

SETTING THE TABLE FOR HEALTHY EATING

DR. DAN SHAPIRO

DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

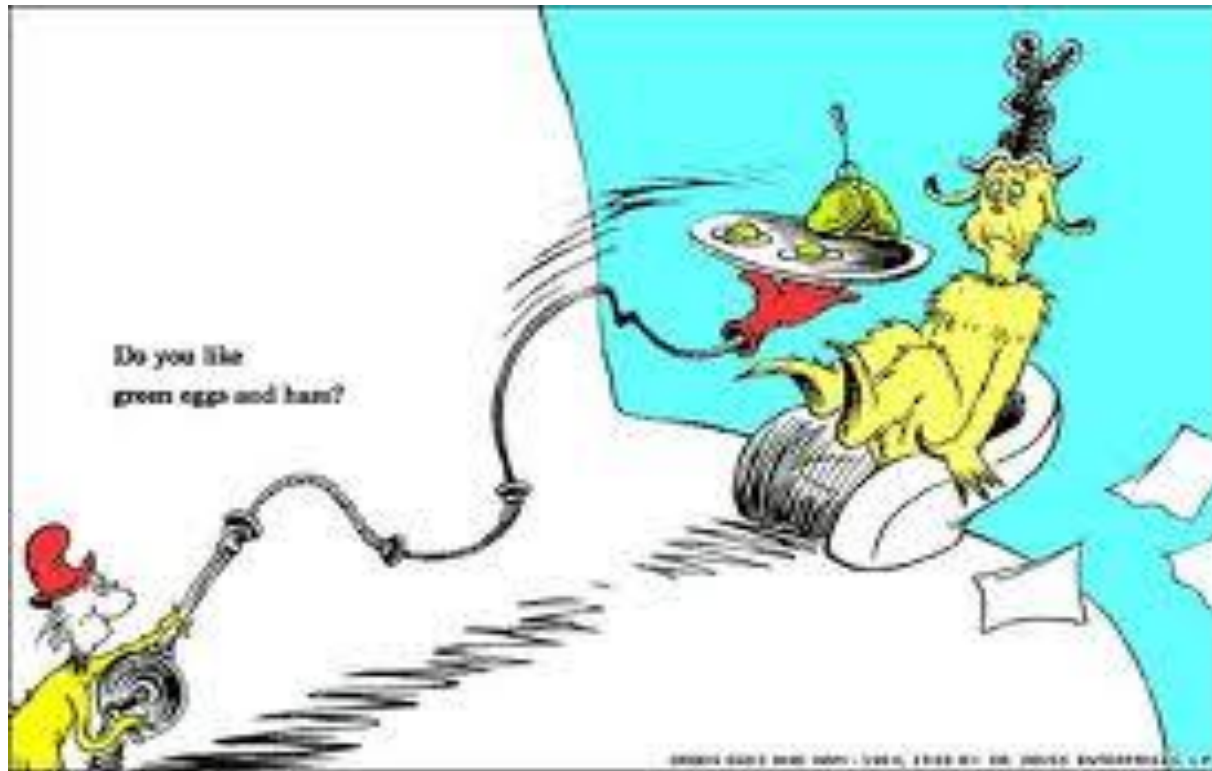
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WHAT BRINGS YOU HERE?



