



Picky eating (pe)

INFORMATION FACTSHEET FOR HEALTHCARE PROFESSIONALS (HCPs)

Picky eating (PE) is also known as fussy, faddy, choosy or selective eating.

Definition and characteristics

There is no universally recognised definition for picky eating; it is an umbrella term for a spectrum of behaviors perceived by the caregiver. It is characterized by an unwillingness to eat familiar foods or to try new foods, as well as strong food preferences.

Spectrum

There is a spectrum of characteristics within picky eating, ranging from mildly selective (most common) to highly selective (least common). The spectrum can be illustrated according to the degree of impact on growth, together with quality of the diet, shown in figure 1^{1,2}. In children aged 1-12 years, up to 60% are picky eaters, of which up to 20% may have faltering growth (FG)^{1,2}

Mildly selective
(most common)



GROWING WELL
(following growth centiles)

- Poor variety & quality of food
- Risk of micronutrient & fiber deficiencies
- Caregiver concern about diet & growth



GROWTH FLATTENING
(crossed 1 centile)

- Poor variety, quality & quantity of food
- Risk of FG, micronutrient & fiber deficiencies
- Caregiver concern about diet & growth



FALTERING GROWTH (FG)
losing weight
(crossing > -2 centile)

- Poor variety, quality & quantity of food
- FG, with risk of micronutrient & fiber deficiencies
- Caregiver concern about diet & growth

Highly selective
(least common)

Figure 1

Prevalence

Picky eating is seen internationally and its prevalence varies widely (5–60%)^{1,3}. This is due to variations in definitions and the age ranges studied as well as heterogeneity in methods of assessment. There is no consensus in the change in prevalence over time, although data suggests prevalence peaks in children around 3–4 years of age³.



Causes

The causes of picky eating in children can be split into three main categories (see table 1). Multiple factors may cause picky eating as opposed to one factor individually.

Causes of picky eating



Factors related to child

- Reduced duration of breastfeeding⁴
- Late introduction of solids^{5,6}
- Late or poor texture development^{5,6}
- Fear of new foods, known as neophobia
- Genes; food fussiness and neophobia were both shown (in part) to be heritable⁷



Factors related to caregiver

- Parenting style⁸
- Pressure to eat⁹
- Maternal anxiety and depression during pregnancy¹⁰
- Maternal healthy eating is associated with lower prevalence of picky eating¹¹



Factors related to relationship between caregiver and child

- Poor or inappropriate feeding styles e.g. force or punishment
- Misperceived nutritional status
- Neglect or social issues
- Environmental factors

Table 1

Consequences



Growth: Growth can be affected in picky eating, although research is inconclusive. Health Care Professionals (HCPs) should assess a child's growth status by taking anthropometric measurements as opposed to relying on parental opinion alone. Research has shown that it is common for parents to perceive underweight status in children with picky eating when the objective prevalence is low¹².



