Understanding Pediatric Feeding Disorders:
Introduction to assessment, treatment planning, and clinical management
April 14, 2021 from 2-3pm | Virtual
Alan Silverman, PhD

Dr. Silverman's responses to follow-up questions after the live session:

1. **When you speak about children with ARFID having behavioral and dietitian support, can you expand on what the behavioral support would be/look like?**

   As stated in the presentation, children with ARFID have an underlying psychiatric process which is directly causing the symptoms of ARFID. Typically, this is an underlying anxiety which must be successfully managed to treat the symptoms of disruptive eating which result in the nutrition concerns. Behavioral support would therefore necessitate assessment and treatment of anxiety. In older children (8 years and older) Cognitive Behavioral Therapy (CBT) has been shown to be the most effective treatment. This may or may not be enhanced by adding psychotropic medications (anxiolytic) to dampen anxiety while working on CBT. In younger children Exposure Therapy and/or Applied Behavior Analysis (ABA) are more effective, but these too may be enhanced by adding psychotropic medications.

2. **Is there a role for teaching parents to read cues of child and address attachment?**

   Caregiver training is essential to this line of work as these children typically take most of their meals at home. Generally, caregiver training will be focused on the issues identified as obstacles to age expected feedings (medical, skills, and behavior). This means that caregiver education may focus on any one or all of these domains. Furthermore, this training may require caregivers across multiple homes and/or school to work with the affected child according to their individualized treatment plan in a consistent manner across each environment. Rarely (but occasionally) are attachment issues the root cause of Feeding Problems. These concerns are more likely to be present in cases of abuse and/or neglect. Rest assured that once a child is fed appropriately attachment is enhanced through the interactive process that allows the child to associate the hunger and satiation process in the context of interactions with caregivers. Therefore, efforts to detect children with attachment concerns early and refer them to treatment is of the utmost importance.

3. **I guess my question is about the role of tube feeding in ARFID, as that's the question I am asked as a GI doctor.**

   Tube feedings are a medical response to a nutrition requirement. This becomes blurry when we begin to consider the complexity/difficulty of feeding a child with ARFID. Simply put, if a child is well nourished and hydrated there is no need to place a GT unless feeding that child is so difficult that the family can no longer maintain the efforts it takes to complete the task. Prior to tube placement a comprehensive assessment of the genesis of the disruptive feeding behaviors should be completed. This should at minimum include an evaluation of medical etiologies, skills and safety concerns, and a behavioral assessment of the child's behaviors and the interactions between child and caregivers within a feeding context. With a well-nourished child therapies targeting the underlying problem can be attempted prior to placement of a tube. It is also important to remind caregivers that once a tube is in use the child will begin to become dependent upon tube feedings and may resist efforts to resume oral feedings.

4. **Thoughts on consideration of tube feeding in severe ARFID kids (to reduce mealtime / intake pressure and prevent severe nutritional compromise)?**

   Prior to starting any tube feeding attempts to resolve the root cause of the feeding problems should be attempted provided there are no immediate risks to the child (e.g., choking, malnourishment). This allows more time for therapy to have an impact. It is also important to consider that once a tube is in use the child may develop a dependence on it making a future wean of dependence challenging. Most children can be stabilized on nutritious supplements (formulas, daily multivitamins, calorie enhanced offerings) without use of a tube.