PART F

Feeding and Eating Disorders of Infancy or Early Childhood

12 Feeding and Eating Disorders of Infancy or Early Childhood: Pica, Rumination Disorder, Feeding Disorder of Infancy or Early Childhood

Essential Concepts

- Pica, the eating of non-nutritive substances, may be normative in very young children, but increases the risk of lead poisoning.
- Rumination disorder of infancy is a rare, but potentially fatal eating disorder in the first year of life.
- Feeding disorder of infancy or early childhood is what had historically been called psychosocial dwarfism or failure to thrive.
- All feeding and eating disorders require a full medical workup for etiology.

CLINICAL DESCRIPTION

Feeding and eating disorders of infancy or early childhood are typically diagnosed and treated by primary care physicians. There are few maladies that are more upsetting than an infant who is not thriving. Collaboration between the primary care physician, the child's caretakers, and mental health professionals

is essential to optimize prognosis. In severe cases, infants die from malnutrition or the secondary consequences of rumination.

Infants who have had multiple caregivers, neglect or abuse, and suboptimal care and bonding are at higher risk of eating disorders. However, in some cases, the cause is never elucidated.

KEY POINT

The eating disorders typically come to the attention of child and adolescent psychiatrists when they are quite severe and the psychosocial and interactional difficulties are obvious. These disorders require multidisciplinary and very close collaboration between mental health professionals, pediatric care specialists, and frequently protective services, to ensure the safety of the child and optimal outcomes of treatment.

PICA

Pica is the eating of non-nutritive substances on a persistent basis for at least 1 month. This behavior must not be developmentally appropriate and not part of a culturally sanctioned practice.

Pica is most commonly seen in very young children. It may be culturally sanctioned in some cultures for pregnant women to eat bricks or clay. For children, the rates are increased with mental retardation and pervasive developmental disorders. For individuals with severe mental retardation, the rate of pica may be as high as 15%. Vitamin deficiencies have been postulated as a cause, and a minority of cases may have a mineral deficiency (e.g., zinc). Children with pica also eat nutritive foods, so they do not typically suffer from malnutrition. The most serious complications of pica are lead poisoning from eating paint chips, mechanical bowel obstruction from eating hair or other nondigestibles, and toxoplasmosis or other parasites from eating feces or dirt. Poverty, neglect, and developmental delay increase the risk of pica.

KEY POINT

Before the age of 24 months, mouthing and eating of non-nutritive substances is fairly common and does not imply pica. However, it is essential to ensure that caretakers are supervising carefully, as infants may choke or get lead poisoning from their ingestions.

TABLE 12.1. Comparison of Rumination Disorder and Feeding Disorder of Infancy

	Rumination Disorder	*Feeding Disorder of Infancy or Early Childhood*
Definition	After a period of normal eating, child repeatedly regurgitates and rechews, not due to GI problem	Persistent failure to eat adequately, resulting in weight loss or failure to gain, not due to GI problem; before age 6
Epidemiology	Rare	3% of children have failure to thrive; males = females
Etiology	Unknown—increased risk with mother with eating disorder, gastroesophageal reflux, MR, developmental delay, medical illness	Child temperament, developmental impairments that make the infant less responsive; environmental factors of parental psychopathology and child abuse or neglect
Differential diagnosis	Gastrointestinal disorders	Gastrointestinal, endocrinological, or neurological conditions
Treatment	Parent training in behavioral techniques—positive attention and interaction, ignoring ruminative behavior; may require hospitalization and alternative feeding environment; reassurance, education, and support of parents	Support for attachment and bonding, parent–child interactional therapy, parent training in behavioral techniques; may require hospitalization for treatment of malnutrition

RUMINATION DISORDER AND FEEDING DISORDER OF INFANCY OR EARLY CHILDHOOD

These eating disorders are complex and multidetermined disorders. In general, parent-child interactional deficits are assumed, although this may not always be evident. We believe that the disorders may be multidetermined—typically with a developmental or temperamental issue of the child and a poor fit with the nurturing environment (Table 12.1).

Fortunately, ruminative disorder is rare, but it can be fatal. Feeding disorder of infancy or early childhood is variable in its severity—from mild and temporary, to severe and potentially fatal. The majority of children have improved growth, although they may remain shorter and weigh less through adolescence than their peers.

TIP

Take a deep breath before starting one of these cases. It is quite emotionally intense, the potential for treatment splitting and disagreement is high, and the negative feelings toward parents of these infants who are literally wasting away can be counterproductive. Be sure that you have a multidisciplinary team and talk about and work out the emotional and "splitting" issues, in addition to following the weight of the child.