A practical approach to classifying and managing feeding difficulties

Presented by Benny Kerzner
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Objectives for this lecture

1) Relate an approach that:
   – meets the needs of the pediatrician
2) Review an algorithm that progresses through:
   – identification
   – assessment
   – prevention
   – treatment or referral
3) Explain the rational for our approach
Disclosure of collaboration with Abbott

Early Lectures 2001 to 2007 then Round Table that identifies faculty: Chatoor, Kerzner, Linchted, and Merritt

Second Round Table. Add MacLean and Milano. more Summits and the Forum in 2014

Publication Pediatrics 2015

Publication Clinical Pediatrics 2009

Summits
An approach to identifying and managing feeding difficulties

**Background**

**Presentation**

**Evaluation**

**Classification and Management**

- Parental concern, aberrant feeding behavior, or inappropriate feeding
  - History
  - Systems review
  - Anthropometrics
  - Physical examination
  - Organic red flags
  - Behavioral red flags
  - Investigations as needed
  - Child
    - Limited Appetite
    - Misperceived
    - Energetic
    - Apathetic
    - Organic
    - Structural
    - Gastrintestinal
    - Cardiorespiratory
    - Neural
    - Metabolic
  - Selective Intake
    - Misperceived
    - Neophobia
    - Mildly selective
    - Highly selective
    - Autism
    - Organic
    - Delayed development
    - Dysphagia
  - Fear of Feeding
    - Misperceived pain
    - Colic
    - Infant pattern
    - Older child (chocking)
    - Organic
    - Causes of pain
    - Esophagitis
    - Disordered motility
    - Visceral hypersalgesia
    - Tube feeding
  - Feeding Styles
    - Responsive
    - Controlling
    - Indulgent
    - Neglectful
An approach to identifying and managing feeding difficulties

**Background**

- Who is involved
- Related concerns
- Operational definitions

**Classification and Management**

- Parental concern, aberrant feeding behavior, or inappropriate feeding
  - History
  - Systems review
  - Anthropometrics
  - Physical examination

- Organic red flags
- Behavioral red flags

- Investigations as needed

- Child
  - Limited Appetite
  - Misperceived
  - Energetic
  - Apathetic
  - Organic
  - Structural
  - Gastrointestinal
  - Cardiorespiratory
  - Neurologic

- Selective Intake
  - Misperceived
  - Neophobia
  - Mildly selective
  - Highly selective
  - Autistic
  - Organic
  - Delayed development

- Fear of Feeding
  - Misperceived pain
  - Celiac
  - Infantile pattern
  - Older child (choke/dysphagia)
  - Organic
    - Causes of pain
    - Esophagitis
    - Disordered motility
    - Visceral hyperalgesia
    - Teething

- Feeding Styles
  - Responsive
  - Controlling
  - Indulgent
  - Neglectful

---

*An approach to identifying and managing feeding difficulties*


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Feeding difficulties are a world wide issue

Multinational Survey, 2005: In-person Interviews
- 8 international markets: n=2880 quantitative interviews with mothers of children aged 1-10 years

European Survey, 2006: Online Research
- 4 European countries: n=2482 quantitative online surveys with mothers of children aged 1-5 years
The children implicated by concerned parents

- Parents: ~50%
- Children: ~20–30%

Multinational Survey, 2005: In-person Interviews
• 8 international markets: n=2880 quantitative interviews with mothers of children aged 1-10 years

European Survey, 2006: Online Research
• 4 European countries: n=2482 quantitative online surveys with mothers of children aged 1-5 years
Serious medical, nutritional, social and emotional issues that require resolution

“Picky eaters” were:

- Selective with strong preferences
- Subject to excessive parental anxiety

Years later:
- Not nutritionally compromised
- More likely to have behavioral problems
  - withdrawal
  - somatic complaints
  - anxiety
  - depression
  - aggressive disorders
  - Delinquency


