

**Picky eating and feeding
difficulties in infants and
children**

“Comprehensive Review”

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How often do mothers complain that their kids are not eating?

- **He ate nothing in the last few days**
- **He does not swallow, he keeps food in cheeks**
- **He refuses to eat anything other than chicken nuggets or nuttela**
- **He threatens to vomit if I force him to eat**
- **I can't put him to table**
- **I am worried he will collapse of starvation**
- **Please give him vitamins & appetizing drugs**

Agenda

1 Terminology

2 Prevalence of feeding difficulties

3 Are FDs an issue of concern?

4 Pediatricians and feeding difficulties

5 Contributing factors

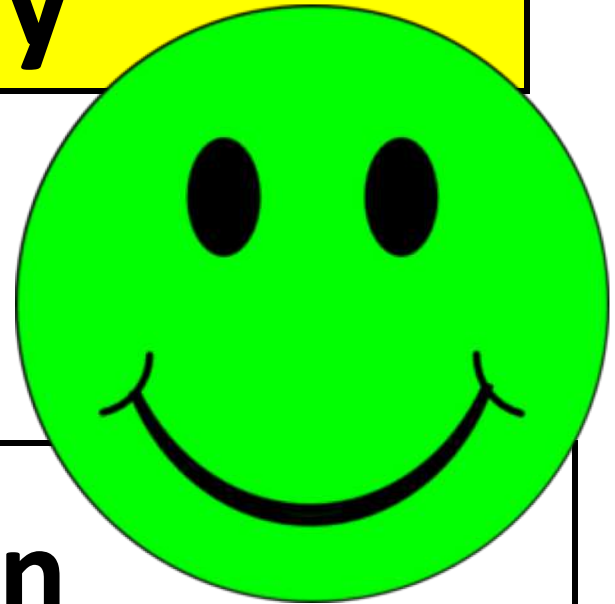
6 Classification

7 Management

Terminology

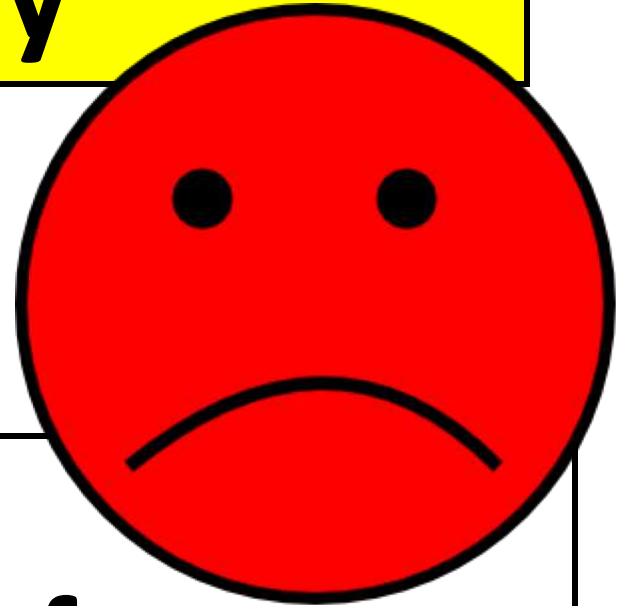
Picky eating

- **Inconsistent definition**
- **Gives an impression of mild or transient problem**



