

# SETTING THE TABLE FOR HEALTHY EATING

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DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

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**WHAT BRINGS YOU HERE?**



**WHO IS DR. SEUSS FOOLING??**



# CAUSES OF EATING PROBLEMS

- **Child factors**
- **Environmental factors**



# CHILD FACTORS

## Normal variation

- Challenging temperament
- Poor intrinsic appetite (picky eater, low central drive)

## Developmental disorders or delays

- ADHD
- Anxiety, Phobias, OCD, Depression
- Motor deficits (sitting, self-feeding, chewing, swallowing)
- Sensory differences
- Social deficits/ Autism

## Medical problems (any)

- Infant illness, oral-facial malformation, GE Reflux, Diabetes, otitis media
- Food allergy/ sensitivity (Protein-induced Enterocolitis, Eosinophilic Esophagitis, IgE Mediated, Oral Allergy Syndrome, Celiac Disease)

**THIS ONE'S TOO HOT! THIS ONE'S TOO COLD!**



# ENVIRONMENTAL FACTORS: *CULTURE AND FAMILY*

- Non-nutritive / symbolism of food
- Family history of eating disorders
- Anxious parents/ Intolerance of normal developmental phases
- Family stress brought to the meal table
- Too much structure (*not enough* choice)
- Too little structure (*too much* choice)
  - Delayed introduction of solids and self-feeding
  - Inappropriate eating environment
    - ✓ Family room, bedroom, car, etc.
    - ✓ Tables, chairs, laps
    - ✓ Utensils and cups
    - ✓ Powerful distractions and influences: electronics

**EXPERTS FOUND THAT CHILDREN WHO REGULARLY WATCHED POPEYE SCOFFING SPINACH BEFORE HIS ANIMATED BOUTS WITH HIS ARCH-RIVAL BLUTO DOUBLED THEIR VEGETABLE INTAKE.**







# EATING PROBLEMS

## Eating Disorder (25-30%)

- “Non-organic Failure to Thrive” (1-2%)
- Regurgitation
- Food refusal
- Poor weight gain
- Anorexia nervosa/ Bulimia nervosa

## Diarrhea/ constipation

## Obesity

- In the last few decades, a dramatic increase
  - currently, 25% of 2-18 years old
  - First time worldwide, more overweight than underweight
- Little sympathy, social stigma, poor self-image
- Increased risk of “adult-type” cardiovascular/ diabetic disease
- ***Long list of other medical/ psychosocial consequences***

**TOO MANY MOUTHS TO FEED. BREAD CRUMBS  
EATEN BY BIRDS. FOLLOW THE SUGAR AND...**



# CONSULTATION

- **Pediatrician**
  - **Nutritionist**
  - **Gastroenterologist**
  - **Occupational therapist**
  - **Speech-language therapist**
  - **Behaviorist**
  - **Psychologist**
  - **Social worker**
- 