IQ – appropriate vs. destructive concern
Range of problems

Mild

• Type
  – picky eaters
  – finicky eaters
  – poor appetite

• Characteristic
  – an outcome of normal developmental issues

Severe

• Type
  – phobic

• Characteristic
  – chronic aversion with socially stigmatizing meal behavior

A picky eater self restricts type, texture or amount of food

Kedesdy and Budd
Published in 1998

Range of problems

Mild

• Type
  – picky eaters
  – finicky eaters
  – poor appetite

• Characteristic
  – an outcome of normal developmental issues

Severe

• Type
  – phobic

• Characteristic
  – chronic aversion with socially stigmatizing meal behavior

A picky eater self restricts type, texture or amount of food

Kedesdy and Budd
Published in 1998
Additional definitions of “picky eaters”

- **Marqi and Cohen (1990)**
  - Does not eat enough, often choosing, usually eat slowly, usually not interested

- **Chatoor (1998)**
  - Food refusal for more than one month, no growth problem, parents concerned

- **Carruth (1998)**
  - Rigorous standardized approach developed dietary variety and diversity scores with reference to the dietary pyramid

- **Jacobi (2003)**
  - Accepted the mother’s definition

- **Alercon (2003)**
  - Included children failing to thrive
“Picky eating” is comprised of a number of entities that need further definition and classification.
The full spectrum of feeding difficulties confront the pediatrician

**Normal / Mild**
- eg, picky

**Increasing severity**

**Decreasing prevalence**

**Severe**
- eg, autistic

Significant impairment:
- Weight loss
- Insufficient growth
- Developmental defects

These have “Feeding Disorders”
Nomenclature

• Feeding disorder
  — A term connoting a severe problem resulting in substantial organic, nutritional, weight or emotional consequences
  — It equates to an avoidance/restrictive food intake disorder diagnosis in the DSM 5 and the ICD 10

• Feeding difficulty
  — A useful umbrella term that simply suggest there is a feeding problem

An approach to identifying and managing feeding difficulties

Background

Presentation

Parental concern, inappropriate feeding or aberrant feeding behaviour

Classification and Management

Organic red flags

Behavioral red flags

Investigations as needed

Child

Feeder

Misperceived 
Energetic 
Apathetic 
Organic 
Structural 
Gastrointestinal 
Cardiorespiratory 
Neural 
Metabolic

Selective Intake 
Misperceived 
Nephobia 
Mildly selective 
Highly selective 
Autism 
Organic 
Delayed development 
Dysphagia

Fear of Feeding 
Misperceived pain 
Colic 
Infant pattern 
Older child (chokeing) 
Organic 
Causes of pain 
Esophagitis 
Disordered motility 
Visceral hyperalgesia 
Teeth feeding

Feeding Styles 
Responsive 
Controlling 
Indulgent 
Neglectful

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Only 50% of mothers think pediatricians’ suggestions resolved poor feeding.

Prof. Jin Xingming and Prof. Shi Rongc  Shanghai 2008
Maternal strategies to counter picky eating

- Induce the child to eat various foods: 30.9%
- Offer other nutriments: 14.2%
- Force the child to eat various foods: 6.3%

Prof. Jin Xingming and Prof. Shi Rongc
Shanghai 2008
An approach to identifying and managing feeding difficulties

Background

Presentation

Evaluation

Classification and Management

Parental concern, aberrant feeding behavior, or inappropriate feeding

History

Systems review

Anthropometrics

Physical examination

Organic red flags

Behavioral red flags

Investigations

History, Anthropometrics - Physical exam

Organic

Structural

Gastrointestinal

Cardiorespiratory

Neural

Metabolic

Hypoglycemia

Autism

Organic

Dysphagia

Delayed development

Other child (choke)

Organic

Caries of teeth

Esophagitis

Disordered motility

Visceraland hyperalgiesia

Toks feeding

Indulgent

Neglectful
Identification of feeding difficulties - Presenting features or clues

- Food refusal lasting more than 1 month
- Failure to advance food items and textures
  - (Prolonged breast or bottle feeding)
- Aberrant mealtimes
  - Too long
  - Disruptive and stressful
  - Distraction to increase intake
  - Nocturnal eating in a toddler
  - Lack of appropriate independent feeding
Observing feeding – Video recordings may be very helpful
Imbed video
Kim Milano, 2/13/2014
Positioning ‘the hips affect the lips’

Awful

Excellent
Growth Assessment: Anthropometry

ACCURATE ANTHROPOMETRIC MEASUREMENTS are necessary to prevent misdiagnosis.

