



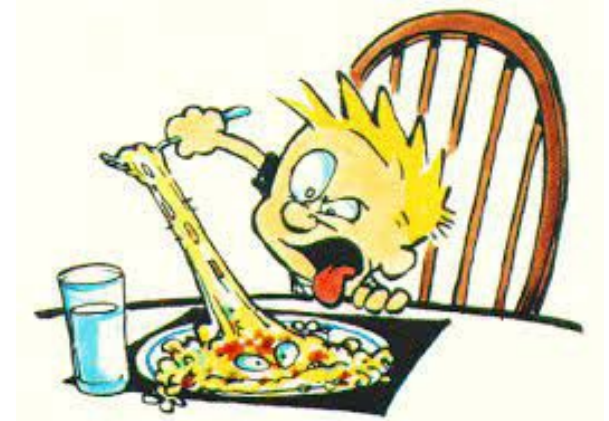
PICKY EATING... TO EAT OR NOT TO EAT? THAT'S THE DILEMMA

Presenters: Michelle Maeda, MS, RD
Liane Otake, OTR

Goals for Today

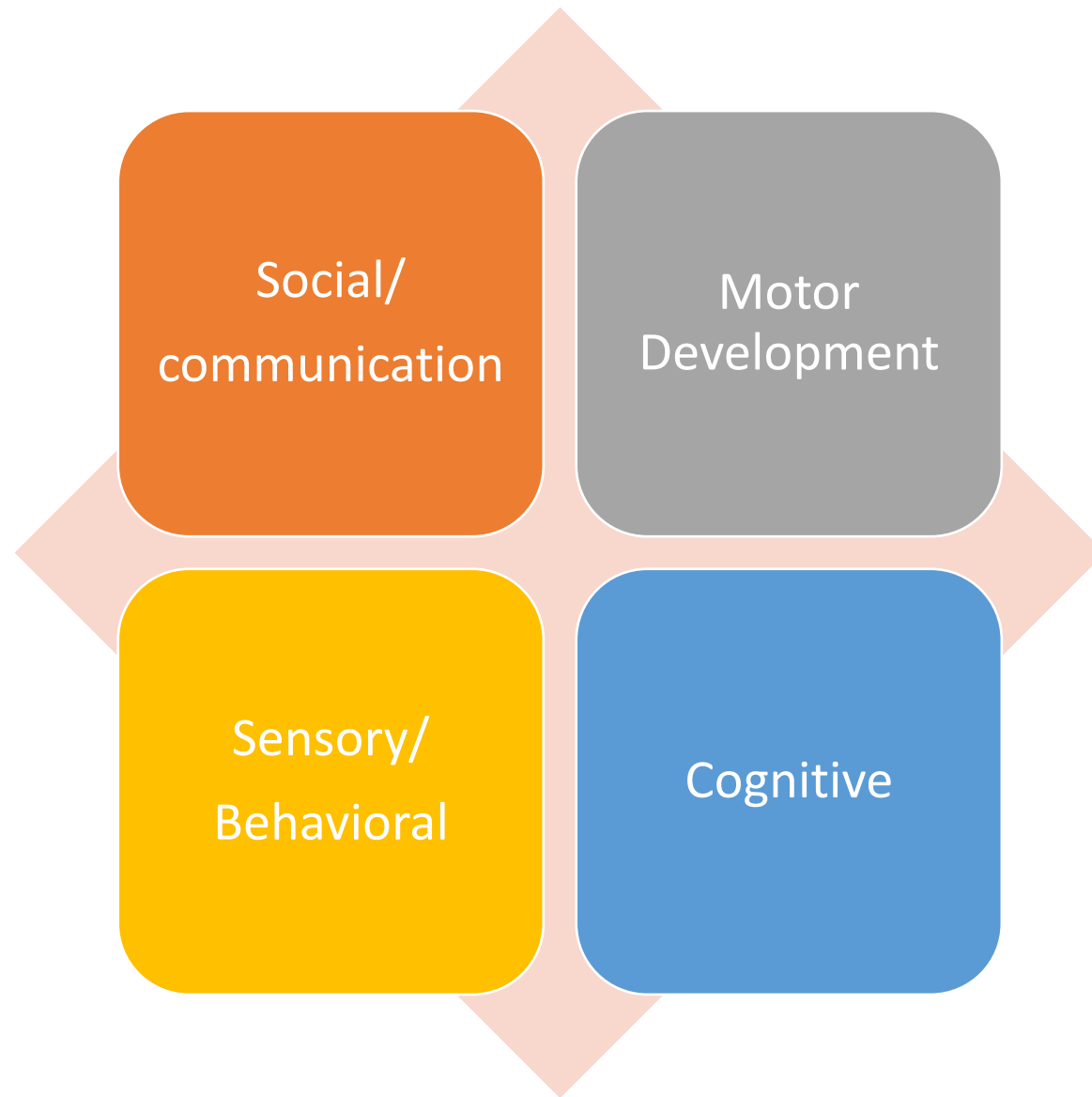
1. Understand what is Picky Eating
2. Develop a greater understanding of childhood eating problems including those stemming from medical/developmental, behavioral, sensory, environmental issues
3. Be aware of warning signs of a serious eating or feeding problem that may require the attention of a physician, occupational therapist or nutritionist and when referrals are needed
4. Have an understanding of some of the assessments that might be done to identify a specific problem with feeding or swallowing and what parents can do at home
5. Learn some practical strategies to support your child's healthy eating while staying positive, accommodating choice and avoiding power struggles
6. Be aware of resources (local or national), including on-line resources, for more information and support regarding healthy eating and nutrition

