



Research report

Adult picky eating. Phenomenology, taste sensitivity, and psychological correlates [☆]

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ABSTRACT

Objectives: To explore psychosocial correlates of picky eating in adults, document differences in the taste sensitivity of picky and non-picky eating adults, and examine behavioral characteristics of this understudied phenomenon. **Methods:** In Study One, 489 participants completed a survey on food choice and habits, including questions that asked participants to self-identify as picky eaters. Picky and non-picky eaters were compared on their rates of endorsement of a range of food selection behaviors and attitudes. In Study Two, participants who identified as either picky or non-picky responded to questionnaire measures of obsessive compulsive disorder, depression, disordered eating symptoms, disgust sensitivity, and food and general neophobia. Participants also rated the intensity of bitter and sweet solutions at three concentrations on a Labeled Magnitude Scale. **Results:** In Study One, picky eaters were more likely to endorse a variety of anomalous eating behaviors and attitudes toward food, including rejection of foods based on sensory characteristics (taste, color, texture). Picky eaters were less likely to endorse enjoyment of eating, and more likely to report that they were unhealthy eaters. In Study Two, picky eaters had significantly higher OCD symptoms, disgust sensitivity, and food neophobia than non-picky eaters, and were more likely to score within the clinical range of depression symptoms, but did not have higher scores on measures of disordered eating or general neophobia. Picky eaters rated both bitter and sweet tastants as more intense than did non-picky eaters. **Discussions:** Implications of findings for the future study of the correlates and mechanisms of Avoidant/Restrictive Food Intake Disorder are discussed.

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Introduction

DSM-5 includes a new diagnosis for children and adults whose restrictive food selection leads to compromised energy intake (American Psychiatric Association, 2013). To be diagnosed with Avoidant/Restrictive Food Intake Disorder (ARFID), an individual must experience significant weight loss, nutritional deficiency, dependence on nutrition/calorie supplements or enteral feeding, or marked interference with psychosocial functioning caused by one of three types of feeding disturbance. These include “apparent lack of interest in eating of food, avoidance based on the sensory characteristics of food, or concern about aversive consequences of eating” (American Psychiatric Association, 2013). Of particular interest in the present investigation is the second type of disturbance, restricted or limited food intake in relation to the sensory

features of food. This restriction manifests behaviorally as “picky” eating (American Psychiatric Association, 2013). Picky eating has been defined as an aversion to, and usually refusal to eat, a wide variety of commonly accepted foods, even after sampling them (e.g., Chatoor, 2009). Food neophobia, a general refusal to try unfamiliar foods, is a distinct though commonly co-occurring phenomenon (e.g., Galloway, Fiorito, & Lee, 2005).

Pickiness and neophobia in infants and children have been hypothesized to be related to, among other things, anxious arousal (Rogove, Mast, & McKay, 2011), negative experiences with food (i.e. vomiting, choking, allergic reaction, force-feeding; Bryant-Waugh, Markham, Kreipe, & Walsh, 2010; Pelchat & Pliner, 1986), insufficient exposure to novel flavors (e.g., Galloway, Lee, & Birch, 2003; Gerrish & Mennella, 2001; Pelchat & Pliner, 1986), and over-sensitivity to tastes, smells, and textures in food (e.g., Chatoor, 2009; Smith, Roux, Naidoo, & Venter, 2005). Childhood picky eating is concurrently associated with internalizing psychopathology (Hafstad, Abebe, Torgersen, & von Soest, 2013; Jacobi, Agras, Bryson, & Hammer, 2003; Jacobi, Schmitz, & Agras, 2008; Mascola, Bryson, & Agras, 2010; Micali et al., 2011; Pelchat & Pliner, 1986). Some have speculated that behavioral rigidity is a factor in the eating habits of typically developing picky eaters; parents of toddler- to school-aged picky eaters report that their children have highly specific and

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in some cases ritualized requirements for the preparation and presentation of their preferred foods (Jacobi et al., 2003, 2008), and rates of picky eating in autism, a disorder characterized by cognitive and behavioral rigidity, are extremely high (Ledford & Gast, 2006). The extent to which these factors jointly and independently contribute to picky eating in childhood and beyond is largely unknown.

There is evidence that subclinical pickiness is a relatively stable individual difference from early childhood to young adulthood (e.g., Marchi & Cohen, 1990; Mascola et al., 2010; Nicklaus, Boggio, Chabanet, & Issanchou, 2005). Broad individual differences in pickiness, food neophobia, and dietary variety-seeking have been documented in American and Canadian adults (e.g., Frank & van der Klaauw, 1994; Nicklaus et al., 2005; Pliner & Hobden, 1992), although relatively little is known about the nutritional and psychosocial correlates of subclinical picky eating in adults. In samples of undergraduates, reported liking for a smaller number of different foods and greater unwillingness to try new foods have been related to increased sensitivity to tastants and odors, lower hedonic ratings for odors, and to fewer sensation-seeking traits (Frank & van der Klaauw, 1994; Raudenbush, van der Klaauw, & Frank, 1995). One recent study of a large, web-based sample of adults in the US, UK, Canada, and Australia found that picky eaters were characterized by self-reported food neophobia and sensitivity to the smell and texture of food (Wildes, Zucker, & Marcus, 2012). Adults classified as picky eaters on the basis of self-reported neophobia and sensitivity to food smell, taste, and texture, in addition to extreme responses to the question “do you consider yourself a picky eater,” reported higher levels of quality-of-life impairment related to eating and were almost twice as likely to have clinically significant symptoms of OCD, compared to people with normal eating habits (Wildes et al., 2012). Individuals classified as picky eaters (both with and without comorbid eating disorder symptoms) reported greater social anxiety related to eating than typical eaters and individuals with eating disorder symptoms but no picky eating (Wildes et al., 2012). These findings are largely consistent with the majority of the literature on the phenomenology and correlates of picky eating in childhood.