Terminology

Feeding disorder



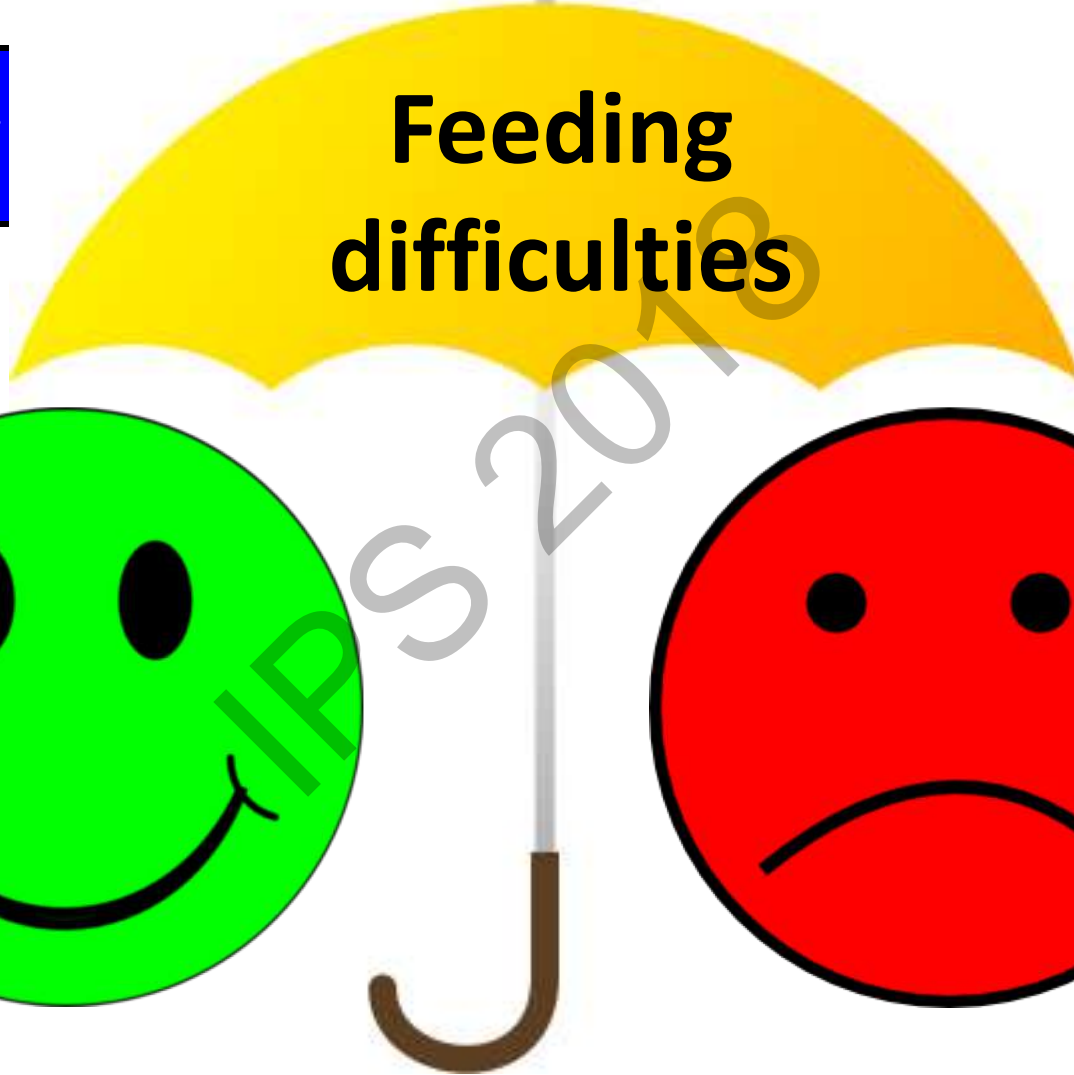
- Gives an impression of severe problem

Terminology

Picky

Feeding
difficulties

border



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Journal of the American Dietetic Association
[Volume 104, Supplement 1, Pages 57-64, January 2004](#)

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Prevalence of picky eaters among infants and toddlers and their caregivers' decisions about offering a new food

[Betty Ruth Carruth, PhD, RD](#), [Paula J Ziegler, PhD, RD](#), [Anne Gordon, PhD](#), [Susan I Barr, PhD, RDN](#)

The percentage of children identified as picky eaters by their caregivers increased from 19% to 50% from 4 to 24 months.



[Display Settings](#): Abstract

[Eat Behav.](#) 2010 Dec;11(4):253-7. Epub 2010 May 27.

Picky eating during childhood: [★]a longitudinal study to age 11 years.

[Mascola AJ](#), [Bryson SW](#), [Agras WS](#).

Department of Psychiatry and Behavioral Sciences, Stanford University Stanford, CA 94305, USA.