CALVIN!!!



WHAT IS PICKY EATING:

- Picky eating (also known as fussy, faddy or choosy eating) is usually classified as part of a spectrum of feeding difficulties. It is characterized by **an unwillingness to eat familiar foods or to try new foods, as well as strong food preferences**. The consequences may include poor dietary variety during early childhood.



Nursing/Bottle Feeding

- HAVE A COORDINATED SUCK/SWALLOW/BREATHE PATTERN
- BONDS WITH CAREGIVERS, LEARN EATING IS GOOD AND SAFE, LEARN TRUST (IF I'M HUNGRY AND CRY I'LL GET FED)



Introduction to solid food

- SIT WITH GOOD HEAD AND TRUNK CONTROL
- WILLING TO OPEN MOUTH, CURIOUS OF OTHERS EATING, MAKING UP AND DOWN CHEWING MOTIONS



Transition to soft, finger foods

- PINCER GRASP (THUMB & FINGER TO PICK UP FOOD), CHEW AND MANEUVER FOOD IN MOUTH
- ACCEPT TEXTURES WITHOUT GAGGING, WANT TO COPY OTHERS. FINGER FEEDING ALLOWS SOME DEGREE OF CONTROL OF WHAT IS EATEN AND ALLOWS FOR TACTILE EXPLORATION OF FOOD

