Treatment of Pediatric Feeding Disorders: What You Don’t Know May Hurt Someone

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PEDIATRIC FEEDING DISORDERS

- Reasons to Provide Treatment

PEDIATRIC FEEDING DISORDERS

- Feeding Disorders Are Associated with:
  - Growth failure
  - Learning difficulties
  - Behavior problems

PEDIATRIC FEEDING DISORDERS

- Reasons Not to Provide Treatment
PEDiatric Feeding Disorders

- Complex Etiology
  - Medical
  - Oral Motor
  - Behavioral

Treatment of Feeding Problems
Requires Diverse Expertise
- Medicine
- Nutrition
- Oral Motor
- Behavioral

Medical Conditions

- Approximately 86% of children with feeding problems had a diagnosed medical disorder (Rommel et al., 2003).
MAJOR FOOD ALLERGENS
- Dairy
- Eggs
- Fish (e.g., cod, flounder, tuna)
- Peanuts
- Shellfish (e.g., oysters, shrimp)
- Soy
- Tree Nuts (e.g., almonds, cashews)
- Wheat

ANAPHYLAXIS
- Hives
- Swelling
- Loss of Consciousness

SOURCES OF CONTAMINATION
- Cleaning
- Bibs
- Hands
- Preparation
- Dishes and Utensils
- Storage
- Surfaces

ORAL-MOTOR DYSFUNCTION
Approximately 61% of children with feeding problems had an oral-motor skill deficit (Rommel et al., 2003).
PEDIATRIC FEEDING DISORDERS

- Treatment of Feeding Problems Requires Diverse Expertise
  - Medicine
  - Nutrition
  - Oral Motor
    - Chewing as an exemplar
  - Behavioral

INTERDISCIPLINARY APPROACH

- Consider an interdisciplinary evaluation prior to initiation of treatment
- Practice within your scope of competence

INTERDISCIPLINARY APPROACH

- Interdisciplinary team evaluation:
  - Medicine: Rule out physical causes of feeding problem
  - Nutrition: Evaluate adequacy of current intake
  - Social Work: Evaluate family stressors
  - Speech/Occupational Therapy: Evaluate oral-motor status and safety
  - Psychology: Assess contribution of environmental factors
Sample data sheet for a child who refuses food and engages in inappropriate behavior

<table>
<thead>
<tr>
<th>FOOD</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
<th>Trial 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Beans</td>
<td>Accept</td>
<td>Inappropriate Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken</td>
<td>Accept</td>
<td>Inappropriate Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applesauce</td>
<td>Accept</td>
<td>Inappropriate Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potato</td>
<td>Accept</td>
<td>Inappropriate Behavior</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample data sheet for a child who does not swallow food consistently (holds food in mouth) and gags

<table>
<thead>
<tr>
<th>FOOD</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
<th>Trial 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fish</td>
<td>Spit out</td>
<td>Cries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice</td>
<td>Spit out</td>
<td>Cries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pears</td>
<td>Spit out</td>
<td>Cries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broccoli</td>
<td>Spit out</td>
<td>Cries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample data sheet for a child who spits food out of his or her mouth and cries

<table>
<thead>
<tr>
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<th>Trial 4</th>
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</tbody>
</table>

HERE’S AN EXAMPLE OF A BASELINE

There is no “right” way or “wrong” way of doing a baseline. Here’s an example, but what you do will be specific to you and your child.

Meal length: 10 minutes
Utensil: Small maroon spoon
Amount on spoon: Fill the bowl of the spoon
Foods that you will present: Chicken, green beans, peaches, potato
Number of bites: 4 bites of each food (8 bites total)

Procedure:
1. At meal time, tell your child it is “time to eat.” Tell your child to sit at the table.
2. Once your child is seated at the table, put the plate of food in front of him and say “It’s time to eat.”
3. Set a timer for 10 minutes.
4. Remind your child once every minute, “It’s time to eat.” (one reminder every minute in a 10-minute meal = 10 reminders). Only give the reminder at the scheduled time and not at any other time.
5. Any time your child puts a bite in his mouth or swallows a bite, say “Good job” as enthusiastically as you can.
6. If your child has inappropriate behavior (e.g., pushes the plate away) or cries, do not respond. Wait until the scheduled time for the reminder and say, “It’s time to eat.”
7. At the end of 10 minutes, remove the plate and allow your child to leave the table.

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*CIB = Carnation Instant Breakfast


STUDIES ON ESCAPE EXTINCTION

- Escape extinction (EE) may be a necessary component of treatment.

TEXTURE OR CONSISTENCY MANIPULATION


AVOIDANCE