

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

Not just picky eating

Avoidant/restrictive food intake disorder can lead to serious complications

Avoidant/restrictive food intake disorder (ARFID) and ‘picky eating’ are not one and the same, said Dr. Mark Norris, co-principal investigator of a new Canadian Paediatric Surveillance Program (CPSP) study, and paediatrician at the Children’s Hospital of Eastern Ontario.

“Most clinicians would likely associate picky eating with a relatively formative developmental trajectory,” said Dr. Norris. “It affects large numbers of children and for the most part, remits after a period of typically two to three years.”

By contrast, ARFID patients typically lose a significant amount of weight and may depend on supplements or nasogastric feeding tubes to maintain their growth and development, said Dr. Norris.

ARFID is a new diagnostic category in the DSM-5 that replaces and expands the DSM-IV diagnosis of feeding disorders of infancy or early childhood.

“These are children and adolescents who, on the outside, may look like patients with anorexia nervosa [but] ... lack the body image preoccupation, dissatisfaction and distortion that we typically see in anorexia nervosa,” said Dr. Norris.

The condition may be the result of a longstanding feeding aversion— (i.e., refusal to eat food with different textures and smells) or an acute event (i.e., choking episode). Either way, patients are at risk for serious mental and physical health complications.

“Early reports on the diagnosis suggest that these children and adolescents have high rates of physical and mental health co-morbidity, so it behooves us to try and identify these problems early,” said Dr. Norris.

Dr. Norris estimates that there are about 300 to 350 newly reported cases of paediatric ARFID each year in Canada, but there is very limited existing data.

The purpose of this new CPSP study is to help close the current information gap. Study data will form a better estimate of the prevalence of ARFID, evaluate how the presentation of ARFID is understood and recognized, and provide an understanding of current referral pathways and treatment plans offered to children and adolescents with this condition.

The study will also help investigators better define some of the common features of ARFID: specific eating behaviours, the length of time between symptom onset and the first medical visit and/or co-morbid psychiatric and medical disorders.

Despite the current data gap, there is still much that paediatricians can do to support patients dealing with this or other feeding issues. First, said Dr. Norris, is to always record a patient’s height and weight during medical visits and document them on the appropriate growth chart.

“If paediatricians notice issues or changes, specifically with any growth parameters, it should spark a signal to ask more detailed questions around nutritional intake, to ensure that any pertinent issues are identified early and addressed fully.”

This study is being led by co-principal investigators Dr. Norris of CHEO and Dr. Debra Katzman of The Hospital for Sick Children/University of Toronto. The study begins in late 2015 and runs for two years. Visit www.cpsp.cps.ca for more information. 🌱

Residents advocate for better Aboriginal care

The CPS National Resident Advocacy event is a chance for trainees to gain practical experience as health advocates by raising awareness about a specific paediatric health issue. This year’s theme was *First Nations, Inuit and Métis Health: Reconciliation in Action!*

Paediatric residents in programs across the country organized resident education and community awareness activities, focusing on improving the health and well-being of Aboriginal children, youth and families.

Residents also shone a light on the residential school experience, the role of history and culture, the strength and resiliency of Aboriginal peoples, and the Truth and Reconciliation Commission.

“Given the lasting impact that historical events have had on Aboriginal communities—physically, mentally, emotionally and spiritually, resident physicians need to be aware of the relevant facts and apply them to their clinical practice with Aboriginal patients as needed,” said Dr. Ravneet Sekhon, Vice President of the CPS Residents Section.

The National Resident Advocacy event is an initiative of the CPS Residents Section and supported by the Healthy Generations Foundation. For more information, visit www.cps.ca/en/sections/section/residents 🌱