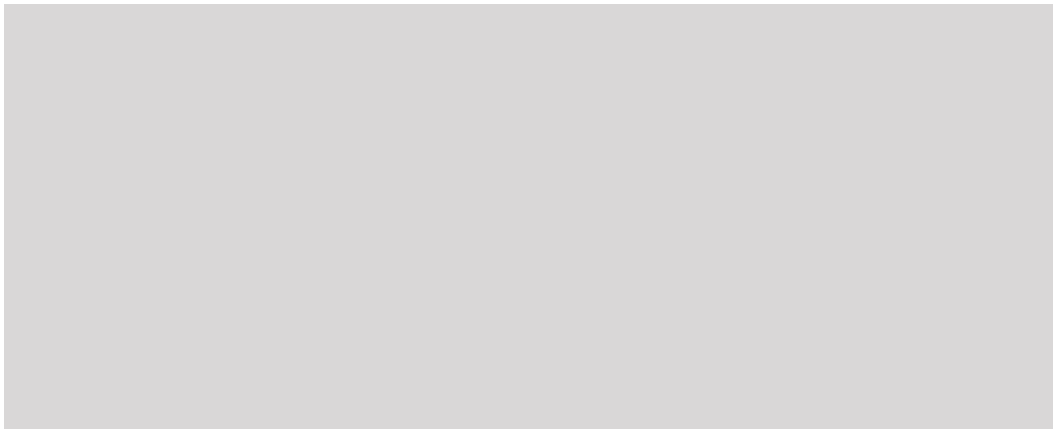


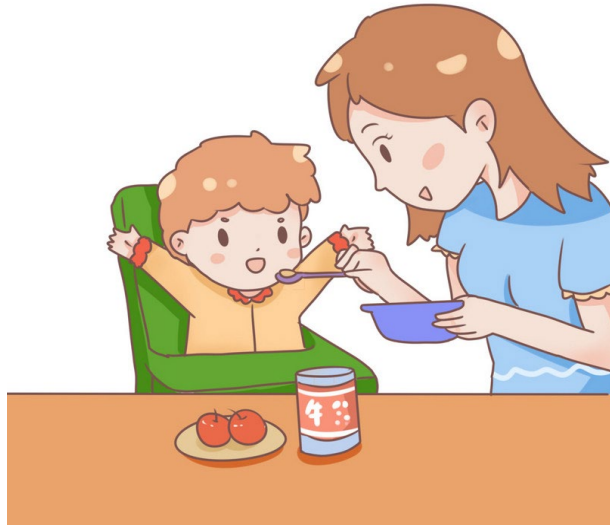
Table food



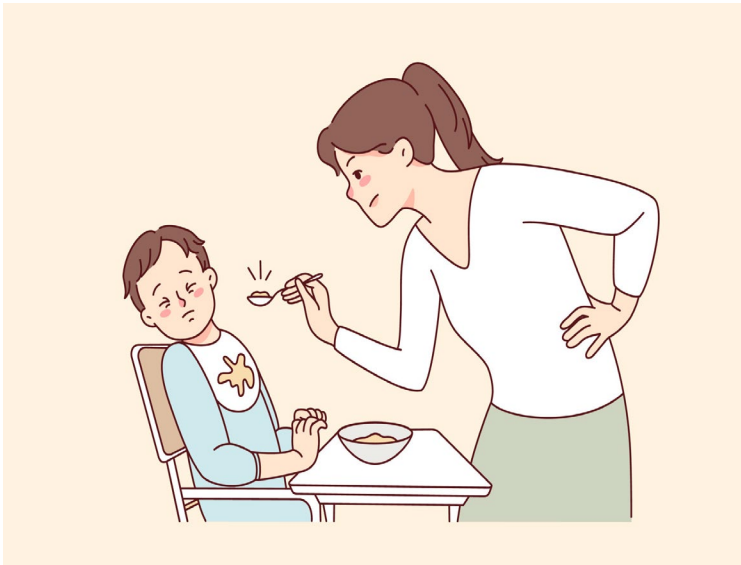
USING UTENSILS, CUP DRINKING

START TO VERBALIZE /SHOW
PREFERENCES BUT STILL WANT TO
COPY ROLE MODELS





POSITIVE FEEDBACK, GOOD GROWTH
AND WEIGHT GAIN



NEGATIVE FEEDBACK, TENSION
WITH MEALS



Warning Signs/Red Flags

- Severely limited food variety
- Poor weight gain/decreased growth
- Extreme fussiness or refusal to eat