And this is not the way to do it.

Identification and investigation

Parental concern, Inappropriate feeding or aberrant feeding behaviour

History, Anthropometrics - Physical exam

Organic red flags

Behavioral red flags

Investigations

Child

Limited Appetite
Misperceived
Behavioral
Organic

Selective Intake
Misperceived
Behavioral
Organic

Fear of Feeding
Misperceived
Behavioral
Organic

Caregiver

Feeding style
Responsive
Controlling
Indulgent
Neglectful

Identification of feeding difficulties

Red flags

Medical and Behavioral symptoms and signs that require:

- prompt attention
- possible referral for intense investigation/specialized Rx

Identification and investigation

Organic Red Flags

- Dysphagia
- Aspiration
- Apparent pain with feeding
- Vomiting and diarrhea
- Developmental delay
- Chronic cardio-respiratory symptoms
- Growth failure (Failure to thrive)
Meeting criteria for failing to thrive
Behavioral Red Flags

- Food fixation (selective and extreme dietary preferences)
- Noxious (forceful and/or persecutory) feeding practices
- Abrupt cessation of feeding following a trigger event
- Anticipatory gagging
- Failure to Thrive

Levine et al. *JPNG*

Identification and investigation

Basic investigations may include*

- Complete blood count
- Comprehensive metabolic panel
- Sedimentation rate
- Complex metabolic panel
- Ferritin
- Lead level
- Total IgA and Antitissue transglutaminase
- Urine analyses
- Stool for neutral fat, elastase
- Stool for ova and parasites

* Adjusted for history, physical and regional frequency of disease

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  - Organic red flags
  - Behavioral red flags
  - Investigations as needed

- Child
  - Limited Appetite
  - Misperceived
  - Energetic
  - Apathetic
  - Organic
  - Structural
  - Gastrointestinal
  - Cardiovascular
  - Natural
  - Metabolic
- Selective Intake
  - Misperceived
  - Neophobia
  - Mildly selective
  - Highly selective
  - Autism
  - Organic
  - Delayed development
  - Dysphagia
- Fear of Feeding
  - Misperceived pain
  - Colds
  - Infant pattern
  - Older child (chokeing)
  - Organic
  - Causes of pain
  - Esophageal
  - Disordered motility
  - Visceral hyperalgesia
  - Tube feeding
- Feeding Styles
  - Responsive
  - Controlling
  - Indulgent
  - Neglectful
Early attempts at classification

O’Brien, Repp, Williams & Christopher (1991)

- Food refusal
- Food type selectivity
- Food texture selectivity
- Liquid refusal or selectivity
- Grams of calories consumed low
- Sucking and swallowing problems
- Problems with chewing
- Delays in self feeding
- Delays in self drinking
- Lack of utensil use
- Inappropriate utensil use
- Problems with lunch box or tray
- Leaving table
- Spitting
- Throwing items
- Aggression
- Inappropriate verbalizations
- Inappropriate noises
- Amount of spillage
- Rate of intake
- Chewing with mouth open
- Lack of napkin use
The population of children with feeding difficulties

Mothers implicate ~25% of Children

Normal

The Population of Children
The population of children with feeding difficulties

Only 1 - 4% have a Feeding Disorder
Chattoor classified Feeding Disorders

• A system related to child’s development
  – Disordered state regulation  Newborn
  – Disordered reciprocity (neglect)  3 to 8 months
  – Infantile anorexia  Transition to self-feeding

• Plus
  – Sensory food aversions  Any age
  – Concurrent medical condition  Any age
  – Post traumatic  Any age

Chattoor I. Child Adolesc Psychiatric Clin N Am. 2002;11;163-183
Chatoor classified feeding disorders

- Mildly involved cases
  - considered sub-threshold expressions of the same feeding disorders

Chatoor I. Child Adolesc Psychiatric Clin N Am. 2002;11;163-183
Many considered poor feeders are actually within the normal range

• Prospective study of 494 children, 30% characterized as “poor eaters”
• Weight-adjusted energy consumption no different to the rest of the population
• They are smaller and therefore eat less
• Parents *misperceived* them to be small because they believed they ate too little

