

CHAPTER III

19. CONCLUSION

1. Pc.R-ORS with low glucose polymers is more efficacious than G-ORS in regards to more recovery rate by day 3, shorter duration of diarrhoea, less ORS solution use, less stool output, less purging rate, more food intake, better rehydration and more weight gain.
2. Normal feeding and early feeding does not interfere the efficacy of Pc.R-ORS with low glucose polymers and G-ORS.
3. Pc.R-ORS with low glucose polymers may replace the R-ORS and G-ORS to treat acute watery diarrhoea of children in Bangladesh.
4. More studies needed to validate it's efficacy to treat choleric patients, severely dehydrating diarrhoea, cost-effectiveness and logistic constraints.
5. Pc.R-ORS with low glucose polymers mitigates the 4 drawbacks of currently practiced R-ORS at clinical setup.

21. RECOMMENDATION

1. Pc.R-ORS with low glucose polymers can be used to treat acute watery diarrhoea of children with no/some dehydration.
2. Normal feeding and early feeding can be given with Pc.R-ORS having low glucose polymers.
3. Further studies needed to justify it's effectiveness to treat choleric patients, severe dehydrating diarrhoea, cost-effectiveness and logistic constraints.



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