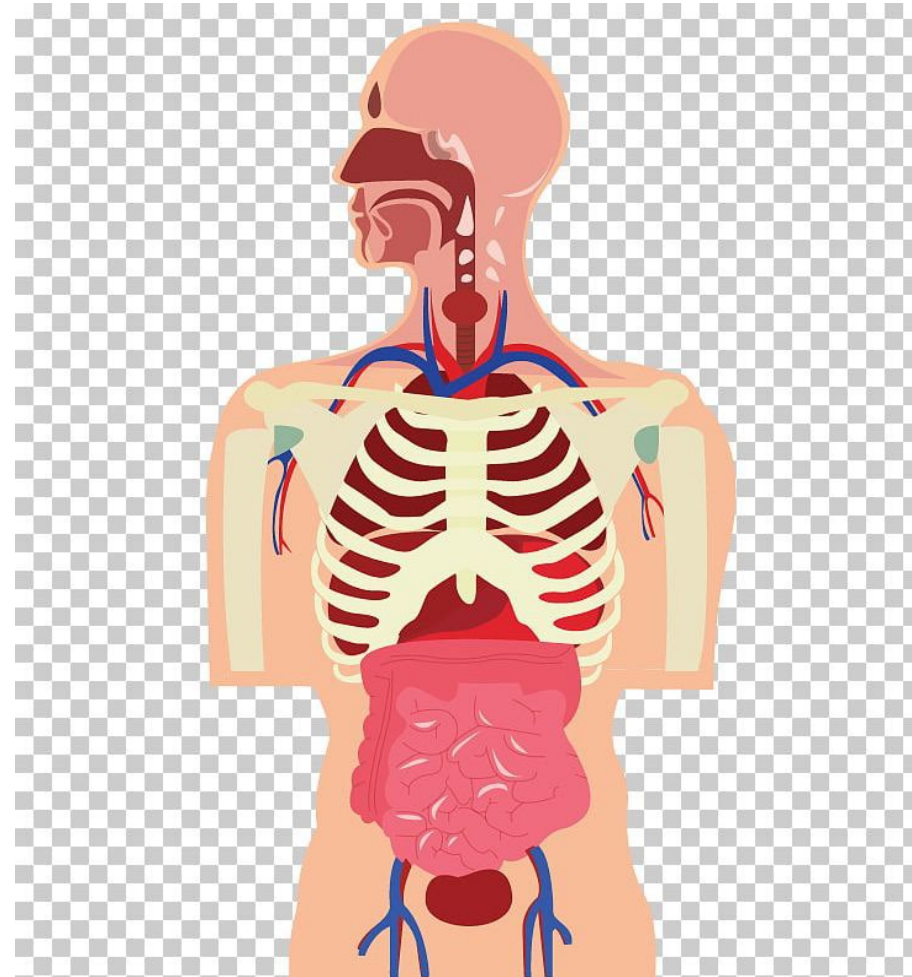
Possible Reasons for Picky Eating

- MEDICAL
- ENVIRONMENTAL
- BEHAVIORAL
- SENSORY



Common Medical Conditions

- Cardio-Pulmonary
- Neurological
- Gastrointestinal
- Additional/Other



Medical Intervention/ Assessment

- Feeding assessment by a therapist
- Medical History to be reviewed and considered
- Specialized feeding team that includes a feeding therapist, physician, dietician, psychologist

How family can help with the assessment?

- Food diary
- Videos of mealtime to show skills and challenges



Diagnosis codes

- ARFID: Avoidant/Restrictive Food Intake Disorder; was generated as a mental health diagnosis to describe children with feeding problems and related nutritional risk or deficiency without coincident body image problems, as seen in anorexia
- PFD: Pediatric Feeding Disorder; defined as an impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill and/or psychosocial dysfunction

Avoidant Food Intake Disorder (ARFID) and Pediatric Feeding Disorder (PFD)

“ If a patient has a diagnosis of ARFID, it may be worth reassessing from the pediatric feeding disorder (PFD) perspective to see if the cause of feeding difficulties might include a medical or skill dysfunction, and not be purely behavioral. ”
 -Dr. Richard Noel, Feeding Matters Volunteer Medical Director

	ARFID	PFD
THERAPEUTIC END USER	Psychiatric/behavioral	Multidisciplinary
DIAGNOSIS DEVELOPMENTAL ROOTS	Designed to replace and extend the DSM-IV diagnosis of feeding disorder of infancy or early childhood, also driven by desire to better represent patients' needs with EDNOS receiving treatment within eating disorder programs	Designed based on International Classification of Functioning, Disability, and Health (ICF) framework, recognizing that multidisciplinary care across four core domains represents the standard of care for PFD
TYPICAL AGE OF ONSET	Childhood and throughout the lifespan	Early childhood
PRIMARY ETIOLOGY	Psychiatric comorbidities, including anxiety disorders and obsessive-compulsive disorder	Complex medical and developmental conditions

Developed by Feeding Research Initiatives Task Force with Chair, Dr. William Sharp

Basic Principles to Remember.....