Kerzner’s modifications of Chatoor’s classification

• Four categories based on behavior not development
• Red flags used to address organic causes
• Terminology familiar to most clinicians
• Includes children misperceived to have a poor appetite

Kerzner B et al. 2009 Clinical Pediatrics
The Four major Symptom-Related Groups

**Poor appetite**
- Parental misperception
- Energetic and playful child
- Apathetic and withdrawn child
- Organic disease

**Highly selective**

**Crying interfering with feeding** (Colic)

**Fear of feeding**
• Organic issues
  ➢ No definitive breakdown

• Behavioral issues
  ➢ The mild behaviors are not addressed
  ➢ No red flags to identify them

• Misperception
  ➢ Only considered under poor appetite

• Colic
  ➢ Not really a feeding disorder

• Feeding styles
  ➢ Omitted

Failure of the a Diagnostic Tool to identify mildly selective cases (n=26)

The Tool
- Over diagnoses severe selectivity
- Diagnoses mild selectivity as normal or severe
The population of children with feeding difficulties

Misperceived
Mild Feeding Difficulty
Feeding Difficulties
Feeding Concerns
Normal
The population of children with feeding difficulties

- Misperceived accounts for ~20% of Mild Feeding Difficulties
- Milder conditions still need inclusion and classification
Four major symptom groups give way to three

Limited appetite
- is a parental misperception
- in an active and playful child
- in an apathetic and withdrawn child
- due to organic disease

Selective

Crying interfering with feeding (Colic)

Fear of feeding
Limited appetite: Expanding the organic component

**Limited appetite**
- Misperception
- Energetic and playful
- Apathetic and withdrawn

**Organic disease**
- Structural
- Gastrointestinal
- Cardiorespiratory
- Neural
- Metabolic

Burklow KA, et al. 1998 JPEN 127:143-7
Expanding selectivity
Taking development into account

Texture
- Liquid
- Strained
- Junior
- Chopped fine
- Regular

Chewing
- Teething
- Basic rotatory chew
- Mature rotatory chew

Spoon
- Rasps
- Assisted feeding
- Messy self-feeding

Cup
- Assists drinking
- Self drinking

Birth  |  6  |  12  |  18  |  24
---|---|---|---|---
Limitations in selection are a normal phenomenon between 2 and 8 years of age.

Skinner et. al. Journal of the American Dietetic Association Nov 2002
Neophobia is a normal phenomenon early in life.

First view of novel food

First taste of the novel food

Picky/Fussy Child

Food refusal

After 15 exposures

Food Neophobic Child

Expanding selectivity

Selective

Misperceived (Developmental & Neophobia)

Mildly selective

Highly selective

Organic

Highly selective

Misperceived (Developmental & Neophobia)

Mildly selective

Highly selective

Organic
Adjustments to the ‘fear of feeding’ category

- Misperceived (colic)
- Fear of feeding (anticipatory anxiety)
- Younger child (post choking)
- Older child (post choking)
- Organic (e.g. GERD and Tube fed)
Classification of the children

- Three groups readily separated by fundamental behaviors
- Each ranging from misperception through mild to severe
- Each with systematic division of the organic and behavioral issues
but it is not all about the child

Parental pressure to eat

Feeding resistance

Chatoor I. *Diagnosis and Treatment of Feeding Disorders in Infants, Toddlers, and Young Children*. Washington, DC: Zero to Three; 2009.
...the feeding dynamic involves a dyad

- Responsive
- Limited Appetite
- Selective
- Fearful of feeding
- Controlling
- Indulgent
- Neglectful
Algorithm for the management of feeding difficulties

- **Caregiver**
  - Feeding style
    - Responsive
    - Controlling
    - Indulgent
    - Neglectful

- **Child**
  - Limited Appetite
    - Misperceived
      - Energetic
      - Apathetic
      - Organic
        - Structural
        - Gastrointestinal
        - Cardiorespiratory
        - Neural
        - Metabolic
  - Selective Intake
    - Misperceived (neophobia)
    - Mildly selective
    - Highly selective
    - Organic
      - Delayed Development
      - Dysphagia
  - Fear of Feeding
    - Misperceived pain (colic)
    - Infant pattern
    - Older child (choking)
    - Organic
      - Causes of pain e.g.
        - Esophagitis
        - Disordered motility
        - Visceral hyperalgesia
        - Tube feeding

