

WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years

**Web Annex I.**

**Post-exit interventions after recovery from wasting and/or nutritional oedema.**

**Questions or interventions for which the GDG did not make a recommendation**





















## **Questions or interventions for which the GDG did not make a recommendation**

**Guideline question:** In infants and children at risk of poor growth and development or with moderate or severe wasting or oedema meeting the above criteria, which post-exit interventions are effective?

**Intervention identified in the effectiveness systematic review:** An integrated package of care including medical care, food supplementation and malaria prevention and treatment

The GDG considered the evidence for this intervention identified in this broadly focused guideline question, made judgements across the EtD criteria and agreed not to make a recommendation for this intervention, mainly due to limited evidence which was of very low certainty and lacked generalizability.

**Table I.1 Summary of judgements for an integrated package of care including medical care, food supplementation and malaria prevention and treatment**

<b>PROBLEM</b>	No	Probably no	Probably yes	<b>Yes</b>	Varies	Don't know
<b>DESIRABLE EFFECTS</b>	Trivial	<b>Small</b>	Moderate	Large	Varies	Don't know
<b>UNDESIRABLE EFFECTS</b>	Large	Moderate	Small	Trivial	Varies	Don't know
<b>CERTAINTY OF EVIDENCE</b>	<b>Very low</b>	Low	Moderate	High	No included studies	
<b>VALUES</b>	Important uncertainty or variability	Possibility important uncertainty or variability	<b>Probably no important uncertainty or variability</b>	No important uncertainty or variability		
<b>BALANCE OF EFFECTS</b>	Favours the comparison 	Probably favours the comparison 	Does not favour either the intervention or the comparison 	Probably favours the intervention 	Favours the intervention 	Varies Don't know
<b>RESOURCES REQUIRED</b>	Large costs 	Moderate costs 	Negligible costs and savings 	Moderate savings 	Large savings 	Varies Don't know
<b>CERTAINTY OF EVIDENCE OF REQUIRED RESOURCES</b>	Very low	Low	Moderate	High	No included studies	
<b>COST</b>	Favours the comparison 	Probably favours the comparison 	Does not favour either the intervention or the comparison 	Probably favours the intervention 	Favours the intervention 	Varies No included studies
<b>EQUITY</b>	Reduced 	Probably reduced 	Probably no impact 	Probably increased 	Increased 	Varies Don't know
<b>ACCEPTABILITY</b>	No	Probably no	Probably yes	Yes	Varies	Don't know
<b>FEASIBILITY</b>	No	Probably no	Probably yes	Yes	Varies	Don't know

## **Evidence to decision**

### **Benefits and harms**

The GDG made the judgement that there are small desirable effects, and unknown undesirable effects, of an integrated package of care including medical care, food supplementation and malaria prevention and treatment. The GDG agreed on a judgement of “don’t know” in terms of the balance of effects of this intervention.

This judgement was based on evidence from one study in which the intervention arm received 40 g/d of a lipid-based nutrient supplement for eight weeks after exit, a single dose of albendazole for deworming at the time of exit, a 14-day course of 20 mg zinc sulphate (ZnSO<sub>4</sub>) at the time of exit, an insecticide-treated bed net at the time of exit, and sulfadoxine-pyrimethamine for malaria chemoprophylaxis (1).

There were some potential desirable effects on sustained recovery, but the evidence was of very low certainty. The evidence was also of very low certainty for relapse to moderate wasting. The intervention had no effect on mortality.

There was no evidence on anthropometric outcomes or readmission, which were pre-specified outcomes of interest.

### **Certainty of the evidence**

The GDG agreed that the evidence was of very low certainty for this integrated package of care as a post-exit intervention.

### **Values and preferences**

The GDG concluded there is probably no important uncertainty or variability in terms of the main outcomes, based on evidence from a qualitative evidence synthesis which included four relevant studies on growth and recovery, failure to respond or worsening condition after intervention and mortality.

### **Resources**

In a systematic review of economic evidence there were no studies identified and therefore the GDG could not determine resources and cost-effectiveness of this integrated package of care.

### **Equity**

In a qualitative evidence synthesis there were no studies identified related to the impacts of this integrated package of care on equity.

### **Acceptability**

In a qualitative evidence synthesis there were no studies identified that indicated whether this post-exit intervention is acceptable.

### **Feasibility**

In a qualitative evidence synthesis there were no studies identified about the feasibility of delivering this integrated package of care as a post-exit intervention.

## References

1. Stobaugh HC, Bollinger LB, Adams SE, Crocker AH, Grise JB, Kennedy JA, et al. Effect of a package of health and nutrition services on sustained recovery in children after moderate acute malnutrition and factors related to sustaining recovery: a cluster-randomized trial. *Am J Clin Nutr.* 2017 Aug;106(2):657–66.

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