

follows, 2.8% congestive cardiac failure, 7.5% coronary artery disease, 16.2% anaemia, 33.5% HTN, and 22.5% DM

**CONCLUSION:** In this cohort common causes for Chronic Kidney disease were Diabetic nephropathy and chronic hypertension. In the majority the cause was unknown. The prevalence of comorbidities like Diabetes Mellitus, Hypertension and Anaemia was common.  
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### PP 025

**Title: Evaluation of new onset seizures with special reference to their type, aetiology and imaging study.**  
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**INTRODUCTION AND OBJECTIVES:** To evaluate the etiology of new onset seizure so as to determine the use of prophylactic antiseizure medication and thereby prevent the side effects. Objectives were  
1. To identify the aetiology of new onset seizures in adults  
2. To study the clinical profile and neuroimaging results in patients with new onset seizure.

**METHODS:** An Observation Census study was done in Maharaja Agrasen Hospital, New Delhi. 88 Patients >18 years of age with new onset seizure occurring within 24 hours of admission were included in the study according to the criteria and the results were obtained over a period of 1 year. History, clinical examination, lab and neuroimaging studies were undertaken.

**RESULTS:** Data was tabulated using MS Excel, and was analysed using SPSS 16 software. Aetiology remained cryptogenic in 25%, followed by metabolic in 25%, CVA in 22.7%, neuroinfection in 18.2%, gliosis in 3.4%, tumour in 2.3%, HIE, drug induced and alcohol withdrawal in 1.1% patients respectively. Neuroinfection and Cryptogeny were leading cause of seizures in younger age group, while metabolic disorders and CVA were leading cause of seizures in older population. Also metabolic disorder and CVA predominating in males, while cryptogeny and metabolic disorder predominating in females. EEG was abnormal in 50% patients. CT Head detected potential epileptogenic lesion in 42.8% patients while MRI Brain detected in 46.6% patients.

**CONCLUSIONS:** Aetiology of seizure varied with age and sex and various imaging studies and investigations play a significant role in identifying the cause.

**Recommendations:** Every adult presenting with new onset seizure must be thoroughly evaluated, because aetiology can be determined in 75% cases and can avoid prophylactic anti-seizure medication, thereby preventing medication related side effects, and allowing judicious use of medicines and medical resources in a resource limited country like ours.

**Key-words:** seizure, neuroimaging, anti-seizure medication

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### PP 026

**TITLE: Proximate compositions and in vitro digestibility of a formulated health snack**

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**INTRODUCTION:** Formulation of a healthy convenient food using natural ingredients is timely. Aim of this study was to develop a snack incorporating local ingredients and to determine the nutrient composition and in vitro starch digestibility.

**METHODS:** The health snack was formulated using olu rice (*nymphaea pubescens*), foxtail millet (*Setaria italica*), barley (*Hordeum vulgare* L.) and chickpea (*Cicer arietinum*), wheat flour, cinnamon, butter, raisins, egg white, baking powder and vanilla essence. Proximate compositions of digestible carbohydrate and total starch (Holm et al, 1986), fat (Croon et al, 1980), protein (AOAC 1984b), dietary fiber (Asp et al, 1983) and in vitro starch digestibility (Englyst's 1996) were analysed. Resistant starch (RS) was calculated as the difference between total and digestible starch. The hydrolysis index (HI) and its corresponding pGI was calculated.

**RESULTS:** Proximate composition in g/100g were 12.35±0.77 (protein), 15.00±0.36 (fat), 3.47±0.31 (soluble dietary fiber), 1.8±0.45 (insoluble dietary fiber) and 61.70±0.81 (digestible starch) with 441.84 kcal of energy. Percentage contribution to energy was 11.18% (protein) (European Association for the study of diabetes recommendation (EASD): 10 - 20%), 30.55% (fat) (EASD: <35%), and 58.27% (carbohydrate) (EASD: 45 - 60%), with protein: fat: carbohydrate ratio of 1:3:5. Total starch and RS in g/100g were 64.36±0.69 and 2.66±0.12. The HI and the corresponding pGI were 35.16 and 38.50.

**CONCLUSION:** HI and pGI indicates a low GI (≤55). All nutrients fell within the recommended ranges with high soluble to insoluble fiber ratio (2:1). This snack will be beneficial as a convenience food for the health conscious population, including diagnosed diabetics. **Key words:** Health