*Every child and caregiver is influenced by the feeding experience*
A Practical Approach to Classifying and Managing Feeding Difficulties
Benny Kerzner, Kim Milano, William C. Maclean Jr, Glenn Beraill, Sheila Stuart and Irene Chaikov

*Pediatrics* 2015;135:344; originally published online January 5, 2015;
DOI: 10.1542/peds.2014-1630

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/135/2/344.full.html

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Subcategories

Limited Appetite
- Misperceived
- Energetic
- Apathetic
- Organic
  - Structural
  - Gastrointestinal
  - Cardiorespiratory
  - Neural
  - Metabolic

Selective Intake
- Misperceived (neophobia)
- Mildly selective (Picky)
- Highly selective
- Organic
  - Delayed Development
  - Dysphagia
  - Autism

Fear of Feeding
- Misperceived pain (colic)
- Infant pattern
- Older child (choking)
- Organic
  - Causes of pain e.g.
    - Esophagitis
    - Disordered motility
    - Visceral hyperalgesia
    - Tube feeding

Feeding style
- Responsive
- Controlling
- Indulgent
- Neglectful
# Limited appetite

<table>
<thead>
<tr>
<th>Misperceived</th>
<th>Energetic apparently healthy</th>
<th>Apathetic apparently ill</th>
<th>Organic</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Appropriate appetite is considered limited</td>
<td>- Alert active inquisitive</td>
<td>- Withdrawn, limited communication with caregiver</td>
<td>- Red flags will identify many</td>
</tr>
<tr>
<td>- Excessive parental concern</td>
<td>- Play and talk instead of eating</td>
<td>- Features of malnutrition and possibly neglect</td>
<td>- Be alert for subtle presentations, eg. celiac disease</td>
</tr>
<tr>
<td>Need reassurance and education</td>
<td>- Easily distracted</td>
<td>- Often FTT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Often FTT</td>
<td>- Promote appetite, resolve conflict, supplement if FTT. Cyproheptadine may have a place</td>
<td>- Feeding by an empathetic caregiver</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Treat underlying pathology</td>
</tr>
</tbody>
</table>
Subcategories

Child

Selective Intake
- Misperceived (neophobia)
- Mildly selective (Picky)
- Highly selective
- Organic
  - Structural
  - Gastrointestinal
  - Cardiorespiratory
  - Neural
  - Metabolic
- Delayed Development
- Dysphagia
- Autism

Fear of Feeding
- Misperceived pain (colic)
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  - Causes of pain e.g.
    - Esophagitis
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Limited Appetite
- Misperceived
- Energetic
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  - Cardiorespiratory
  - Neural
  - Metabolic

Caregiver

Feeding style
- Responsive
- Controlling
- Indulgent
- Neglectful
# Selectivity

<table>
<thead>
<tr>
<th>Misperceived</th>
<th>Mild</th>
<th>Severe</th>
<th>Organic</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Normal developmental limitation</td>
<td>- Mild rejection doesn’t eliminate entire food groups</td>
<td>- Phobic responses,</td>
<td>- Limitation imposed by organic disease e.g developmental disability</td>
</tr>
<tr>
<td>- oral-motor</td>
<td>- No immediate negative social, physical, nutritional or emotional effects</td>
<td>- Reject complete classes of food</td>
<td>- Hyper or hypo responsive gag reflex</td>
</tr>
<tr>
<td>- taste preferences</td>
<td>- Accept more than 15 foods</td>
<td>- Potential nutrient deficiency</td>
<td>Even more subtle or demanding methods – “shaping” and “fading”</td>
</tr>
<tr>
<td>- neophobia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Need time and education**

**Model eating and simple strategies to encourage healthy eating**

**More complex systematic approaches e.g. “food chaining”**
Subcategories

**Limited Appetite**
- Misperceived
- Energetic
- Apathetic
- Organic
  - Structural
  - Gastrointestinal
  - Cardiorespiratory
  - Neural
  - Metabolic

**Selective Intake**
- Misperceived (neophobia)
- Mildly selective (Picky)
- Highly selective
- Organic
  - Delayed Development
  - Dysphagia
  - Autism

