ARFID IN THE YOUNGER CHILD

Miriam Belsham
Occupational Therapist
SprOuTs Child Occupational Therapy Services
New Zealand Eating Disorders Clinic Ltd
Outline

• Feeding Difficulties prevalence in younger children
• Why do children develop feeding difficulties?
• Assessment process
• Treatment of ARFID in children
  • Treatment approaches
  • Sensory Integration
  • A bit about messy play
Prevalence of Feeding Difficulties

- Selective eating is part of normal development.
- Neophobia
- Zimmerman (2017) reports:
  - “Neophobia is defined as the rejection of, or reluctance to eat, foods that are novel or unknown, which commonly develops in toddlerhood and peaks between ages 2 and 6 years before decreasing as the child ages and then stabilizing”
Population Studies

• Cardona et al (2015) report:
  • Prevalence of picky eating was 26.5% at 1.5 years of age
  • 27.6% at the age of 3
  • 13.2% at 6 years.

• Zucker et al (2015) report
  • 20% of community report selective eating in children aged 2-5y 9m
  • Another 17.7% of children with a “moderate selective eating”
  • Another 3% where their eating was impacting on social participation.
Why do children develop feeding disorders?

• Micali et al (2016) report predictors for feeding difficulties in children aged 5-7:
  • Birth complications
  • Maternal mental health
  • Early feeding problems
Why do children develop feeding disorders?

ARFID

ASD  Gastro  Anxiety  Attachment

Sensory
Pediatric Acute-onset Neuropsychiatric Syndrome- PANS

- PANS is a clinical diagnosis given to children who have a dramatic (overnight) onset of neuropsychiatric symptoms
- Sudden onset of obsessive-compulsive symptoms and or an eating disorder (ARFID).
- Along with a combination of: anxiety, tics, depression, sensory sensitivities, changes in urination, sleep disturbance and aggression / rage
- Food restriction has been reported as:
  - obsessional fears about contamination
  - sudden onset of fears of swallowing, choking, or vomiting
PARDI Assessment Tool

• Pica, ARFID and Rumination Disorder Interview
• Structured interview to assess the presence and severity of these diagnoses
• Bryant-Waugh et al (2018) published initial findings of the PARDI which indicate that it has evidence of reliability and validity.
Information Gathering & Assessment

- Child’s current and past weight and height
- What do the parents believe that the cause of feeding difficulties are due to and what are their expectations?
- What has been tried to change feeding behaviour
- Medical history that could influence feeding
  - Diagnosis, vomiting, allergies, tube feeding, dietetic advice,
- Understand general developmental milestones
- Feeding development from birth to present
- Current ‘typical day’ of eating and drinking
- Family stress, any family eating difficulties
- Oral motor skills
- Sensory processing
Risks to consider

• Nutrition
• Growth and development
• Impact on social and emotional development and functioning
• Impact on the family
• Undiagnosed GI problems?
Treatment approaches for children

There is no one size fits all

Each child’s feeding and eating challenges are unique.

So...

Their therapy plan must also be unique to reflect their individual history, challenges and previous experiences.
Treatment approaches for children

• Cognitive Behavioural Therapy
• SOS Feeding approach
• Food Chaining
• Division of responsibility
• Applied Behavioural Approach
• Sensory Integration Therapy
• Family based therapy
What is Sensory Processing?

• Sensory Integration (SI) is the way that the body receives, understands and responds to all the sensory information it receives

• Our 8 senses: Sight, Smell, Taste, Touch, Hearing, Vestibular, Proprioception & Interoception

• Most people are able to do this quickly and appropriately

• With effective sensory integration people are able to maintain a calm and alert state
Sensory and Feeding

- Eating and Drinking is the only activity of daily living in childhood that requires all senses to be integrated.

- My audit information has highlighted that 45% of children coming through FEDS have identified SP difficulties identified


- Area for further research
Low Threshold to Sensory Information

• Need a small amount of sensory information to respond to it

<table>
<thead>
<tr>
<th>Sensory Sensitive</th>
<th>Sensory Avoiding</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Over react to certain tastes, smells that are typically enjoyed by others</td>
<td>• Actively avoid being attacked by the food</td>
</tr>
<tr>
<td>• Over reacts to food textures</td>
<td>• Crawl under the table</td>
</tr>
<tr>
<td>• Turn away from the table</td>
<td>• Run out of the room</td>
</tr>
<tr>
<td>• Splay their fingers</td>
<td>• Push the food away</td>
</tr>
<tr>
<td>• Wipe hands after finger feeding</td>
<td>• Put their hands over their nose or ears</td>
</tr>
<tr>
<td></td>
<td>• Refuse to eat safe foods if routine is not adhered to</td>
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</tbody>
</table>
High Threshold to sensory information

- Need a stronger amount of sensory information to respond to it

<table>
<thead>
<tr>
<th>Low Registration</th>
<th>Sensory Seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unaware of food left on mouth after eating</td>
<td>• Craves strong tastes, smells, textures</td>
</tr>
<tr>
<td>• Appear uninterested in the food that’s placed in front of them – even familiar foods</td>
<td>• Comment that all foods taste the same</td>
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<td>• If spoon fed may not pick up on clues that food is about to enter their mouth.</td>
<td>• Over fill mouth</td>
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<td></td>
<td>• Constantly on the go</td>
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<td>• Need a lot of activity at the table</td>
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<td>• May make additional noise when eating</td>
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What is Messy Play?

• Messy play is one medium of play
• Messy play occurs as part of normal play development
• Messy Play can:
  • Help a child develop independence
  • Help a child develop motor skills
  • Help a child develop language and communication skills
  • Help a child develop their problem solving skills
  • Help a child explore their environment
  • Help a child learn through their senses
  • Encourage social play
  • Provide children with a mode of expressing their emotions
Messy Play and Feeding

• Normal development of feeding would include getting messy during a mealtime
Messy Play “Treatment”

- Use for assessment
- Use during exposure work

- Messy Play alone is not a treatment
Questions?

Contact details:

miriam@sproutsof.co.nz
miriamb@nzedc.co.nz

www.sproutsof.co.nz
www.nzeatingdisordersclinic.co.nz
Feeding Disorder Professional Network

• If you are interested in joining a collective of feeding disorder therapists from around NZ, please look up this group on Facebook.


