

Experiences from a Ugandan pediatric department on what it *means* and what it *takes* to care for skin changes in children with severe acute malnutrition.

Severe acute malnutrition (SAM) is a life-threatening stage of undernutrition that is most prevalent among children in poor and disadvantaged populations, characterized by food scarcity and high risk of infections.

The World Health Organization has developed a comprehensive guideline for in-hospital management of SAM, that has been adapted by several countries. There is still room for improvement though, with case fatality rates ranging from 8-16% in controlled settings.

Characteristic skin changes in complicated SAM can be severe and widespread. With the lack of well-documented management options, combined with a known association with poor outcome, the skin is a relevant focus for improvement of management guidelines.

Research on skin changes is though sparse. Studies are typically driven by external initiatives, and thus driven by a foreign agenda creating a mismatch between recommendations and local needs.

The scope of this study was to investigate what it *means* and what it *takes* to care for skin changes in children with complicated SAM, from a local health care perspective. The goal was to identify local driven and realistic suggestions for future research initiatives.

Through participant observation and semi-structured interviews of the mixed professions (nurses, nutritionists, pediatricians, intern doctors) that make up the health staff at Mwanamugimu Nutrition Unit in Uganda, we condensate their perspectives on challenges in their work and their view on skin.

We found that skin changes in SAM are considered a danger sign that *means* death in the eyes of the staff but observe that treatment often treatment does not follow management guidelines. We learn how these children, in the opinion of the staff, would gain from the care proposed in the guidelines. Furthermore, that treatment *takes* money and currently relies on the economy of the caretaker.

The recommendation is to test treatment options that are preferably without cost for the caretaker. Furthermore, the effect of the current treatment options must be tested on the patient group to avoid implementing unnecessary expenses to the management guidelines.



Figure 1 Child sitting with grandmother (right) with edematous severe acute malnutrition, presenting widespread skin changes. The mother (left) breastfeeding the younger well-fed sibling.

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