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
PEDIATRIC FEEDING DISORDERS

- Treatment of Feeding Problems Requires Diverse Expertise
  - Medicine
  - Nutrition
  - Oral Motor
  - Behavioral
Approximately 86% of children with feeding problems had a diagnosed medical disorder (Rommel et al., 2003).
PEDIATRIC FEEDING DISORDERS

- Treatment of Feeding Problems Requires Diverse Expertise
  - Medicine
    - Food allergies as an exemplar
  - Nutrition
  - Oral Motor
  - Behavioral
PEDDIATRIC FEEDING DISORDERS

- Which Foods Account for 90% of Food Allergies?
- What Are the Symptoms of an Allergic Reaction?
- What are the Sources of Cross-Contamination for Food Allergens?
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
- Hands
- Storage
- Preparation
- Bibs
- Surfaces
- Dishes and Utensils
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
FADING

- **Blending**

- **Spoon distance**

- **Spoon to cup**

- **Syringe to cup and spoon**
*CIB = Carnation Instant Breakfast

Deposit liquid from syringe

Flush

Deposit from cup

Syringe on outside of cup, recessed from lip

Deposit from cup

Deposit from cup

Deposit from syringe

Hole in cup bottom

PERCENTAGE MOUTH CLEAN

1-Year Follow Up

Escape Extinction (EE) + Attention Extinction (AE)

Spoon-to-Cup Fading

3.8 3.2 2.6 2.1 1.5

3.8 cm 3.2 cm 2.6 cm 2.1 cm 1.5 cm
ADDITIONAL READINGS
ESCAPE EXTINCTION


FADING

- **Blending**

- **Liquid to baby food**

- **Spoon distance**

- **Spoon to cup**

- **Syringe to cup and spoon**
SENSORY INTEGRATION

AVOIDANCE


TEXTURE OR CONSISTENCY MANIPULATION


SWALLOW FACILITATION AND RE-DISTRIBUTION


