Working Towards Standardizing the Assessment and Treatment of Children with Feeding Disorders:
A pilot study at the University of Virginia Encouragement Feeding Program

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Background

Childhood Feeding Disorders:
- 3-10% of children develop chronic feeding problems
- This can adversely affect nutritional status, weight gain, health, and general well-being
- Mealtime dysfunction may also impact the family

UVA Encouragement Feeding Program (EFP):
- Intensive 1-2 week program involving speech/language and occupational therapy as well as a medical evaluation by a developmental pediatrician
- Program for children with feeding difficulty and/or g-tube dependence
- Immerses children in sensory integration and oral functional therapy in the most normal and least restrictive manner

Our experience in the EFP:
- Main barriers to success:
  - Internal motivation
  - Oral inexperience
  - Sensory processing difficulties
  - Anxiety/ridrigity issues
  - Maladaptive behaviors
- In 2010, 38% had sensory and/or anxiety/ridgity issues, and this increased to 80% in 2011
- As a result, more children are receiving anxiolytic medications as part of therapy

Study Description

• Observational pilot study involving children ages 2-10 years old participating in the EFP at UVA
• Children taking psychotropic or appetite-stimulating medicines are excluded
• Standard assessments for the EFP include
  - Medical evaluation by Developmental Pediatrics
  - The Child Behavior Checklist (CBCL)
  - The Sensory Profile
• After obtaining consent, families complete additional questionnaires per study protocol at baseline and then at 1 and 3 months post-treatment
  - Family Stress and Coping Interview
  - Meals in Our Household
  - Eating Profile
  - Food Frequency Questionnaire
• Children who are started on psychotropic medications or appetite-stimulating medicines are monitored for side effects

Preliminary Data

• Total of 14 children enrolled in the study between 2013-2014
  - 4 had underlying genetic abnormalities
  - 4 had complex medical histories
  - 2 had primary diagnoses of anxiety
  - Remaining were classified as “other”
  - 9 of 14 children were started on a medication during the study
    - 1: both SSRI and appetite-stimulant
    - 3: SSRI only
    - 5: appetite stimulating only

Long-Term Goals

• To identify children most amenable to a program such as the UVA EFP
• To learn more about underlying barriers to mealtime success and the psychosocial impact of feeding disorders
• To identify which children may benefit from pharmacological interventions, e.g. SSRIs, that address an underlying barrier to feeding success

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