

Failure to Thrive (FTT)-Causes and Treatments

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Editorial

For the past 6 million years, humans and their ancestors have been walking on this biosphere. As humans developed so does the environment, and along with the myriad diseases, disorders as well different medical conditions also flourished. Covid-19 is one of the recent and well-known examples of pandemic viral diseases. Every year thousands of humans succumbed to death who were suffering from different diseases or disorders. But comparatively, the death rate of the affected persons from diseases or disorders is more than those who are suffering from some medical conditions. One of those is Failure to Thrive which is mostly referred to as FTT. In general practice, FTT is commonly used for any child who fails to gain weight or height according to standard medical growth charts. FTT occurs when a child is either not receiving adequate calories or is unable to properly utilize the calories that are given, resulting in failure to grow or gain weight over a period. About 3%-5% of children admitted to hospitals suffer from this condition. The FTT is of two types, one is "organic" and the other one is "non-organic". Organic FTT refers to growth failure caused by an acute or chronic medical illness that interferes with regular food intake, absorption, or digestion of food, or by a higher calorie need to keep up with or aid growth. Whereas most babies with FTT do not have a specific underlying disease or medical condition to account for their growth failure. This is referred to as Non-organic FTT. Up to 80% of all children with FTT have non-organic type FTT. Non-organic FTT most commonly occurs when there is inadequate food intake or there is a lack of environmental stimuli. Lack of food intake owing to the issues with

feeding procedures, or an insufficient supply of breast milk are all examples of non-organic FTT. The best indication of nutritional status is weight. Obtaining your child's height is also vital; however, a single height measurement is less useful for the diagnosis of FTT than numerous height measures taken over time. Linear growth may be impacted in malnourished children, although this typically reflects a protracted period of low nutrition. Majority of children with non-organic FTT exhibit growth failure in their first year of life and seek medical attention around the age of six months. The time of presentation in children with organic FTT is more varied and depends on the child's underlying medical condition.

Treatment

The treatment of failure to thrive is determined by the child's age, the related symptoms, and the underlying cause of the poor growth. The general objective of therapy is to offer appropriate calories and any additional assistance required to encourage the child's growth. If the kid is experiencing organic failure to thrive, extra therapy may be required to treat the underlying medical issue. Intestinal problems, for instance, might result in inadequate dietary absorption and failure to flourish. In that case, a particular diet may be required. Failure to thrive can occur in twins or triplets simply because multiple births are more difficult to care for and are more demanding to the feed. Premature births are more likely to have FTT because many of the physiological and biochemical processes are still immature at birth. Lung or heart illness, particularly in very young babies, can make feedings difficult, resulting in low-calorie intake and failure to grow.

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