- **At any given age between 13% and 22% of the children were reported to be picky eaters.**

★ From 2 to 11 years of age

Mild cases
Picky eaters

Severe cases
e.g.in autism



Increasing severity
Decreasing prevalence

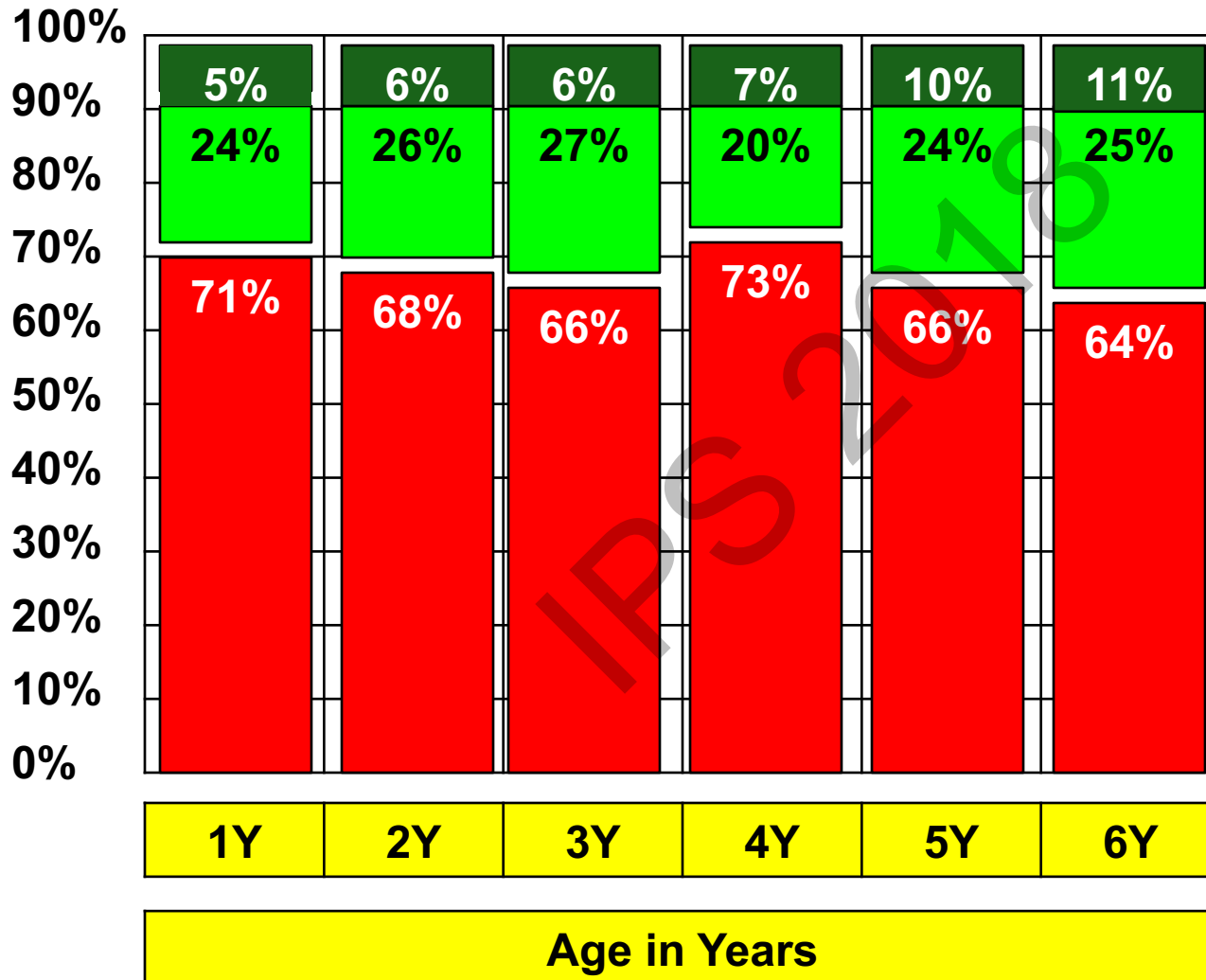


Pediatrician
PCP

Dietician

Oromotor specialist
Gastroenterologist
Feeding team

Mothers are very concerned about their children



Why it is an issue of concern?

