Dealing with Fussy Eaters

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Outline

- Case Study
- Features and management of fussy eating
- Other behavioural feeding problems and how their diagnostic features and management differ from fussy eating

Case Study

- 2 year old girl
- Previously well, no major medical problems
- Youngest of 3 children
- Presents with concerns about poor weight gain and poor diet
- Wakes often during the night asking for the bottle

On further questioning

- Drinks 2 x 200ml bottles of toddler formula during the night and 3 x 200ml bottles during the day
- Eats a variable amount during the day
- Offered food throughout the day and parents often resort to giving chips and chocolate because they just want to get calories into her
- Seem to spend all day trying to get her to eat
- Admit to forcing her to feed at times and becoming angry and frustrated during mealtimes

Examination

- Parents noted to be overweight
- Child appears normal weight and this is confirmed on growth chart with both weight and height tracking around the 10th percentile
- No pallor or clinical features of micronutrient deficiency
- Normal examination

Issues

- Excessive milk intake is taking away appetite for food and risking nutrient deficiency
- Force feeding, anger and frustration likely to exacerbate refusal behaviour
- high, caloric junk food of little nutritional value is taking the place of healthy, nutritious food
- Parents have misperception of healthy weight for their child

Psychological and Social Development

Establishment of homeostasis

0 – 2 mths

Development of attachment

2 - 6 mths

Separation and individuation

6 mths – 3 yrs

Greenspan et al. Am J Psychiatry 1981. 138:725-735

Mahler et al. The Psychological Birth of the Human Infant. 1975

Fussy Eating

- Very common in toddlers and young children
- Occurs at the stage of development where the child is becoming and individual and starting to see themselves as separate from their carers
- Growth is normal with only slight fluctuations along a percentile line
- No medical problem identified

Normal feeding patterns

- Amount eaten varies from meal to meal and day to day
- Often enter into a power struggle with their care-giver which can involve food
- Won't eat if they are not hungry
- Easily overwhelmed by large portion sizes

Normal feeding patterns

- May refuse a food initially not because they don't like it but because it is different
- Able to eat normal family food
- Less focus on milk as a source of calories. If they are eating a normal diet they can be on cow's milk

Common Issues

- Milk is food and will fill them up – children need 3 serves of dairy per day
- Calories given during the night can result in less intake of food during the day
- Unpleasant mealtime environment and force feeding can result in food refusal and feeding aversion
- Weighing toddlers too often can create anxiety – suggest weighing every 1 – 2 months at the most

Roles of the parent and child during mealtimes

Parent provides nutritious food and child decides what and how much they eat or whether to eat at all.

Advice to parents

- May take 10 or more tries on separate occasions for toddler to accept a new food
- Family meal times to model normal eating
- Limit meal times to 30 minutes
- No force feeding, coaxing or badgering

Advice to parents

- Try a family tasting plate to encourage children to try new foods

Advice to parents

- Eating with other children such as at daycare or in a play group may result in them trying new foods
- Allow self feeding

Advice to parents

- Realistic portion size
- Judge adequacy of intake by growth but don't weigh too often

Specific nutrients

- Iron – should have red meat 3 to 4 times per week.
- Calcium – 3 serves of dairy per day. Calcium in other foods such as tin salmon with bones (crushed), cereal with added calcium and broccoli
- B12 – contained in meat and milk. Likely to be deficient in a Vegan diet
- Folate – contained in leafy green vegetables
- Zinc – contained in meat, eggs, dairy, nuts and legumes

Extreme fussy eating and food refusal

Zero to Three Diagnostic Criteria

- Feeding Disorder of State Regulation
- Feeding disorder combined with attachment problems
- Infantile anorexia – disorder of hunger regulation
- Sensory food aversion
- Post-traumatic feeding disorder

Irene Chatoor: Diagnosis and Treatment of Feeding Disorders in Infants, Toddlers, and Young Children

Feeding disorder of state regulation

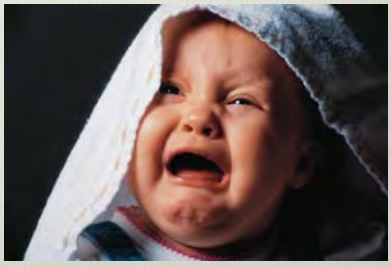
Characteristic presentation

- Infant usually under 2 months of age who is initially keen to feed, takes a few sucks and then turns head away and screams.
- Never seems happy and relaxed.
- Mother finds it extremely challenging and both mother and baby become completely exhausted.
- Baby is fussy and seems to need very little sleep.

