

Prevalence and socioeconomic correlates of growth impairment among Saudi children and adolescents

Sir,

We read the distinguished study by Al-Hussaini *et al.*^[1] published in the *Saudi Journal of Gastroenterology*, where the author nicely estimated the prevalence of thinness and short stature among healthy school-aged children and adolescents attending primary and intermediate schools in Riyadh, Saudi Arabia, in 2015 and investigated the influence of parental socioeconomic status (SES) on growth faltering. The authors reported a short stature and thinness prevalence of 15% and 3.5%, respectively. Boys were significantly thinner than girls (4.7% versus 2.8%, $P = 0.048$). Short children were significantly higher in the lower SES classes than among their counterparts in the higher SES classes.^[1] Besides a few study limitations stated by Al-Hussaini *et al.*,^[1] we believe that the following methodological limitation is noteworthy. In the clinical fields and research institutions, the World Health Organization (WHO) and country-specific growth standards are widely employed to study children's growth. Studies have found that compared to the WHO standard, the use of country-specific standard could assess pediatric growth more honestly.^[2,3] With the advance in the standard of living, nutritional status, and quality of life of the Saudis due to the economic upheaval created by oil, Saudi Arabia formulated local growth standards in 2016^[4] to accurately evaluate children's nutrition and growth. In the study methodology, Al-Hussaini *et al.*^[1] mentioned that WHO 2007 growth standard and reference were utilized to calculate thinness and short stature. This referring to the WHO standard in the study methodology is questionable. We believe that they followed WHO standard for dual reasons. First, the local standard was not yet launched at the time of conducting their study. Second, it offered the advantage of comparing their results with others locally,

regionally, and internationally. Nevertheless, we still believe that referring to the local standard could yield a better idea on the real prevalence of thinness and short stature among the Saudi pediatric population and its correlation with parental SES. Not surprisingly, Al-Hussaini^[5] have previously concurred with our observation that the use of the national growth standard could better delineate the growth profile of Saudi children and adolescents.

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Conflicts of interest

There are no conflicts of interest.

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