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News

Zinc supplements improve children's health

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Norra Macready, *California*

Zinc supplementation reduces the incidence and severity of childhood infections and may lower child mortality in impoverished areas, according to studies conducted by members of the Child Health Research Project.

The project is a collaboration of the World Health Organisation, Harvard University in Massachusetts, Johns Hopkins University in Maryland, and the International Centre for Diarrhoeal Disease Research in Bangladesh. It carried out a number of studies, which are published in a special 200 page supplement to the August issue of the *American Journal of Clinical Nutrition*.

In one study of 116 children aged 1-5 living in a New Delhi slum, diarrhoea was more frequent and severe when initial plasma **zinc** was less than 8.4 mmol/l. Respiratory tract infections also were more common in children with **zinc**

deficiency.

In Brazil, researchers compared the effect of daily **zinc** supplements of 1 mg and 5 mg to that of placebo on growth, morbidity, and immune function during the first six months of life. The 5 mg supplement was associated with greater weight gain, a 28% reduction in prevalence of diarrhoea, and a 33% reduction in prevalence of cough. The 1 mg supplement had no effect on any of the variables studied.

In China 740 children aged 6-9 who took a supplement of **zinc** combined with other micronutrients experienced greater improvements in growth and neuropsychological performance than children who received **zinc** alone or other micronutrients without **zinc**.

Zinc is important for normal growth and development and immune function, said Michael Georgieff, professor of paediatrics and child development at the University of Minnesota. Deficiencies of micronutrients such as **zinc**, iron, and copper are common in developing countries because the best sources of **zinc** are high protein foods such as meat. "**Zinc** deficiency is likely any place where there is kwashiorkor or protein-energy malnutrition," said Professor Georgieff.

According to Susan Baker, professor of paediatrics and chair of the American Academy of Pediatrics' committee on nutrition, chronic diarrhoea causes **zinc** deficiency, and **zinc** deficiency may in turn contribute to diarrhoea.

One of the investigators, George Fuchs of the International Centre for Diarrhoeal Disease Research, Bangladesh, points out that some questions remain. Should the supplements be targeted to the groups of children in whom they have been shown to work? What is the optimal dosing regimen and duration of treatment? What is the nature of the interaction between **zinc** and copper?

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