



Title	Management of children refusing to eat
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Management Of Children Refusing To Eat

Question:

I often have mothers complaining that their otherwise normal children are refusing to eat. What is the best way to manage these cases?

Comments:

Eating behaviour is the result of a complex interplay between physical, emotional, and social factors. Though the research literature is more interested in the eating difficulties found in mentally handicapped children or those suffering from metabolic, gastrointestinal, or neurological diseases, the present commentary focus on eating refusal found in physically normal children.

Assessment

Adequate history taking should include the following:

- Clarify the nature of complaint: what food is refused, how often, for how long.
- Clarify the type and amount of food (preferably estimate calorie) intake each day.
- Clarify any associated meal time problems like eating very slowly, very choosy in food, spitting, disruptive behaviour during meal time (leaving seat, whining, tantrums etc), insisting to be fed by caretakers etc.
- What preceded the onset of eating refusal?
- How did the caretakers (sometimes grandparents could be more problematic) cope with the refusal to eat?

- Assess the mother's emotional state and her belief about nutrition or eating.
- Assess the child's emotional and behavioural well-being.

It is important to check the nutritional status and document the growth parameters of the child. For further assessment you may consider food diary and observation of parent-child interactions during meal time.

Common problems

Problematic handling include:

- irregular meal time and inappropriate amount of food;
- unrestrained access to food in between meal times;
- excessive instructions to eat and often associated with threats and accusations;
- failure to attend or reward appropriately when child eats properly;
- excessive bargaining, yield to requests, and sometimes chasing after the child to feed when he/she refuses to eat.

Food refusal after an incident of choking has been reported. This can be identified by an acute onset, obvious precedent, and associated phobic features. Complaints of eating refusal in an otherwise normal child may arise from an overanxious, obsessive mother. Sometimes refusal to eat is just part of an underlying disturbances in the child like anxiety disorders, depression, or attention deficit hyperactivity disorder. Prepubertal anorexia nervosa has been documented in children as young as age 8. Cases of children refusing to eat, walk, talk, or care for themselves have been reported to be associated with sexual abuse. Extreme food fads are sometimes found in children with

CLINICAL CHALLENGE

autistic disorder. If the complaint of eating refusal occurs in a child with delays in physical, intellectual, and/or social development, psychosocial dwarfism should be considered.

Treatment

Treatment of eating refusal as part of an underlying emotional or behavioural disorder in the child is beyond the scope of the present commentary. Sometimes, a referral is required. However, advice on handling of mono-symptomatic food refusal is often necessary. Depending on the assessment, the following may be considered:

- Try to provide a non-distracting meal time environment and do not let the child eat while watching TV.
- Children, like adults, have their favourite food and dislike others. As long as they have a balanced diet and their nutritional state is alright, undue pressure to eat every food item the parents want is counter productive. The parents should be counselled. If the child is too selective on food, gradual introduction of disliked food, blending or mixing it with favourite food items often helps. Alternatively, the child may be asked to try some disliked food before he/she can enjoy the favourite food items.
- A clear explanation is necessary especially in case of obsessive and anxious mother. Acknowledging their

anxiety and clarifying their irrational anxious belief often helps. Avoid further painful and invasive physical investigations because these will escalate their anxiety and often aggravate the problem.

- Set up a clock to remind the child the time required to finish meal. Remove the dish when the time is up. No extra food should be provided in between meals. Repeat the procedures in the next meal.
- Give reward (can be ice cream or favourite games) and extra attention (a word of appreciation or praise specifically on the child's appropriate meal time behaviour) when the child eats properly. Many parents may report they have tried, but often they do it erratically. The key to success is persistence, regularity and consistency.
- Disruptive meal time behaviours should be dealt with in a calm and non-coercive manner. Remove the dish and clearly instruct the child to eat properly. If necessary, remove the child from the table or time out may be required. Chasing after the child to feed them is often unwarranted and perpetuates the problem. ■

The comments have

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