**Fear of Feeding**
- Infant pattern
- Older child (choking)
- Organic
- Causes of pain e.g.
  - Esophagitis
  - Disordered motility
  - Visceral hyperalgesia
  - Tube feeding

**Caregiver**

**Feeding style**
- Responsive
- Controlling
- Indulgent
- Neglectful
## Fear of Feeding

### Misperceived
- Inconsolable crying under age four
- No pathology
- Dif. Diagnosis: protein sensitivity to constipation
- Fed too frequently

### Young Child
- Cries at sight of food or high chair
- Hungary but in pain after a few sucks
- Sleep feeds

### Older Child
- Sudden transition from normal to no eating
- Usually post chocking
- Rejects solid food

### Organic
- Overt pathology
- Frequently tube fed
- Suppressed appetite
- Visceral hyperalgesia

**Calm baby and reassure parent**

**Avoid noxious feeding and desensitize with sleep feeding**

**Avoid coercion**
- Reassure and reduce stress

**Multi-disciplinary resolution**
Algorithm for the management of feeding difficulties

Every child and caregiver is influenced by the feeding experience
Subcatagories

Child

Limited Appetite
Misperceived
Energetic
Apathetic
Organic
  Structural
  Gastrointestinal
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  Neural
  Metabolic

Selective Intake
Misperceived
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Fear of Feeding
Misperceived pain (colic)
Infant pattern
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Organic
  Causes of pain e.g.
    Esophagitis
    Disordered motility
    Visceral hyperalgesia
    Tube feeding

Caregiver

Feeding style
  Responsive
  Controlling
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# Feeding styles

<table>
<thead>
<tr>
<th>Responsive</th>
<th>Controlling</th>
<th>Indulgent</th>
<th>Neglectful</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Limits</strong> Where, When, and What&lt;br&gt;Models appropriately&lt;br&gt;Responds to child’s hunger signals&lt;br&gt;Guides child’s eating&lt;br&gt;Eats more fruit, veg., and dairy&lt;br&gt;Eats less ‘junk’ food&lt;br&gt;May protect against both under and overweight&lt;br&gt;Reassure</td>
<td><strong>Pressures child to eat</strong>&lt;br&gt;Restricts foods&lt;br&gt;Ignores hunger satiation signals&lt;br&gt;<strong>Adjusts calories poorly</strong>&lt;br&gt;Eats fewer fruits and vegetables&lt;br&gt;More likely under or overweight&lt;br&gt;Offer guidance rather than precise orders</td>
<td><strong>Sets no limits</strong>&lt;br&gt;Accedes to Where, When, and What&lt;br&gt;Makes special foods&lt;br&gt;Ignores satiation signals&lt;br&gt;<strong>Eat diets lower in most nutrients except fat</strong>&lt;br&gt;Drink less milk&lt;br&gt;Learn to set limits</td>
<td><strong>Gives up feeding responsibilities</strong>&lt;br&gt;Sets no limits&lt;br&gt;Ignores hunger signals, emotional and physical needs&lt;br&gt;More likely underweight or overweight&lt;br&gt;Needs tight instruction</td>
</tr>
</tbody>
</table>
Summary of the diagnostic process

- Respect maternal concerns and resolve misperceptions with positive advice so as to enhance normal feeding behavior
- Proceed to the diagnosis by following the algorithm
- Recognize the red flags
- Address serious conditions requiring prompt resolution
- Children with organic disease very frequently have perseverant behavioral feeding behavior problem
- Children may have more than one feeding difficulty
- The manifestations of the problem is modulated or even caused by feeding styles; therefore they need to be addressed
In conclusion

The parent should leave the office:

• Understanding the feeding problem
• Confident to carry out interventions
• Appreciating the dangers of controlling, indulgent and neglectful feeding styles
Closing Video
Imbed video

Kim Milano, 2/13/2014
Feeding guidelines for all children

- Avoid distraction during mealtimes (television, cell phones, etc.)
- Maintain a pleasant, neutral attitude during mealtimes
- Feed to encourage appetite:
  - Limit duration (20-30 minutes)
  - 4-6 snacks a day with only water between
- Serve age-appropriate foods
- Systematically introduce new foods
- Encourage self-feeding
- Tolerate age-appropriate mess

...but there are limits