# ASSESSMENT

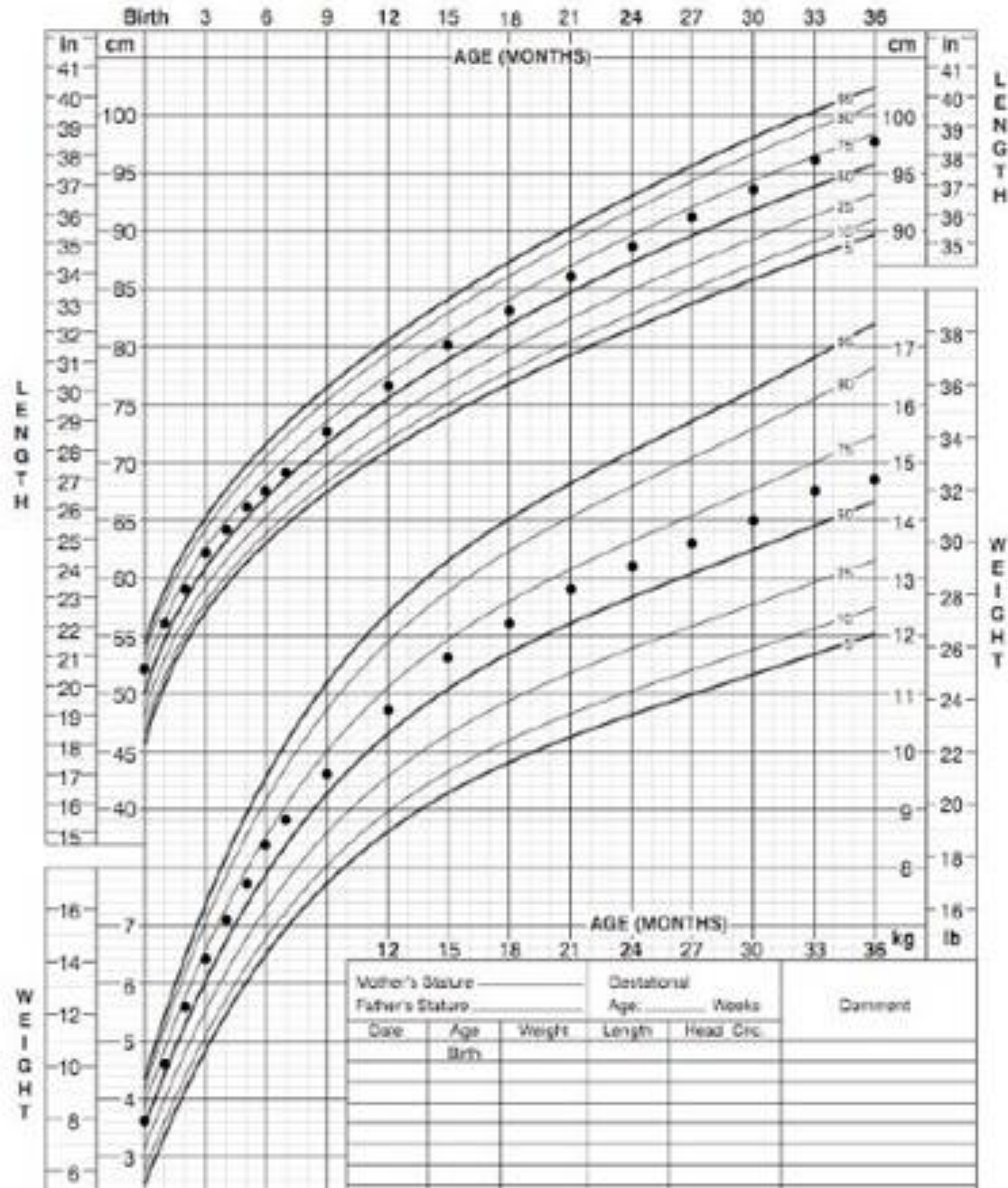
- **Eating diary**
- **Eating/ feeding history**
- **Family history of growth, eating or nutrition problems**
- **Professional observation of meal (direct or video)**
- **Behavior analysis (“ABCs” of eating)**
- **Growth chart: reality check/ key to differential diagnosis** —→
  - Normal variation: blips vs. trends
  - Calorie deprivation, malabsorption or increased metabolic rate
  - Growth deficiency
  - Central nervous system disease

Birth to 36 months: Boys  
 Length-for-age and Weight-for-age percentiles

Age: 38 months

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Mother's Stature _____		Developmental Age: _____ Weeks		Comment
Father's Stature _____				
Date	Age	Weight	Length	Head Circ.
	Birth			

# GENERAL MANAGEMENT PRIORITIES

- Long-term over short-term
- Habit formation over intake
- Social-emotional-behavioral issues over growth and nutrition

*(Most kids turn out ok despite terrible eating habits.)*



**A CATERPILLAR WHO EATS ITS WAY THROUGH CHOCOLATE CAKE, ICE-CREAM, A PICKLE, SWISS CHEESE, SALAMI, A LOLLIPOP, CHERRY PIE, A SAUSAGE, A CUPCAKE, A SLICE OF WATERMELON AND MORE BEFORE EMERGING AS A BUTTERFLY.**





## PARENT DO'S AND DON'TS: *MODELING*

- **Model healthy eating and exercise**
- **Reject cultural obsessions**
  - **dieting**
  - **“ideal bodies”**