- Try to encourage a good relationship with food and eating, making mealtimes as pleasant as possible
- Always remember: The child eating will be the limiting factor



Getting ready for the meal

Have a mealtime routine, so the child is well aware of what's to come

Make sure the child is comfortably/safely supported

At home, having an appropriate chair such as a high chair or feeding chair. Check in with your therapist on positioning for feeding



Strategies

- Try to mimic a normal physiologic feeding schedule
 - At home, try to not allow child to graze, have distinct meals/snacks. Try not to allow sugared/caloric drink in between meals/snacks
 - If GT (G-tube) fed, medical team with try to work with family to move to bolus feedings and minimize night time feeding
- Have regular meals with family members
 - At home, have as many family members as possible model positive eating behaviors, include child as much as possible, even if they are to just sit at the table
 - If child is GT fed, we would still encourage child to be at the meal table during their GT feed, so they can associate a full tummy with a pleasant eating experience. If tolerated, can have child touch, feel, smell food

Strategies continued

- When possible, have the child to be a part of food preparation...take them grocery shopping, have them touch the food (learn by touch), let them smell the food without the pressure or fear of needing to eat it
- Try to be nonchalant...the more pressure the parent feels, the more the child can feel it. This can lead to a negative meal atmosphere and refusal to eat. Also, sometimes it could lead to the child just concentrating on making the parent happy, not learning to enjoy food themselves
- Try not to be a short order cook. For individuals with extreme pickiness/jags, can try to have a food they will accept with a tiny bit of a new food

Wrap up!

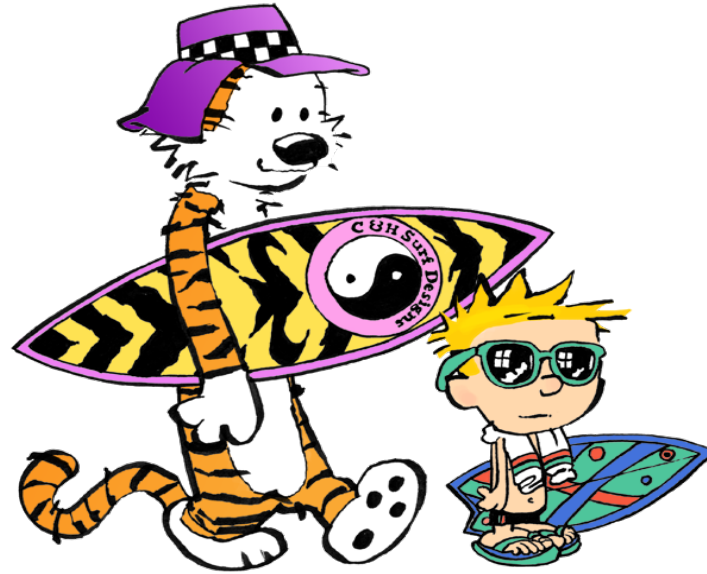
- There are a lot of reasons a person becomes a picky eater...but there are specific criteria that determines if the pickiness is detrimental
- Detrimental picky eating (PFD or ARFID) can be caused by many different reasons: Medical/developmental, behavioral, sensory, and environmental
- Remember that our main goal would be to have the individual enjoy eating and mealtimes
- Use the practical strategies at home
- Seek help when needed

Resources

- Local Resources:
 - Hospital outpatient/inpatient feeding therapy
 - Oahu Community providers, like Sprouts, Speech Solutions, Jabbermouths www.jabbermouths.com.
 - Maui Speech and Swallow: <https://mauispeechandswallow.com/>
- Web resources:
 - Feeding matters <https://www.feedingmatters.org/>
 - Online webinars and resources

****Please check on insurance acceptance****





Questions?

Thank You!



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