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The Next 1000 Days: Building on Early Investments for the Health & Development of Young Children

Publication: Lancet
Publish Date: November 2024
Authors: Draper CE, Yousafzai AK, McCoy DC, Cuartas J, Obradović J, Bhopal S, Fisher J, Jeong J, Klingberg S, Milner K, Pisani L, Roy A, Seiden J, Sudfeld CR, Wrottesley SV, Fink G, Nores M, Tremblay MS, Okely AD

SUMMARY

The next 1000 days of a child's life, from ages 2 to 5, are crucial for building on early development. This period offers a chance to create nurturing environments, establish healthy behaviors, and sustain developmental gains. The first paper in this series highlights the importance of this stage, the environments of care, risks, protective factors, and current interventions. The second paper discusses the cost of inaction. In low- and middle-income countries (LMICs), only 62 million children aged 3 and 4 (25.4%) receive adequate nurturing care, leaving 181.9 million at risk. While 86.2% of children in

LMICs have a healthy weight, fewer than one in three receive developmental stimulation or protection from physical punishment, and only 38.8% have access to early childhood care and education. Research on interventions in LMICs is limited. Priorities include ensuring continuous nurturing care, coordinating health, education, and protection sectors, and supporting caregivers to improve care quality. These efforts are essential for maximizing children's developmental potential and achieving the Sustainable Development Goals.

READ ARTICLE

The Cost of Not Investing in the Next 1000 Days: Implications for Policy & Practice

Publication: Lancet
Publish Date: November 2024
Authors: Nores M, Vazquez C, Gustafsson-Wright E, Osborne S, Cuartas J, Lambiris MJ, McCoy DC, Lopez-Boo F, Behrman J, Bernal R, Draper CE, Okely AD, Tremblay MS, Yousafzai AK, Lombardi J, Fink G

SUMMARY

Building on the evidence from the first paper in this Series, which underscores the critical importance of healthy and nurturing environments for children's growth and development in the first 1000 days (ages 2-5 years), this paper outlines the benefits and costs of key strategies to support children's development during this period. The subsequent 1000 days build on family-based and health-sector interventions provided in the initial 1000 days and necessitate broader multisectoral programming. Effective interventions for this age range include early childhood care and education (ECCE), parenting interventions, and cash transfers. We demonstrate that providing a minimum package of 1 year of ECCE for all children would cost, on average, less than 0.15% of the current gross domestic product of low-income and middle-income countries. The societal cost of not implementing this package at a national and global level (i.e., the cost of inaction) is substantial, with an estimated forgone benefit of 8-19 times the cost of investing in ECCE. We discuss the implications of the overall evidence presented in this Series for policy and practice, emphasizing the potential of ECCE programming in the next 1000 days as both an intervention and a platform for delivering developmental screening, growth monitoring, and additional locally required interventions. Providing nurturing care during this period is crucial for sustaining and enhancing children's

progress from the first 1000 days, enabling them to achieve optimal developmental trajectories from a socioecological life-course perspective.

READ ARTICLE

Are Lean Body Mass and Fat-Free Mass the Same or Different Body Components? A Critical Perspective

Publication: Advances in Nutrition
Publish Date: December 2024
Authors: Heymsfield SB, Brown J, Ramirez S, Prado CM, Tinsley GM, Gonzalez MC

SUMMARY

In scientific discourse, lean body mass (LBM) is often considered synonymous with fat-free mass (FFM). This article explores whether LBM and fat-free mass FFM are distinct or identical components, concluding that they are chemically identical. It delves into the evolution of body composition models, the categorization of lipids, and lipid extraction methods, highlighting the importance of precise terminology in body composition research to enhance clarity and accuracy. The authors advocate using the term FFM instead of LBM to avoid confusion and improve scientific rigor.

READ ARTICLE

Nine Myths about Enteral Feeding in Critically Ill Adults: An Expert Perspective

Publication: Advances in Nutrition
Publish Date: November 2024
Authors: Ramaswamy T, DeWane MP, Dashti HS, Lau M, Wischmeyer PE, Nagrebetsky A, Sparling J

SUMMARY

This article aims to dispel common misconceptions about enteral nutrition in critically ill patients. It emphasizes the importance of early and consistent nutritional support,

highlighting that delays or interruptions can lead to malnutrition and worse outcomes. The authors advocate for the use of gastric feeding, even in challenging clinical situations, and suggest that routine practices like measuring gastric residual volumes may not be necessary. They also discuss the benefits of continuing nutrition around surgical procedures and in patients with complex conditions, such as those who are proned or on vasopressors. Overall, the article provides evidence-based recommendations to optimize enteral nutrition and improve patient recovery in the ICU.

READ ARTICLE

Nutritional Optimization of the Surgical Patient: A Narrative Review

Publication: Advances in Nutrition
Publish Date: November 2024
Authors: Heutlinger O, Acharya N, Tedesco A, Ramesh A, Smith B, Nguyen NT, Wischmeyer PE

SUMMARY

Nutritional optimization for surgical patients is crucial for improving outcomes and reducing complications. Malnutrition can negatively impact recovery, leading to longer hospital stays and higher rates of postoperative issues. Preoperative nutritional assessments and interventions are essential to identify and address nutritional deficiencies. Enhanced recovery protocols that include nutritional support can significantly benefit patients, promoting faster recovery and better overall health.

Implementing these strategies helps healthcare providers ensure patients are in the best possible condition before surgery. This article provides a fundamental primer for surgeons to understand the clinical importance of nutritional optimization, practical prognostic tools, and recommendations for use in their practice.

READ ARTICLE

Effects of High-Protein Supplementation During Cancer Therapy: A Systematic Review & Meta-Analysis

Publication: American Journal Clinical Nutrition
Publish Date: December 2024
Authors: Orsso CE, Caretero A, Poltronieri TS, Arends J, de van der Schueren MA, Kiss N, Laviano A, Prado CM

SUMMARY

This study evaluated the effectiveness and safety of high-protein supplementation for patients undergoing cancer therapy. The review included 35 studies with a total of 3701 cancer patients. Those who received high-protein supplements experienced less weight loss compared to those who did not. Although there were no significant differences in health-related quality of life, high-protein supplementation improved muscle strength and lowered hospitalization rates. The review underscores the importance of addressing nutritional needs to enhance recovery and overall health. Despite some inconsistencies in secondary outcomes and the need for more robust trials, the findings suggest that high-protein supplementation can be a valuable addition to cancer care.

READ ARTICLE

Viewpoint: Better Late Than Never: Nutrition Education Opportunities for Physicians in the United States

Publication: Journal of CME
Publish Date: November 2024
Authors: Albin J, Williams DR, Stutts JT, Santander G, Gonzalez AL, Arensberg MB

SUMMARY

Physicians in the United States often receive limited training in nutrition, despite its critical role in patient care and disease prevention. This article highlights the gap in nutrition education within medical curricula and explores opportunities to enhance physicians' knowledge through targeted initiatives. The piece emphasizes the importance of equipping physicians with practical skills to address dietary and nutrition-related concerns in clinical practice, arguing that improved training could significantly enhance patient outcomes. It identifies key barriers, such as time constraints, lack of

prioritization in medical programs, and limited integration of nutrition into clinical guidelines, while proposing solutions like continuing medical education, interdisciplinary collaboration, and updated educational frameworks. The discussion underscores the value of incorporating nutrition education at various stages of medical training, from medical school to residency and beyond.

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