

Study the Carbohydrate Consumption of Adult Male Female and Adolescents' Boys Girls Schizophrenic Patient In Raipur District

Anjuli Mishra,

Guest Faculty In, Dr.Radha Bai Naveen Govt Girls Collage, Raipur Chhattisgarh, India

Abstract

In the study have tended to focus on the dietary problems associated with schizophrenia but we are now beginning to become more aware that people living with schizophrenia will also suffer more from physical ailments than the general population and we need to address this aspect as well. A good well balanced diet is also important because of the problem with weight gain that many people with schizophrenia experience. Antipsychotic medication is notorious for causing weight gain as well as undernourished in people who take it.

KEYWORDS: Schizophrenia, RDA, NIN, carbohydrate, balance diet

Introduction: Malnutrition in schizophrenic patients is widely visible due to their irregular day to day activities and improper consumption of food. Schizophrenia however is not a case resulting from malnutrition, but after the onsets of schizophrenia patients reportedly consume fewer amounts of necessary nutrients than needed. The patients than shows symptoms that are common when the body is deficient in those nutrients (**National Institute of Health, 2009**). Patients will often show elevated symptoms of hallucination and location unawareness due to Niacin imbalance. The study at present focus on the malnutrition level in the schizophrenic patients arising from their dietary intakes. Schizophrenic patients almost consume every necessary nutrient in lesser quantities than recommended daily allowances hence they shows sign of malnourishment, moreover the use of antipsychotic drug lowers the necessary level of WBC in body thus body demands for more nutrients than ever to manage the effects of drugs used in treatment. (**National Institute of Health, 2009**).

Schizophrenic patients has body built like normal human being but their skin , teeth, lips, hair, tongue structure shows wide diversity than normal due to malnutrition in the body. The schizophrenic patients fight with their daily routines due to elevated symptoms again as a result of malnutrition, the doctors to treat schizophrenia firstly manage the symptoms arising due it deficit nutrition intake so as the actual symptom do not get suppressed due to the symptoms introduced due to malnutrition.

Methodology: This is basically a qualitative study. “**Descriptive observational non experimental research design and inferential Intake**” was being set to perform this study. Random sampling was made. Data was collected with the help of close ended questionnaires. The current work was exploring the **nutritional profile** of the schizophrenic patient of Raipur districts. Random sampling was done (**C.R.KOTHRI REASEARCH METHEDOLOGY2009**) Study was conducted on 200 schizophrenic hospitalized patients of Raipur city. 50 Adolescent boys and 50 Adolescents girls aged between 16 to 19 years and also 50 male and 50 female patients aged between 20 to 35 years were samples. Data was collected with the help of close ended questionnaires. The lists of admitted patients were collected from different Hospitals

of Raipur city these hospital were for example Dr. Bheem Rao Ambedkar, District Hospitals Raipur and Manopchar Kendra Mana Basti screenings were made according to required admitted patient.

Dietary survey was done through by three various stages are:

(a) Food Consumption pattern

Diet survey was conducted on a pretested schedule as described by NIN. The food intake for three consecutive days was recorded by oral questionnaire (**Twenty-four hour recall method**) using standard measure. Probing questions was used to help the subjects remember all foods and drinks consumed the previous day. Questions were extended to methods of food preparation, portion sizes, as well as to approximate sizes of meals.

(b) Calculation of Nutritive Value

The intake of nutrients by the respondents will calculate by using Nutritive Value of Indian Foods (**Gopalan, 1991**). Recommended Dietary Allowances suggested by the ICMR for various age groups will be utilized to assess the adequacy of nutrient intake by the respondents. Mean intakes of nutrients were compared with the recommended dietary allowance. Food Standard measurement was calculated according to hospitals menu According to patient's requirement.