Feeding disorder of state regulation

Diagnostic criteria

- Presents in first few months of life, present for more than 2 weeks
- Infant has difficulty reaching and maintaining a calm state of alertness for feeding- sleepy or agitated
- Fail to gain weight
- No physical illness found



Feeding disorder of state regulation

Management

- Intervention directed towards the infant, mother and mother-infant interaction
- If sleepy – infant massage to stimulate and improve alertness
- If irritable – reduce stimulation, quiet room and swaddling
- Address mother's difficulties e.g. exhaustion, anxiety and depression

Feeding disorder with attachment problems

Characteristic presentation

- Usually a single mother or young family lacking social supports.
- The feeds lack all pleasure with a lack of communication between the infant and mother.
- There is a feeling of lethargy, disinterest and frustration.
- There may be a history of psychiatric illness in the mother.

Feeding disorder with attachment problems

Diagnostic criteria

- Observed in first year of life – often present with other medical problem and noted to be underweight
- Lack of developmentally appropriate signs of social reciprocity – visual engagement, smiling, babbling
- Show growth deficiency
- Caregiver unaware or in denial of the feeding and growth problems
- No physical disorder or pervasive developmental disorder present

Feeding disorder with attachment problems

Treatment

- If severe and neglect present – hospitalise
- Evaluate mother and mother-infant relationship – mother-infant psychotherapy or family therapy
- Play therapist or physiotherapist to help work on infants muscle tone as often hypotonic from being left lying in the cot with no interaction

Infantile anorexia

Characteristic presentation

- A child of about 6 to 7 months who wants to start to explore the world.
- They want to touch the food and hold the spoon themselves.
- The mother is obsessed with controlling the mealtime situation, cleanliness and getting the child to eat exact amounts of food.
- A battle ensues and mealtimes become stressful.
- The child then refuses to be fed. They eventually lose weight and refuse to eat.
- Mealtimes become drawn out and the child doesn't seem hungry.

Infantile anorexia

Diagnostic criteria

- Infant or toddler refuses to eat adequate amounts of food for at least 1 month
- Onset when transitioning from spoon to self-feeding – 6mths – 3 yrs
- Infant or toddler rarely communicates hunger, lacks interest in food and would rather play or walk around than eat
- Growth deficiency present

Infantile anorexia

Treatment

- Need to free the child from the pressure to eat and allow them to feed themselves
- Goal is to facilitate toddler's interest in eating according to hunger and fullness
- Create stronger hunger cues – feed every 3 – 4 hours, no snacks
- Offer small portions and allow child to ask for 2nd and 3rd helpings – can become bored
- Encourage toddler to sit at the table until mummy and daddy's tummy is full
- Limit meal times to 20-30 minutes

Infantile Anorexia

Treatment (Cont)

- Parents should not praise or criticise toddler for how much they eat
- No distractions during meal e.g. toys or TV
- Don't tolerate throwing food or feeding utensils – give one warning then time out can be used
- Don't use food as a reward or an expression of parents affection
- Older toddlers and preschoolers should be refocused when they engage in distracting conversations during mealtimes

Sensory Food Aversion

Characteristic presentation

- Child is very selective about particular tastes and or textures and refuses that food.
- No amount of bribery will get them to try it.
- As an infant may have refused breastfeeding and preferred the bottle.
- Have other sensory issues such as not wanting to walk on sand or grass with bare feet and preferring to be clean.