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**

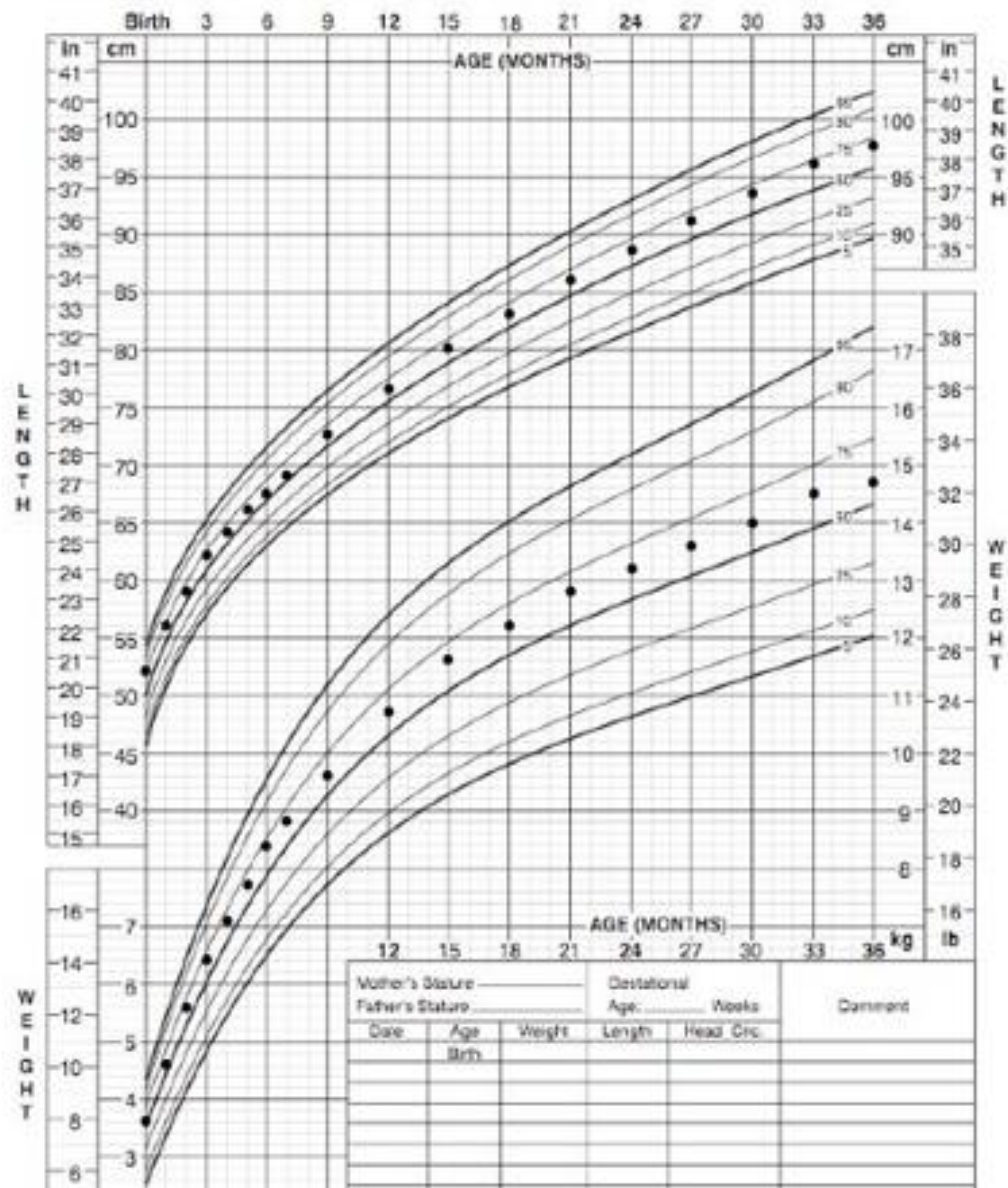


ASSESSMENT

- 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 # _____



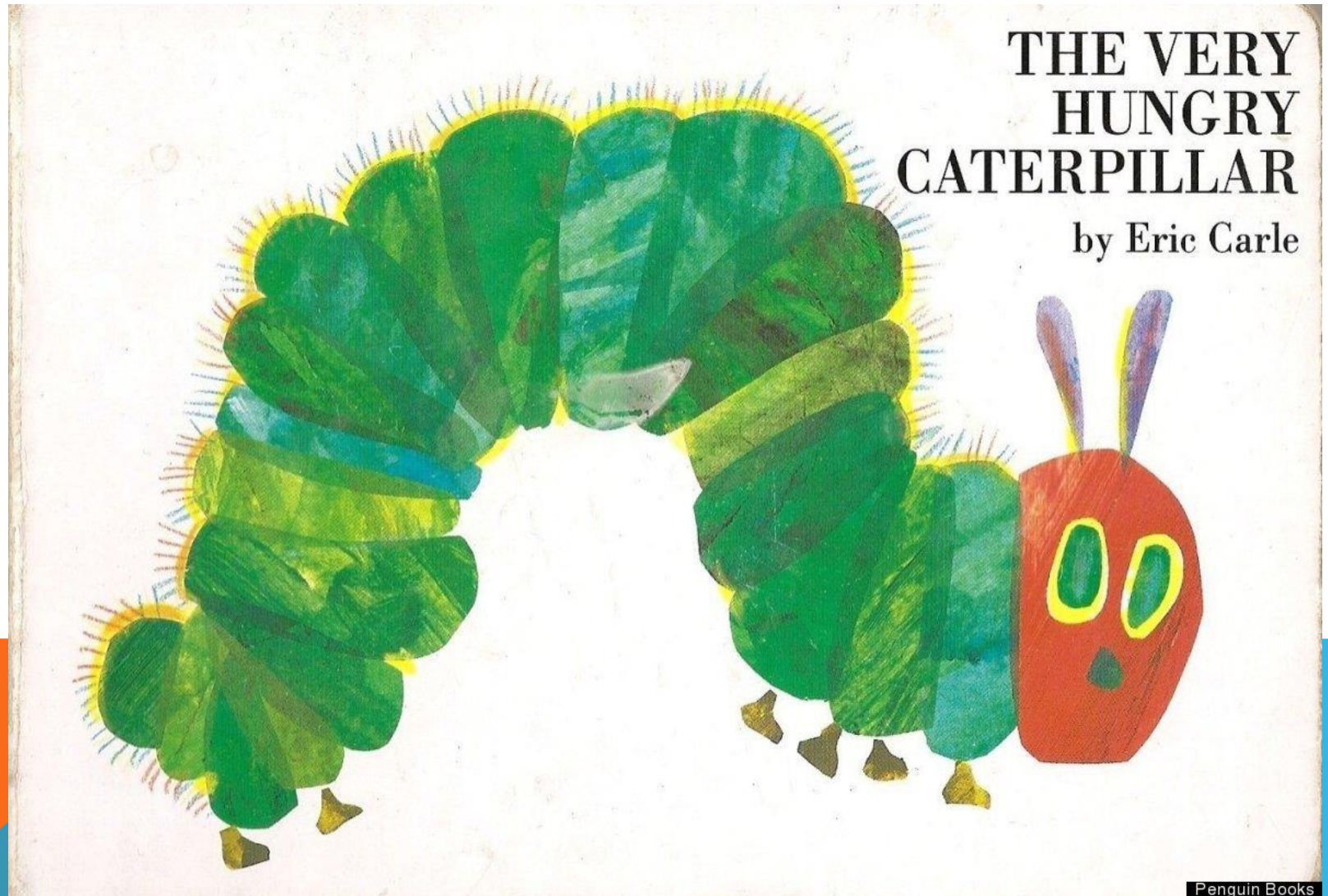
