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Effects of Feeding Complications on Children's Behavioural Assessments

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Description

Feeding difficulties are estimated to affect up to 25% of normally developing children and up to 35% of children with neurodevelopmental disabilities. The inability or refusal to eat certain foods is one common definition of feeding problems. Feeding issues can have serious nutritional, developmental, and psychological consequences. Because the severity of these sequelae is proportional to the age at onset, degree, and duration of the feeding problem, early detection and management are critical.

Feeding disorders are common in the first 1-3 years of life when a child struggles to maintain adequate growth, has inadequate intake, or fails to develop from one developmental feeding phase to the next. The main consideration of caretakers and clinicians is the nutritional status of the child. Inadequate dietary variety, for example, can lead to nutritional disorders (e.g., scurvy, rickets, and kwashiorkor disease), whereas insufficient caloric intake can lead to under nutrition and failure to thrive, which can have a negative impact on cognitive development, school performance, attention and memory, and emotional and behavioural regulation.

Food refusal, disruptive mealtime behaviour, rigid dietary preferences, inadequate development, and inability to achieve self-feeding skills associated with the child's developmental abilities are examples of specific feeding problems. Feeding problems are estimated to affect up to 25-45 percent of children in the general population, approximately one-third of children with behavioural disabilities, and up to 80 percent of those with severe to profound mental retardation. In general, younger children have much more dietary issues than older children. Untreated feeding problems, on the other hand, tend to persist over time.

Some studies also suggest that feeding issues in school years can progress to eating disorders. Unfortunately, as the mortality rates of preterm babies and children with substantial disease and/or developmental impairments may raise so will the predominance of feeding disorders.

Feeding disorders are treated by a wide range of health-care professionals from medicine, psychology, speech-language pathology, nutrition, and other fields. The psychologist's role is to provide a behavioural perspective on feeding disorders, to assess for comorbid behavioural or psychiatric conditions in the child or the broader family system, and to intervene or facilitate referrals as needed. A paediatric psychologist (a psychologist who has received specialized training in child health) is especially well-suited to work with feeding issues.

A feeding assessment relies heavily on observations of the child and caregiver interacting during a meal. The observation's goal is to see if the parent-child interaction is reinforcing the feeding problem (e.g. coaxing a child to eat). Typically, feeding observations are conducted in vivo, simulating a meal at home. A meal is ideally simulated when the child is expected to be hungry (e.g., after 2-4 hours of fasting), with a behavioural specialist and a speech-language pathologist observing the interaction behind a one-way mirror or via closed-circuit television to assess behaviour and feeding-related skills while minimizing the effects of direct observation on feeding interactions.

Preferred and non-preferred foods are presented while the psychologist records specific behaviors such as bites accepted and refusal frequency and severity. Observational scales have been developed to quantify interactions between children and caregivers, assess oral-motor functioning, and to assess mealtime interactions.

Feeding issues are common and represent a cluster of symptoms that are often of great concern to both families and pediatricians. Community providers are frequently the first to assess and treat these issues. Behavioral treatment methods have been shown to be highly effective and safe in the treatment of a wide range of feeding issues. Unfortunately, access to paediatric psychologists with specialized training in the treatment of feeding disorders continues to be a barrier to care. Knowledge of the various behavioural interventions should assist community providers in determining which techniques can be safely implemented and when to seek additional assistance from behavioural specialists.