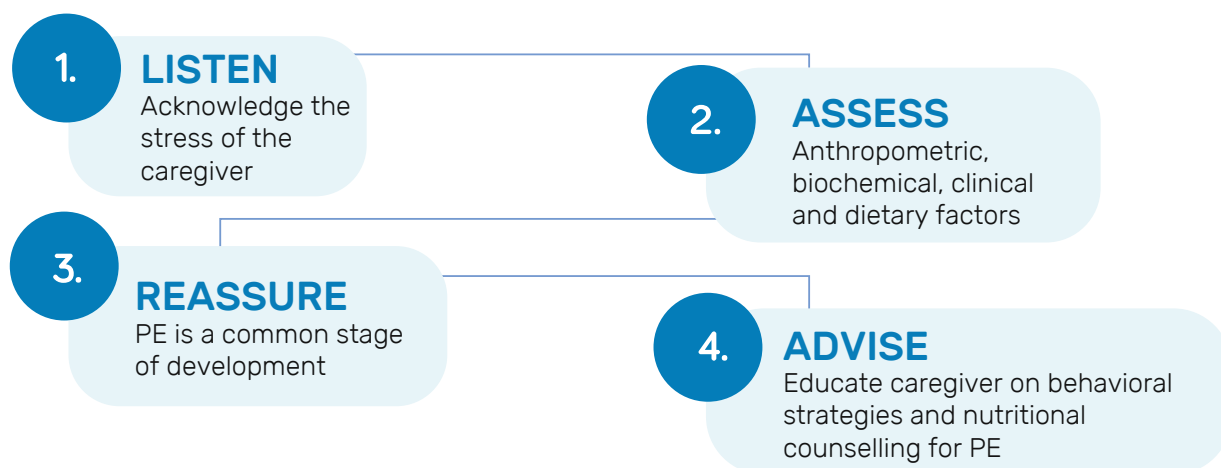
Nutrients: Growth can be affected in picky eating, although research is inconclusive. Health Care Professionals (HCPs) should assess a child's growth status by taking anthropometric measurements as opposed to relying on parental opinion alone. Research has shown that it is common for parents to perceive underweight status in children with picky eating when the objective prevalence is low¹².



Social/physical behavior: Growth can be affected in picky eating, although research is inconclusive. Health Care Professionals (HCPs) should assess a child's growth status by taking anthropometric measurements as opposed to relying on parental opinion alone. Research has shown that it is common for parents to perceive underweight status in children with picky eating when the objective prevalence is low¹².

Management

The two main aims of picky eating management are to improve eating patterns and to support appropriate growth and weight gain. This can be achieved as follows:



Behavioral strategies may include encouraging caregivers to eat the same food as the child, as this has been shown to increase children's likelihood to try different foods and eat more, as well as eating with less delay¹⁷. HCPs should encourage parents to trial a food-first approach alongside behavioral strategies to improve eating habits. If a food-first approach alone does not work, nutritional counselling together with oral nutritional supplements (ONS) is an effective way to meet a child's nutritional requirements, reassuring the caregiver and aiding weight gain (where indicated) in children^{18,19}.

Enriching home-made food with ONS is another option to fortify the child's diet to meet their nutritional needs. Duration of ONS needs to be determined by the HCP based on the child's individual requirements. For children with FG, this could be until the child achieves catch up growth. For children with suboptimal food intake related to poor dietary variety and quality, this could be until their oral dietary intake has improved to meet their nutritional needs.

5 top tips for HCPS - handling pe during a Consultation with a caregiver/parent

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LIMIT THE TIME FRAME OF THE MEAL

If the mealtime takes longer than 20-30 minutes children are likely to eat less, exhibit more defensive behaviours and cause more stress for families. Progress will subsequently be slower.



OFFER AN ACHIEVABLE PORTION SIZE FOR CHILD

Educating caregivers on appropriate portion sizes means children are more likely to manage the portion they are given. This reduces the stress for the child and gives the families the opportunity to positively reinforce the child's behavior which in turn improves the child's confidence around food.



MODEL BEHAVIOR AND BE RESPONSIVE

Caregivers who eat with the child and consume the same foods as the child are more likely to encourage the child's eating. When you sit with the child, don't force feed them. Instead, acknowledge and recognize their appetite cues.



USE POSITIVE REINFORCEMENT

Use positive reinforcement such as "if you try this food, we can read a book together" in place of unhelpful language such as, "if you don't try this food, you can't watch TV/ play on the computer" etc.



END ON A POSITIVE NOTE

Pick one positive thing from the mealtime to encourage and reassure the child e.g. "well done for using your cutlery well today."

Summary

- Picky eating encompasses a broad spectrum and there is no one size fits all approach to management.
- Picky eating **can impact nutrient intake and growth.**
- **HCPs play an important role in the management of picky eating,** including the assessment and management of growth, nutritional intake and eating behavior.
- HCPs should provide evidence-based and patient-centered advice which **educates, reassures and empowers the caregiver/parent.**

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