# PARENT DO'S AND DON'TS: *ROUTINES AND RITUALS*

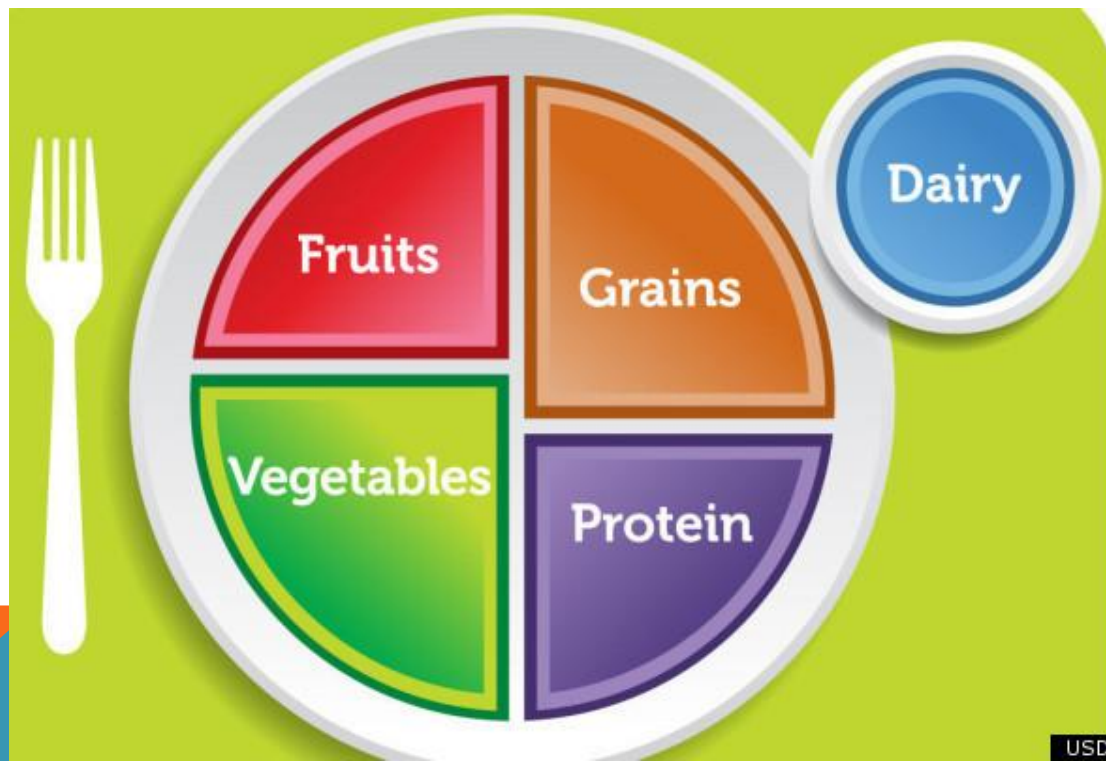
## Establish consistent family mealtime routines and rituals

- *Set times*
- *Set places*
- *Set menu*
- *Set rules/ manners*
  - sitting
  - self-feeding
  - polite requesting
  - conversing

# PARENT DO'S AND DON'TS: *AT MEALS*

- **Don't talk about eating**
- **Keep meal times relaxed and pleasant**
- **Set consequences**
  - attending
  - ignoring
  - natural consequences
  - logical consequences
  - limit setting

# KEEP IT HEALTHY: THE FOOD PLATE REPLACES THE FOOD PYRAMID



**EAT FOOD.  
NOT TOO MUCH.  
MOSTLY PLANTS.**

**Michael Pollan, In Defense of Food**



**THE STORY OF A GOAT WHO SWAPS NORMAL GOAT FOODS LIKE SHOES AND TIN CANS FOR FRUITS, VEGETABLES, EGGS AND ORANGE JUICE.**



## ***FOR PROBLEM EATERS:***

# **HOW TO EXPAND VARIETY AND QUANTITY**

- **Graduated exposure**
  - Rate foods: relatively familiar/preferred before new/ non-preferred
  - See and smell: gradually decrease distance)
  - Touch: poke, pick-up, teeth, kiss, lick
  - Bite (into, through, chew and expel)
  - Swallow (crumb size then increase as tolerated)
  - Quantity (bites, swallows, ounces, grams)
- **First-then**
  - Explicit and clear (“Joey, take a bite.”) vs. implied and ambiguous (“Do you want this?”)
  - Natural vs. artificial reinforcement
  - Response cost

# ***PATIENCE REQUIRED***

- Repeated exposure and time are needed to desensitize and develop skills
- Only move to next step when 80% success
  - And no significant anxiety
- Beware extinction burst
- Continue only if progress



**HE'S GOING TO WANT SOME MILK TO GO WITH IT.**



# FOR OVER- OR UNDER-EATERS

- **Modify caloric density**
- **Modify availability**
- **Modify portion (plate) size**
- **Medication only if necessary**
  - Appetite stimulants
    - Periactin (cyproheptadine)
    - Remeron (mirtazapine)
  - Appetite suppressants
    - ADHD meds