CHILDREN WHO REFUSES TO EAT

A PROPOSAL FOR CLINICAL ASSESSMENT AND INTERVENTION

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ABSTRACT

BACKGROUND

The literature about eating and feeding disorders in children is scarce and there is not a clear cut protocol for the assessment and management of the child who refuses to eat.

PURPOSE

We propose a model for children aged 12 or less whose complaints are their difficulties in feeding behavior related with variety, amount, avoidance or obsessive behaviors with food, as well as high selectivity in feeding behavior.

METHOD

We describe and propose five categories that compose different clinical scenarios: Nutritional and developmental features (percentile weight/height, menarche, and other secondary sexual characteristics); Cognitive (concerns over body weight, size and shape); Behavioral (selectivity with food, avoidance behaviors associated or not with traumatic experiences); Contextual (secondary gains, maternal difficulties in feeding functions, family dysfunction, history of ED in parents, current ED in parents), and Biological factors (genetic vulnerabilities for ED, anxietity or mood disorders).

RESULTS

The model allow to discriminate between different types of primary pathology that could explain the dysfunctional feeding behavior: Prepuberal Anorexia Nervosa, Phobic disorders (Phobia to accept new food, high selectivity with textures, smells, tastes, sounds, etc. Fago-phobia or fear of chocking with food), Obsessive Compulsive Disorder, or a diagnosis of a current or residual ED or Anxiety Disorder in the parents.

CONCLUSIONS

A discriminative analysis of this type, allow the professional to focus the intervention in the therapeutic objectives related to each pathology using an appropriate re-nutrition schema according to weight and height; techniques such as desensitization, exposure and response prevention, and developing healthy eating habits. The intervention is done with the child and the parents. It is required to prove the usefulness of the model, using quantitative and qualitative methods in future studies.

WHAT TO EVALUATE

- NUTRITIONAL AND DEVELOPMENTAL
  - Percentiles Weight/Height
- COGNITIVE
  - Worries over body shape
- BEHAVIORAL
  - Food selectivity
  - Avoidance behaviors associated or not with trauma
- CONTEXTUAL
  - Secondary gains
  - Family dynamics
- BIOLOGICAL
  - Genetic vulnerability for ED, anxiety or mood disorders

HOW TO EVALUATE

- WHO Criteria Physical Examination
  - Percentil Weight/Height > 75
  - Percentil < 14
- INTERVIEW WITH CHILD AND CAREER + OBSERVATION OF MOTHER-CHILD INTERACTION

DIAGNOSTIC ISSUES

- Overweight Obesity
- Malnutrition
- Anorexia Nervosa
- PHOBIAS
  - Neophobia: Difficulty in trying new food
  - Phagophobia: Difficulty in swallowing. Fear of choking
- OCD
  - Hyper selectivity: Rejection of texture, color, sounds, taste
- Childhood depression
  - Developmental disturbances
  - ADDH
- Dysfunctional Family

TREATMENT STRATEGIES

- Hypocaloric diet
- Nutrition
- Hypercaloric diet Complements
- Braking the "restrictive style"
  +
- Cognitive Restructuring
  +
- Body image work
  +
- Dependence independence
- Eating habits
  What to eat?
  Where?
  When?
  With whom?
  Sistematic Desensitization
  - Relaxations
  - Hierarchies
  - Exposure
- EX-RP
- SPECIFIC TREATMENT
- Unmasking symptoms
  +
  Looking for alternative expressions
- Work with parents.
  - Style
  - Habits
  - Relationships

  +
  Family Therapy

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