Sensory Food Aversion

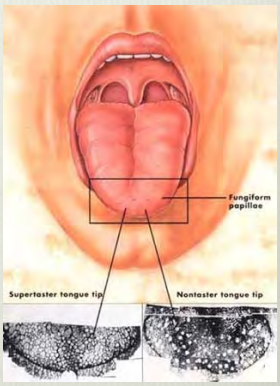
Diagnostic criteria

- Consistent refusal to eat certain foods with specific tastes, textures, temperatures or smells for at least 1 month
- Onset during introduction of new or different food
- React by grimacing, spitting, gagging or vomiting
- Eats preferred foods without difficulty
- No growth deficiency, can be overweight
- May have oral motor or language delay
- Food refusal does not follow a traumatic event
- Not related to allergy or other medical illness

Sensory Food Aversion

Aetiology

- Studies have shown these individuals have sensitivities to bitter substances PROP (propylthiouracil) and PTC (phenylthiocabamide) – Genes have been isolated
- 'Supertasters' – higher density of fungiform papillae and taste buds
- Experience greater burn and irritation from pepperlike substances and greater fattiness from fat-containing foods
- Detect more readily small particles and granularity in food



Sensory Food Aversion

Treatment

- No studies
- Eliminate mealtime conflict to enable child to relax
- If child gags or vomits with a food – give up trying to make the child eat it
- If grimace – try the food and pair it with a preferred food
- Parents model eating new foods – children want what they can't have. If ask for some then say 'This is mummy's food but I will give you a small piece'
- If child begs for lollies and sweets between meals put a small amount on the meal plate and withhold outside of meal times. Child likely to lose interest if it is no longer a treat
- When 7 – 10 years of age may be able to work with a psychologist to overcome fear of trying new foods.

Post-traumatic Feeding disorder

Characteristic presentation

Manifests as:

- Refusal to drink from bottle but may accept fluids from spoon
- Refusal to eat solid food but accepts bottle, fluids or pureed food
- Refusal of all oral feeding

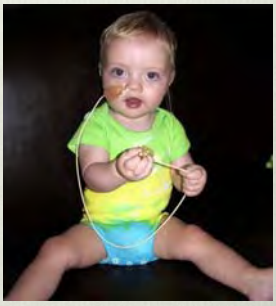
Reminders of the traumatic event causes distress:

- Anticipatory distress when positioned for feeding
- Intense resistance when approached with bottle or food
- Resistance to swallow when food placed in mouth

Post-traumatic Feeding disorder

Diagnostic Criteria

- Acute onset of severe, consistent food refusal
- Can occur at any age
- Follows traumatic event or repeated traumatic insults to oropharynx or GIT (e.g. choking, vomiting, GOR, NG tube insertion, ET tube, suctioning) that triggers intense distress
- Poses threat to growth, nutrition and feeding development



Post-traumatic feeding disorder

Treatment

- Require multi-disciplinary team – medical, dietitian, speech pathologist, OT, psychologist
- Case reports on the use of low dose SSRIs in severe cases
- Infants:
  - If infant with reflux – treat reflux
  - For bottle fed infants begin with feeding as infant is going off to sleep and after doing this for a month gradually transition to feeding when awake as the infant starts to trust the bottle
  - Start solids slowly and carefully focusing on positive experience rather than nutrition

Post-traumatic feeding disorder

Treatment

Toddlers and young children:

- Give regular scheduled meals every 3-4 hours
- Begin with purees and once accepted give thicker feeds
- Use distraction such as music or TV to make them less fearful
- Parent models chewing and swallowing
- Give only few pieces of food at a time to prevent them from pocketing food
- Meals should be relaxed with no pressure applied
- Supplement nutrition with age appropriate formula
- Allow self-feeding and gradually increase textures

Resources and recommended reading

http://kidshealth.chw.edu.au/fact-sheets

- 'Managing toddler mealtimes'
- ' Healthy eating for toddlers'
- 'Ways to boost iron intake'
- 'High energy additions to food for infants and toddlers'