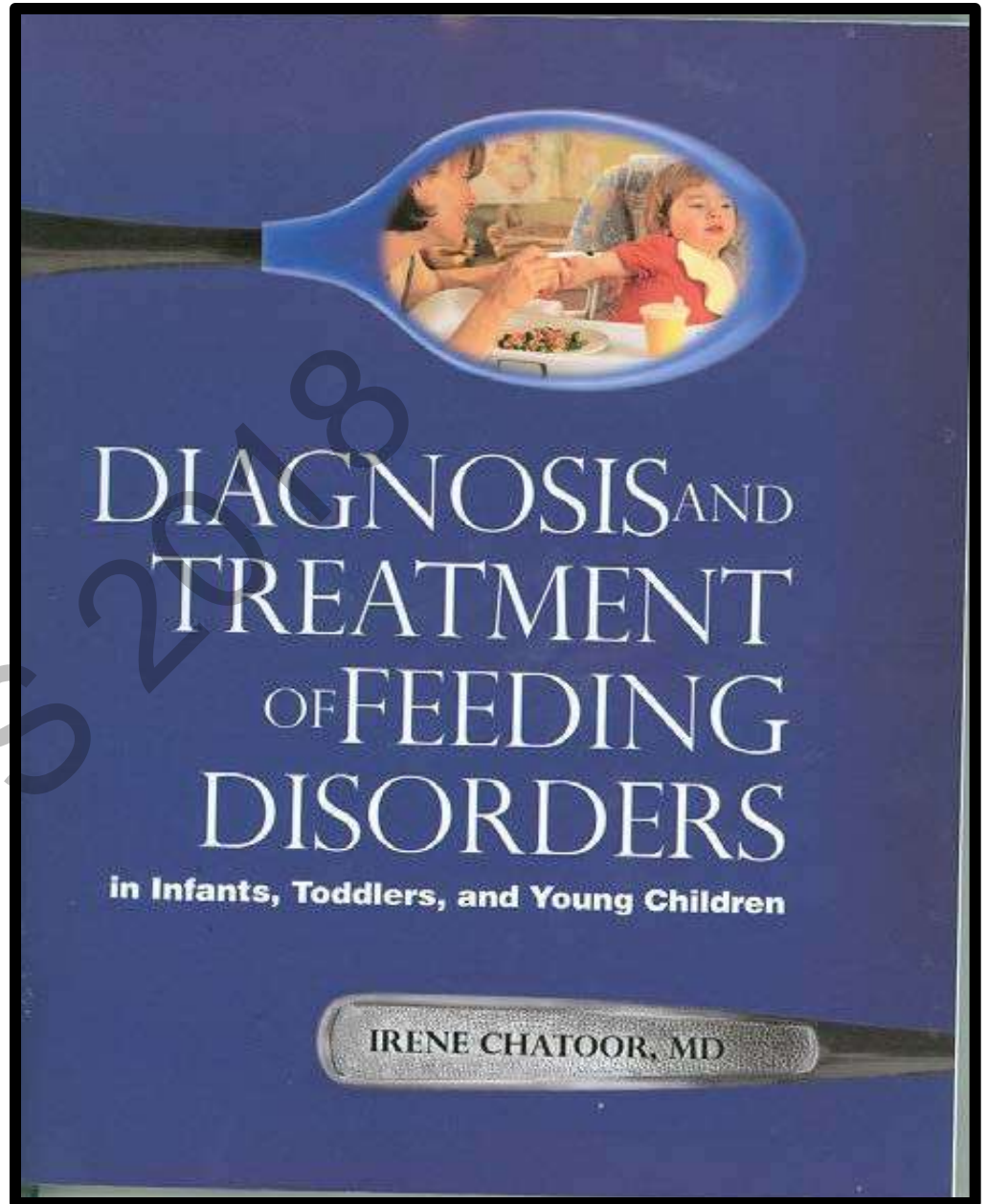
- Feeding difficulties are so common
- Causes are so variable & the treatment need to be tailored
- May interfere with the parent-child relationship
- Children may be at risk for:
 - ✓ nutritional deficiencies
 - ✓ compromised growth
 - ✓ compromised cognitive development

Behavioral consequences

- **Subject to excessive parental anxiety**
- **More likely to have behavioral problems**
 - ✓ **Withdrawal**
 - ✓ **Somatic complaints**
 - ✓ **Anxiety**
 - ✓ **Depression**
 - ✓ **Aggressive disorders**
 - ✓ **Delinquency**



