FACTORS RELATED TO POOR OUTPATIENT MANAGEMENT OF GASTROENTERITIS

R. Kebaili , M. Loukil , M. Abdelbari , A. Tej , S.Ghorbel , S. Tilouche , N. Kahloul , J. Bouguila , L. Boughamoura .
Farhat Hached Hospital, pediatrics, Sousse, Tunisia

Background and Aims

Gastroenteritis (GE) of the infant most often requires symptomatic treatment avoiding the occurrence of disastrous consequences. Although, a significant number of infants were hospitalized for GE in our department. Thus, the goal of our work is to study the profile of children hospitalized for GE and to analyze the possible causes of failure of outpatient treatment.

Method

✓ A retrospective study conducted in a pediatric ward between January and December 2017 where we collected all patients aged 1 month to 2 years hospitalized for GE.

Results

- ✓ During the year of study, 130 infants were included.
- ✓ The average age was **10 months** with a **sex ratio of 1.2**.
- ✓ No patient in our series was vaccinated against rotavirus.
- ✓ Regarding the mode of care of these infants, it has not been specified in the observations. The average incidence was 10.8 cases per month.
- ✓ The peak of incidence was between May and June.

Distribution by months

- ✓ The socioeconomic level was low or medium in 75% of cases; 24% of mothers were illiterate.
- ✓ For the age group of less than 6 months only **6%** of patients were under **exclusive breastfeeding** compared to **48%** of cases that were already under **diversification**.
- ✓ The average time between onset of symptoms and hospitalization was **3 days**.
- ✓ During that period, 67% had received outpatient treatment.

Outpatient treatment prescriber

- ✓ The prescription of oral rehydration solution (ORS) was only carried out in **20%** of cases.
- ✓ **Recommendation not to give antibiotic** to infants with AGE was followed in **79%** of the cases.

The reasons for hospitalization

- ✓ Metabolic acidosis was observed in 50% of cases, and severe hypokalemia in 10% of cases.
- ✓ The average duration of hospitalization was **4 days** (1-12 days).
- ✓ The majority of patients initially had intravenous rehydration with rapid diet introduction.
- ✓ The evolution was prosperous for all children.
- ✓ In our study, **no case of death** has been documented.
- ✓ **Severe forms of GE** were noted in 37% of cases and were significantly associated with the mother's school level ($p=0.046$) and the socioeconomic level of parents ($p=0.037$).

		Moderate form (DSH stage 0 or 1)	Severe form	Meaning threshold p
Age	<6 months	27.9%	32.4%	0.63
	>6 months	72.1%	67.6%	
gender	Male	47.5%	40.5%	0.45
	Female	52.5%	59.5%	
socioeconomic level	Low	29.5%	75.7%	0.037
	Medium to good	70.5%	24.3%	
School level of the mother	Low	49.2%	67.6%	0.046
	Medium to good	50.8%	32.4%	

Conclusion

The inadequacies of the first line for the correct management of GE cause significant consequences for the child, his family and public health. The level of education of the parents also seemed to be a determining factor in the evolution of the disease. Awareness campaigns, health education and continuing medical education are required to improve the state of affairs.