Relapse and regression to severe wasting in children under 5 years:
A theoretical framework   Research snapshot[1]

Recently published reviews on relapse to severe wasting and long-term treatment outcomes suggest that levels of severe wasting after treatment are considerable. Standardised measurement is, however, lacking. The Council of Research & Technical Advice for Acute Malnutrition (COR-TASAM) recommends the use of the following definitions: relapse (wasting within six months after exiting treatment as per recommended discharge criteria), regression (wasting within six months after exiting treatment before reaching recommended discharge criteria), reoccurrence (wasting after six months of exit from treatment as per recommended discharge criteria) and ongoing episode (severe wasting cases that exit treatment while still severely wasted).

A theoretical framework of post-treatment relapse and regression to severe wasting is presented in this paper to guide discussions, risk factor analyses and the development and evaluation of interventions. The framework highlights additional factors that may impact the risk of relapse and regression in addition to the impact of contextual factors associated with incidence and reoccurrence of severe wasting more generally.

These potential risk factors include the nutrition and health status of the child – at admission, during treatment and at exit from treatment, treatment interventions, platforms and approaches or the type of exit from treatment (e.g., before reaching the recommended criteria), poorer nutritional and immunological status at exit from treatment (immune recovery in wasted children may take longer than nutritional recovery so children may not be immunologically recovered when exiting treatment even after meeting recommended criteria for 'recovery') and, finally, interventions following exit from treatment (e.g., nutritional support and care group interventions at the community or household level, broader community support or access to social protection).

The evidence-base for many factors hypothesised in this framework is weak. Robust trials are needed to identify efficacious interventions to reduce relapse and regression after exit from treatment. This framework can be a starting point to stimulate and guide research to improve understanding of severe wasting after exit from treatment, how to identify children most at risk of relapsing and regressing and thus wasting-related mortality and morbidity and how to prevent wasting after treatment exit. For programmes, continuity of care across treatment programmes and after discharge should be a priority.

A child is screened for severe acute malnutrition at the Timbuktu regional hospital, Mali

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1   Schaefer, R., Mayberry, A., Briend, A., Manary, M., Walker, P., Stobaugh, H., Hanson, K., McGrath, M., & Black, R. (2020). Relapse and regression to severe wasting in children under 5 years: A theoretical framework. *Maternal & Child Nutrition*, e13107. doi:https://doi.org/10.1111/mcn.13107

Identifying and treating maternal mental health difficulties in Afghanistan: A feasibility study

Research snapshot[1]

A recent study found that the prevalence of mental disorders was 22% in low- and middle-income countries that had experienced conflict in the past two decades, substantially higher than global prevalence estimates. Most of those who need care do not, however, have access to treatment. During the perinatal period, mental disorders may have significant deleterious effects on women and their children. With high levels of poverty, lack of autonomy, high rates of violence and assaults on physical health, mental health problems are nearly twice as common amongst women compared to men in Afghanistan.

The aim of this study was to evaluate the feasibility of delivering a maternal mental health service as a part of routine service delivery (through an infant feeding scheme) with non-specialist health workers in Parwan Province, Afghanistan. The intervention involved training health workers to screen postpartum women for depression (using the PHQ9 – a nine-item depression screening tool) and the delivery of appropriate treatment to those who screened positive. The psychological intervention used was an adaptation of the Thinking Healthy Programme, a cognitive behavioural approach that can be adapted to suit various contexts.

Over a three month period, 215 women who had given birth in the past 12 months were screened for depressive symptoms, of whom 187 (87%) presented with some symptoms of post-partum depression, ranging from mild to severe, and 131 (61%) met the PHQ9 criteria for referral to the intervention (PHQ9 >=12). All of the women who screened positive agreed to enrol but only 72 actually participated with 47 completing the six sessions. The PHQ-9 scores of those who completed all sessions decreased by at least six points, with an average decrease of 13 points, and all scored below the study's cut-off score of 12. Mothers of children with moderate or severe acute malnutrition were the most likely to have depressive symptoms.

The study found that there were multiple barriers for women to access mental health care. They may be prohibited by family members, have financial constraints or encounter community-based violence or armed conflict. The design of an intervention in such settings should consider these constraints and anticipate flexible strategies to deliver maternal mental health care.

1   Tomlinson, M., Chaudhery, D., Ahmadzai, H., Rodríguez Gómez, S., Rodríguez Gómez, C., van Heyningen, T., & Chopra, M. (2020). Identifying and treating maternal mental health difficulties in Afghanistan: A feasibility study. *International Journal of Mental Health Systems*, 14(1), 75. doi:10.1186/s13033-020-00407-1