Irene Chatoor



Chatoor's classification of feeding disorders (2002)

Disordered state regulation	Newborn
Disordered reciprocity (neglect)	3-8 months
Infantile anorexia	Transition to self-feeding
Sensory food aversions	Any age
Concurrent medical condition	Any age
Post traumatic	Any age

- **Included the large numbers of children who are fundamentally healthy but are perceived to feed poorly**
- **Used terminology familiar to most clinicians**
- **Systematically addressed the organic causes**

The 7 phenotypes of feeding difficulties

1 Highly selective intake

2 Crying/Colic interfering with feeding

3 Fear of feeding

4 Vigorous playful child

5 Apathetic child

6 Underlying organic disease

7 Concerned parents

**Poor
appetite**

Possible causes of food selectivity

- Part of normal development
- Neophobia
- Missed oromotor milestones
- Heightened taste sensitivity (supertasters)
- Sensory food aversion
- Autism

Intense dislike

کراهیه مفرطه

Highly selective

Mild/moderate

- >10 foods consumed
- Child is not eliminating entire types of food, texture, or consistency
- No other sensory issues or medical problems

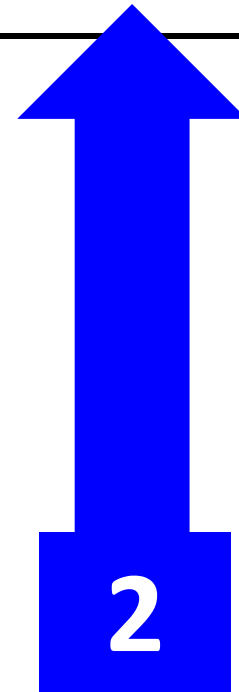
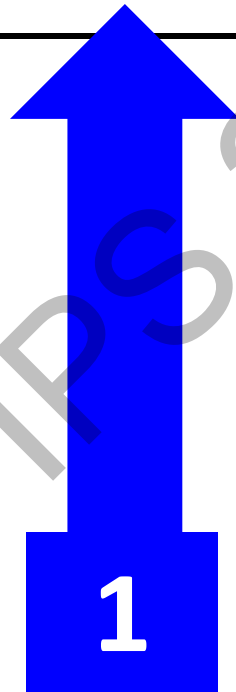
Highly selective

Severe

- <10 foods consumed
- Child is eliminating entire types of food, texture, or consistency
- Other sensory issues or medical problems
- Poor growth

Crying interfering with feeding

- Inconsolable crying interfering with feeding **in a healthy infant under 4 months**



Crying interfering with feeding

Initiating event

- ✓ Normal physiologic response
- ✓ Food sensitivity
- ✓ Constipation
- ✓ Reflux
- ✓ Urinary tract infection
- ✓ Others

Fear of feeding

Possible causes



- **Previous frightening feeding experience**
- ✓ **Choking, hot bottle, vomiting, intubation**
- ✓ **Coercively fed**
- ✓ **When oral feeding introduced to tube-fed patients, usually in the NICU**

**Vigorous
& active**



مايهمدش

- ✓ Very little appetite
- ✓ Fills up quickly
- ✓ Easily distracted from eating

**If weight gain slows,
the child is defined
as having
“infantile anorexia”**

Apathetic

- **Withdrawn**
- **Limited verbal and nonverbal communication (e.g. smiling, babbling, eye contact) between child & caregiver**
- **Seemingly sad**
- **May show signs of neglect or abuse**

Underlying organic disease



Possible causes

- **GIT**
- **Cardiopulmonary**
- **Neurological/neurodevelopmental**
- **Renal**
- **Hepatic**
- **Genetic/Metabolic**

Over concerned parents

- The poor appetite is simply a parent misconception
- Child is achieving satisfactory growth based on mid-parental height



Management of feeding difficulties

1 Acknowledge the problem as well as parent's concerns

2 Investigate the problem and the possibility of organic pathology

3 Identify the phenotype of the problem

4 General principles for everyone

5 Tailored approach for each phenotype

**Tailored approach
for each one of the
7 phenotypes**