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Topic Area: Clinical Research (Including Outcomes of Intervention)

Abstract Title: Behavioral feeding problems of normally developing children under 4 years of age: a chart review to differentiate complex cases
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Introduction: Managing feeding difficulties in childhood is poorly understood by parents and health care professionals. Approximately 25 – 45% of children experience feeding difficulties with potential unhealthy outcomes such as growth failure, nutrient deficiencies and inappropriate motor skills development.

Objectives: This study identified common problematic feeding behaviors of children less than four years of age referred to a specialized clinic and determined associations between responsiveness to treatment and number of problematic behaviors and clinic visits.

Methods: Secondary data collected by trained researchers from 106 medical charts of patients seen over the last five years using appropriate data abstraction sheets included age, sex, anthropometric measures, medical history, dietary history and feeding-related behaviors. Clinical improvement in feeding behavior was defined as decreased frequency or cessation of a reported problematic feeding behavior. Responsive patients demonstrated such improvements within the first four appointments and those with no progress were considered non-responsive or complex cases. Data analysis included t-tests to determine associations between responsiveness to treatment and the number of problematic behaviors, frequency of clinic visits and presence of a medical condition.

Results: Common problematic feeding behaviors included picky eating, refusal of solid foods, excessive fluid intake and poor appetite and the sum of all behaviors, not a single one, predicted case severity. The non-responsive group differed significantly from the responsive group with a higher number of problematic feeding behaviors ($p < 0.0001$), more frequent clinic visits ($p < 0.0001$) and more concurrent medical condition ($p < 0.0001$).

Conclusions: Establishing better definitions of problematic feeding behaviors and monitoring total behaviors and frequency of clinic visits may help determine complexity of cases. The study addressed gaps in the literature by characterizing the target population and acquiring data to better establish consistent nomenclature and categorization of feeding difficulties which would help design a future screening and ranking tool for appropriate intervention protocols.