(c) Comparison of Nutrition Requirement

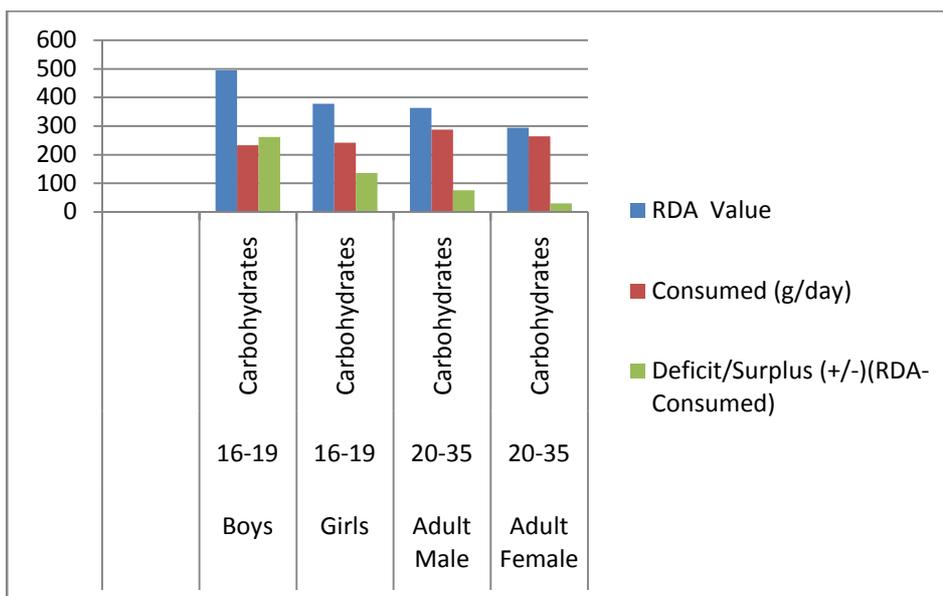
Nutritive value was calculated using food composition tables. Food consumption of the subjects and then compared with recommended Daily allowances (RDA). Some dietary data was adopted hospitals meal menu and calculated according to nutritive value of Indian foods (**Gopalan1991**)

Result and Discussion:

Table no.1 Comparison of Carbohydrate by Selected Schizophrenic patient with RDA

S. No.	Sex	Age Group	Nutrient (g/day)	RDA Value (g/day)	Consumed (g/day)	Deficit/Surplus (+/-)(RDA-Consumed)
1	Adolescent Boys	16-19	Carbohydrates	495	232.69	262.31
2	Adolescent Girls	16-19	Carbohydrates	378	241.99	136.01
3	Adult Male	20-35	Carbohydrates	364	288.03	75.97
4	Adult Female	20-35	Carbohydrates	294	263.85	30.15

Source: Computed using RDA for Carbohydrate



From the table it is evident that the patients of Schizophrenia are consuming fewer amounts of carbohydrates than recommended by RDA. As such patients of schizophrenia have sedentary routine and do not involve in much physical activity, but consuming diet low in carbohydrates can result in excessive stress on liver functioning and can introduce toxic ammonia into the body as due to metabolic activities protein will be converted into glucose that will produce ammonia. (McAllister, 2014), In this case study, the abrupt resolution of longstanding schizophrenic symptoms was observed after the initiation of a low-carbohydrate diet after antipsychotic drug carbonyl diet and kacl were increased as compared to similar populations which had a higher prevalence of overt schizophrenia and grain consumption, Additionally, some researchers have previously noted an association between schizophrenia and overweight, hypertension, diabetes, celiac disease, an immune-mediated enteropathy that is triggered by the ingestion of rich carbohydrate-containing grains (Bryan D kraft and Eric C. westman 2009)

References:

1. C.R.KOTHRI RESEARCH METHODOLOGY 2009
2. NIN National Institute of Health, 2009
3. Bryan D kraft and Eric C. westman nutrition and metabolism biomed center, 2009
4. D.B., Jelliffe,. (1966). The assessment of nutritional status of the community, World Health Organization. Monographs. No. 53, Geneva.
5. Food for the Brain. (2012) About Schizophrenia and Psychosis. Retrieved from <http://www.foodforthebrain.org/nutrition-solutions/schizophrenia-and-psychosis/about-schizophrenia-and-psychosis.aspx>.