

## Identifying Developmental Problems Through Early Eating Patterns

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### Factors that shape eating patterns:

- A. Family and Social Factors
  - 1. Parental food preferences
  - 2. Parent-Child Interaction
  - 3. Social context of meals and eating
  - 4. Recognition of child's feeding, hunger and satiety cues
- B. Food Factors
  - 1. Exposure to a variety of foods
  - 2. Cost, taste and availability of foods
- C. Child Factors
  - 1. Child's developmental stage, temperament and emotional state
  - 2. Health issues
  - 3. Genetic predisposition (e.g. preference for sweet or salty taste)

### Feeding Milestones

- A. Pregnancy: develop some weak preferences for strong flavors
- B. Birth: innate preference for sweet, preferences developed for flavors from milk diet
- C. 4-6 months: window for accepting new solid foods, preference developed because of exposure, tastes and smell, can feed pureed food
- D. 6-12 months: sensitive period for introducing solid textures; solid food progression: soft finger food, lumpy food, chopped food, small finger food; fluids by cup
- E. 1-2 years old: food recognized by appearance, beginning of neophobia, can tolerate advanced textures, can be weaned from the bottle, take liquids by cup, regular table food tolerated, use of spoon with some spillage
- F. 3 years and above – primary oral skills used for adult present, can use spoon and fork

### Common Feeding Concerns in Children

- A. Food group restrictions
- B. Significant texture restrictions
- C. Multiple food dislikes
- D. Poor or delay in self feeding
- E. Prolonged or short mealtimes
- F. Inadequate or excessive meals and snacks
- G. Tantrums/crying at mealtimes
- H. Gagging or vomiting at meals
- I. Difficulty sucking, swallowing or chewing
- J. Food refusal
- K. Growth failure or failure to thrive

### Feeding Concern Associations (see code for letters above)

A-C: common for the following:

- Feeding Disorder:
  - Sensory Food Aversion
- Developmental Problem:
  - Sensory Processing Problems
  - Speech Delay
  - Autism
  - Cerebral Palsy
- Organic Pathology

- GERD
- Swallowing dysfunction

D-F: common for the following

- Children with motor delay
- Children with hyperactivity

G-I: common for the following

- Feeding Disorder:
  - Sensory Food Aversion
  - Post Traumatic Feeding Disorder
- Developmental Problem:
  - Cerebral Palsy
  - Speech Delay
- Organic Pathology
  - GERD
  - Swallowing dysfunction

J-K: common for the following

- Feeding Difficulty
  - Sensory Food Aversion
  - Post Traumatic Feeding Disorder
  - Infantile Anorexia
- Developmental Problem
- Organic Pathology

### **Developmental Conditions and Common Feeding Concerns**

- Autism
  - Feeding disorders in 60-90% of cases
  - Aversion to certain textures
  - Accepting only very specific foods
  - Use same set of mealtime utensils at every meal
- Speech Delay (or Language Disorders)
  - May be accompanied by drooling (sign of weak lip muscles)
  - Sensory food aversions
  - Difficulty chewing and swallowing
- Cerebral Palsy and Down Syndrome
  - Difficulty with swallowing and chewing
  - Late transition to cup feeding or to eating solid food
- ADHD
  - Cannot eat in one place
  - Would take a few bites and leave the table
  - Easily distracted while feeding

### **Basic Intervention**

It is important to intervene early as consequences of disturbed eating behavior may be significant and prolonged. Such problems as growth faltering, nutritional deficiencies and eating disorders in adulthood can result from short and long term feeding problems. Hence prevention is the key.

Other important interventions include:

- Timely introduction of texture and quality of food depending on the child's development
- Repeated exposure to new foods
- Modeling behaviors by parents, carers and peers
- Parents' responsiveness to child eating cues, including hunger and satiety
- Nutritional support
- Avoid coercive feeding practices

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