

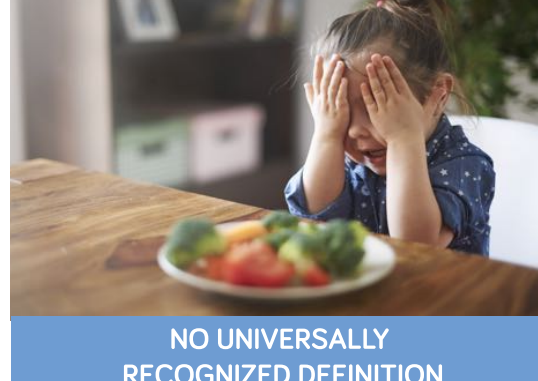
PICKY EATING (PE)

DEFINITION AND CHARACTERISTICS

ALSO KNOWN AS FUSSY, FADDY, CHOOSY OR SELECTIVE EATING, IT IS AN UMBRELLA TERM FOR A SPECTRUM OF BEHAVIORS PERCEIVED BY THE CAREGIVER.

- **UNWILLINGNESS TO EAT FAMILIAR FOODS OR TO TRY NEW FOODS**

- **STRONG FOOD PREFERENCES**



NO UNIVERSALLY RECOGNIZED DEFINITION

SPECTRUM^{1,2}



GROWING WELL (following growth centiles)



- Poor variety & quality of food
- Risk of micronutrient & fiber deficiencies
- Caregiver concern about diet & growth

GROWTH FLATTENING (crossed 1 centile)



- Poor variety, quality & quantity of food
- Risk of FG, micronutrient & fiber deficiencies
- Caregiver concern about diet & growth

FALTERING GROWTH (FG) losing weight (crossing > -2 centile)



- Poor variety, quality & quantity of food
- FG, with risk of micronutrient & fiber deficiencies
- Caregiver concern about diet & growth

PREVALENCE

THERE IS A WIDE RANGE OF PREVALENCE OF PE DUE TO¹⁻³:

- variation in definition
- difference in methods of assessment
- variance of age ranges studies



CAUSES

MULTIPLE FACTORS MAY CAUSE PE AS OPPOSED TO ONE FACTOR INDIVIDUALLY

FACTORS RELATED TO CHILD



- Reduced duration of breastfeeding⁴
- Late introduction of solids^{5,6}
- Late or poor texture development^{5,6}
- Fear of new foods (neophobia)
- Food fussiness and neophobia shown to be in part heritable⁷

FACTORS RELATED TO CAREGIVER



- Parenting style⁸
- Pressure to eat⁹
- Maternal anxiety and depression during pregnancy¹⁰
- Maternal healthy eating = ↓ prevalence of PE¹¹

FACTORS RELATED TO RELATIONSHIP BETWEEN CAREGIVER AND CHILD



- Poor or inappropriate feeding styles e.g. force or punishment
- Misperceived nutritional status
- Neglect or social issues
- Environmental factors

CONSEQUENCES

GROWTH



Growth can be affected in PE.

HCPs should assess a child's growth status by taking anthropometric measurements.

NUTRIENTS



Fiber, zinc & iron are more likely to be deficient in children with PE^{13,14}.

BEHAVIORS



PEs have a lower level of physical activity than non-PEs and lower social developments^{15,16}.

MANAGEMENT

TWO MAIN AIMS

IMPROVE EATING PATTERNS

SUPPORT APPROPRIATE GROWTH AND WEIGHT GAIN

2. ASSESS

Anthropometric, biochemical, clinical and dietary factors

4. ADVISE

Educate caregiver on behavioral strategies and nutritional counselling for PE

1. LISTEN

Acknowledge the stress of the caregiver

3. REASSURE

PE is a common stage of development

HEALTH CARE PROFESSIONALS (HCPs):

1. FOOD-FIRST APPROACH + BEHAVIORAL STRATEGIES TO IMPROVE EATING HABITS

IF THIS ALONE DOES NOT WORK:

2. NUTRITIONAL COUNSELLING + ORAL NUTRITIONAL SUPPLEMENTS (ONS) OR ENRICHING HOME-MADE FOOD WITH ONS

TO MEET A CHILD'S NUTRITIONAL REQUIREMENTS AND SUPPORT WEIGHT GAIN^{17,18}

5 TOP TIPS FOR HCPs

HANDLING PE DURING CONSULTATION WITH CAREGIVER / PARENT

Chris Smith, Senior Paediatric Dietitian



LIMIT THE TIME FRAME OF THE MEAL

OFFER AN ACHIEVABLE PORTION SIZE FOR CHILD



MODEL BEHAVIOR AND BE RESPONSIVE



USE POSITIVE REINFORCEMENT



END ON A POSITIVE NOTE

SUMMARY

- **BROAD SPECTRUM OF PICKY EATING**

- **NOT ONE-SIZE-FITS-ALL APPROACH TO MANAGEMENT**

- **PICKY EATING CAN IMPACT NUTRIENT INTAKE AND GROWTH**

HCPs PLAY AN IMPORTANT ROLE IN THE MANAGEMENT OF PICKY EATING: ASSESSMENT AND MANAGEMENT OF GROWTH, NUTRITIONAL INTAKE AND BEHAVIOR PROVIDE EVIDENCE-BASED AND PATIENT-CENTERED ADVICE WHICH EDUCATES, REASSURES AND EMPOWERS THE CAREGIVER / PARENT.