** This study demonstrates that children successfully treated for MAM with soy/whey RUSF are more likely to remain well-nourished; however, all children successfully treated for MAM remain vulnerable.

**Ackatia-Armah RS. "Malian children with moderate acute malnutrition who are treated with lipid-based dietary supplements have greater weight gains and recovery rates than those treated with locally produced cereal-legume products: a community-based, cluster-randomized trial." Am J Clin Nutr. (2015).**

**OBJECTIVES:** Moderate acute malnutrition (MAM), defined as weight-for-length zscore between  $-3$  and  $-2$  or midupper arm circumference between 11.5 and 12.5 cm, affects  $\approx 33$  million children aged  $\leq 5$  y worldwide. The objective was to compare the effects of 4 dietary supplements for the treatment of MAM.

**CONCLUSION:** RUSF was more effective, but more costly, than other dietary supplements for the treatment of MAM.



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