There has been little empirical exploration of impairment related to picky eating in adults. Childhood picky eating has consistently been associated with interference with family functioning around mealtimes, with parents reporting conflict with the child and with each other over the child’s eating habits, and accommodation of picky eating by preparing separate meals for the child (e.g., Crist & Napier-Phillips, 2001; Jacobi et al., 2003, 2008; Mascola et al., 2010). Parents of picky eaters are also more likely to report pressuring their children to eat, a feeding style that has been both experimentally and prospectively associated with lower child BMI, reduced intake, and the development of food dislikes, although the directionality of the relationship between parental pressuring and picky eating is currently unknown (Ventura & Birch, 2008).

Picky eating in both children and adults has been identified as a perceived barrier to healthy eating across a range of racial and socioeconomic groups (e.g., Greder, Slowing, & Doudna, 2012; Kumar, 2013; Lipman et al., 2011; Yelmokas McDermott, Hey, Teaford, & Minarik, 2009). Picky eating may interfere most significantly with ability to adhere to recommendations concerning intake of plant-based foods. Several groups have reported that children who are classified by their parents as picky eaters eat fewer servings of fruits and vegetables than their non-picky peers (Galloway et al., 2003; Horodyski, Stommel, Brophy-Herb, Xie, & Weatherspoon, 2010).

Notably, most concurrent and longitudinal studies have not reported a relation between childhood picky eating and cognitive or physiological symptoms of disordered eating in childhood, adolescence, or young adulthood (e.g., Hafstad, von Soest, & Torgersen, 2013; Jacobi et al., 2008; Kotler, Cohen, Davies, Pine, & Walsh, 2001; but see Marchi & Cohen, 1990). In a latent class analysis on a large

sample of adults who responded to measures of picky eating (e.g., eating from a narrow range of foods, rejecting foods based on sensory characteristics) and measures of eating disorder cognitions (e.g., fear of fatness, excessive concern with body shape) and behaviors (e.g., bingeing, purging, restricting), Wildes et al. (2012) found that picky eating behaviors formed a class distinct from disordered eating cognitions and behaviors, while a third latent class comprised individuals with both picky and disordered eating behaviors. Taken together, these findings suggest that picky eating is behaviorally and etiologically distinct from disordered eating associated with anorexia nervosa, bulimia nervosa, and binge eating disorder (Wildes et al., 2012).

We attempted to extend the literature on the presence and features of childhood picky eating into a diverse sample of adults. In Study 1, participants were asked to self-identify as picky eaters and then to respond to a questionnaire on their food selection and eating habits. In Study 2, a subsample of participants from Study 1 who self-identified as picky or not picky was recruited for laboratory-based testing where they were asked to rate the intensity of bitter and sweet tastants. We hypothesized that picky eaters would rate both bitter and sweet taste stimuli as more intense than non-picky eaters (Frank & van der Klaauw, 1994). Participants were also given questionnaire measures of obsessive compulsive disorder, disordered eating, and depression, as well as disgust sensitivity and food and general neophobia. We predicted differences between picky and non-picky eaters on measures of internalizing psychopathology and food neophobia, but not on measures of disordered eating. To our knowledge there is no published research as yet linking picky eating to disgust sensitivity; we hypothesized that picky eaters would be more disgust-sensitive than non-picky eaters, based on unsystematic observations in the literature (e.g., Bryant-Waugh et al., 2010).

Study 1

Methods

Participants

The data were collected between 1999 and 2001. Participants in this study were drawn from two sources. First, people were solicited at a local county courthouse as they waited to participate in jury selection. About 50% of the individuals in the pool volunteered to fill out the questionnaire. Second, advertisements were posted online through the University of Pennsylvania Usenet and on other Philadelphia-area message boards. Participants were all living in the United States. The subsamples are combined in our analysis, although the courthouse sample was somewhat older, lower in socioeconomic class, and lower in education. Our principal interest was in obtaining a broad sample and comparing specific eating behaviors of picky vs. non-picky eaters; our interest was not primarily to estimate the prevalence of picky eating, or of the specific feeding behaviors, in the American population.

A total of 489 participants completed the questionnaire; 57% were recruited from the jury pool (data on sample membership were missing for 1 participant, 0.2% of the overall sample; see Table 1 for sample demographics). Participants responded to two questions about picky eating: “I am unusually picky about the foods that I eat,” and “Others consider me a picky eater.” For the analyses presented below, participants who responded “True” to “I am unusually picky about the foods that I eat” were classified as picky eaters, and participants who responded “False” to both items about picky eating were classified as non-picky eaters. Thirty-eight participants (8% of the sample) who answered “True” to “Others consider me a picky eater” but did not consider themselves to be picky were excluded from the analyses. Of those remaining in the final sample, 35.5% of participants were classified as picky and 64.5% were classified as

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