

Diagnosing Pediatric Feeding Disorder

Alberta Health Services (AHS) recommends the term **Pediatric Feeding Disorder (PFD)** to diagnose children with impaired oral intake that is:

- ✓ not age-appropriate,
- ✓ lasts at least 2 weeks, and
- ✓ is associated with one or more disturbance of medical, nutritional, feeding skills, and/or psychosocial function.

PFD is a multifaceted disorder associated with functional impairments impacting a child's eating, feeding, or swallowing.

IT IS NOT

- **An eating disorder**
 - a psychiatric disorder with severe and persistent disturbance in eating behaviours and associated distressing thoughts and emotions (see DSM-5 criteria).
- **Related to food insecurity** or congruent with cultural norms.
- **Avoidant Restrictive Food Intake Disorder (ARFID)**
 - a psychiatric disorder with anxiety resulting in nutrition sequelae (see DSM-5 criteria). It is important to rule out underlying medical or skill dysfunction as the diagnostic criteria for ARFID can overlap with PFD.

See the PFD Clinical Practice Guide for [more information](#)

Use the term PFD to:

1. Assess your patient using the PFD criteria
2. Make a diagnosis for your patient
3. Document in Connect Care or alternative health information system
4. Refer to the appropriate health care professionals

Benefits of using the PFD term:

- Consistent messaging for parents and families
- Awareness and consistent identification of children with PFD
- Better understanding of conditions associated with PFD across health domains
- Accurate calculation of prevalence data in Alberta

Did you know? Pediatric Feeding Disorder is available as a diagnostic term in Connect Care.



Diagnostic Criteria: Pediatric Feeding Disorder

A

A disturbance in oral intake of nutrients, inappropriate for age, lasting at least two weeks and associated with one or more of the following:

Medical dysfunction

- a. cardiorespiratory compromise during oral feeding
- b. aspiration or recurrent aspiration pneumonitis



Nutritional dysfunction

- a. malnutrition
- b. nutrient deficiency or significantly restricted intake resulting from decreased diet diversity
- c. reliance on enteral feeds or oral supplements



Psychosocial dysfunction

- a. active or passive avoidance behaviors by child when feeding or being fed
- b. inappropriate parent or caregiver management of child's feeding and/or nutrition needs
- c. disruption of social functioning within a feeding context
- d. disruption of parent-child relationship associated with feeding



Feeding skill dysfunction

- a. need for texture modification of liquid or food
- b. use of modified feeding position or equipment
- c. use of modified feeding strategies



B

Absence of the cognitive processes consistent with eating disorders and pattern of oral intake that is not due to a lack of food or congruent with cultural norms

(Goday, et al., 2019)

References

Goday, P. S., Huh, S. Y., Silverman, A., Lukens, C. T., Dodrill, P., Cohen, S. S., Delaney, A. L., Feuling, M. B., Noel, R. J., Gisel, E., Kenzer, A., Kessler, D. B., Kraus de Camargo, O., Browne, J., & Phalen, J. A. (2019). Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework. *Journal of pediatric gastroenterology and nutrition*, 68(1), 124–129.

Feeding Matters <https://www.feedingmatters.org/what-is-pfd/>

Dodrill, P. New Diagnosis Codes Clarify Pediatrics Feeding Disorder Reimbursement. *The ASHA Leader* (2022).

