

Feeding Problems in Infants and Children

Assessment and Etiology



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KEYWORDS

- Infants • Children • Feeding problems • Dysphagia • Feeding evaluation
- Development of feeding skills

KEY POINTS

- Feeding problems in infants and young children are common.
- Serious feeding problems are rare in otherwise healthy children who are growing and developing normally.
- Most serious feeding problems occur in children who have other medical, behavioral, or developmental problems.
- Serious feeding problems are best evaluated and treated by an interprofessional team of health care providers.

INTRODUCTION

Concerns about feeding problems in children have become increasingly common. It is unclear whether the incidence of feeding problems is rising or if parents and health care professionals have become more aware of them. As many as 50% of parents report their otherwise healthy children have feeding problems and as many as 80% of children with developmental delays may have difficulties feeding.^{1,2} Parents worry about their child's weight gain and potential developmental consequences, get frustrated by battles during mealtime, and worry about the social impact of their children eating a limited diet. The causes and associations of feeding issues in infancy and early childhood are widely varied and almost all feeding problems are multifactorial. A feeding problem is identified when a child is not progressing through the typical course of steps to independent feeding of table foods.³ Some children have difficulty with efficient, satisfying feeding experiences beginning at birth. Others stall or struggle

Neither author has anything to disclose.

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to move forward in accepting a variety of tastes and textures, and occasionally, children show a regression or sudden change in their feeding skills.

Despite these parental concerns, serious feeding problems that result in growth failure or nutritional deficiencies are uncommon in mostly healthy children who are developing and growing normally. In this group of children, feeding problems typically resolve with time.^{4–8} A majority of these children are characterized as “picky” or “selective” eaters, meaning a child eats a limited variety of foods, is unwilling to try new foods, and/or eats slowly and deliberately.⁹ Approximately half of parents characterize their preschool children as “picky eaters” and although the incidence of picky eating decreases as children get older, more than 10% of parents characterize their 6-year-old children as picky eaters.⁹ Many investigators contend that picky eating in the preschool age is part of normal development and, provided the child is growing and developing normally, in a majority of cases, no interventions are warranted other than reassuring the family, scheduling regular follow-up, and reviewing basic feeding guidelines, such as maintaining a pleasant and neutral attitude throughout meals, having regular and predictable meal times, serving age-appropriate foods, encouraging self-feeding when age appropriate, and avoiding distractions during mealtimes.^{7,9}

A majority of infants with more severe feeding disorders have medical and/or developmental conditions that predispose them to or are at least associated with difficulties feeding, as outlined in **Box 1**.^{4–8}

Box 1

Medical conditions predisposing to infant and early childhood feeding disorders

Structural abnormalities of the aerodigestive system

- Cleft lip and/or palate (including submucosal cleft)
- Pierre Robin sequence
- Macroglossia
- Tracheoesophageal fistula
- Laryngotracheomalacia
- Laryngeal clefts
- Esophageal atresia, stricture, or stenosis
- Vascular rings/slings

Neuromuscular and developmental disorders

- Cerebral palsy
- Generalized hypotonia
 - Idiopathic
 - Due to metabolic or genetic abnormalities (eg, trisomy 21 or Prader-Willi syndrome)
- Meningomyelocele with Chiari malformations
- Congenital myopathies
- Congenital neuropathies (eg, myasthenia gravis)
- Hypoxic ischemic encephalopathy
- Metabolic encephalopathy (eg, organic acidemia or urea cycle defects)

Cardiorespiratory disorders

- Congenital heart disease
- Chronic lung disease/bronchopulmonary dysplasia
- Acquired vocal cord paresis

GI disorders

- Gastroesophageal reflux disease
- Food allergies
- Eosinophilic esophagitis
- Constipation
- Generalized motility disorders

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