GENERAL MANAGEMENT PRIORITIES

- 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

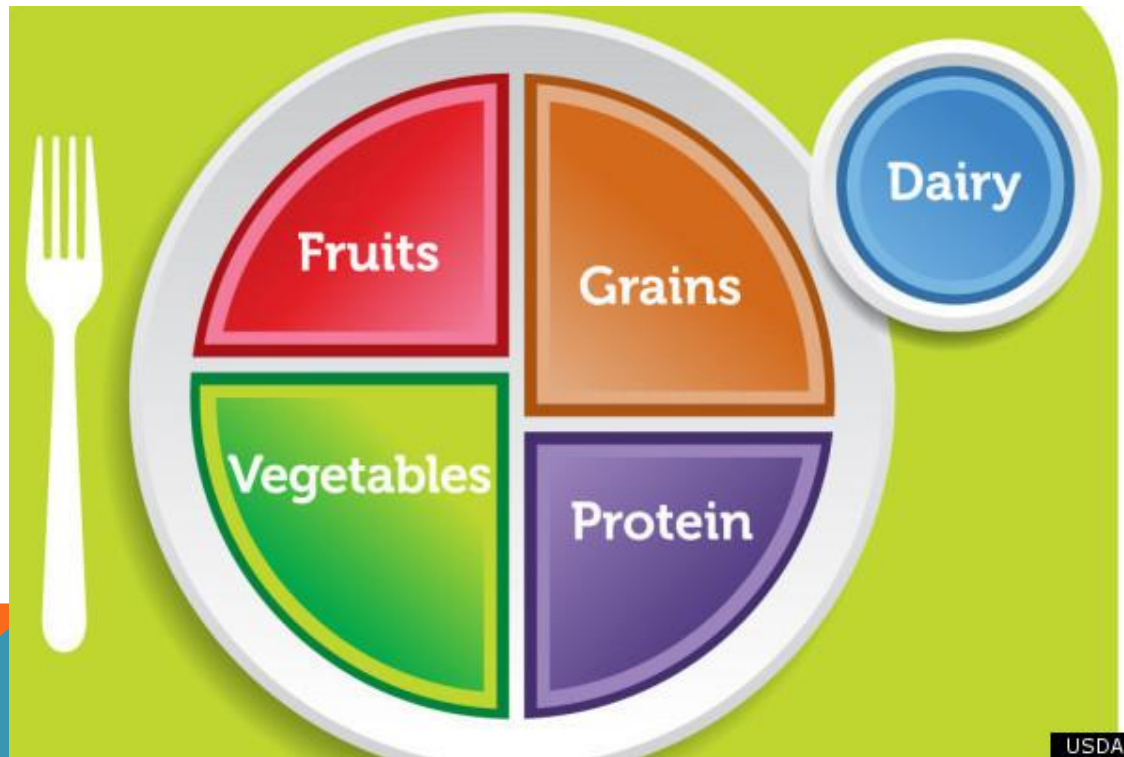


PARENT DO'S AND DON'TS: *AT MEALS*

- **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

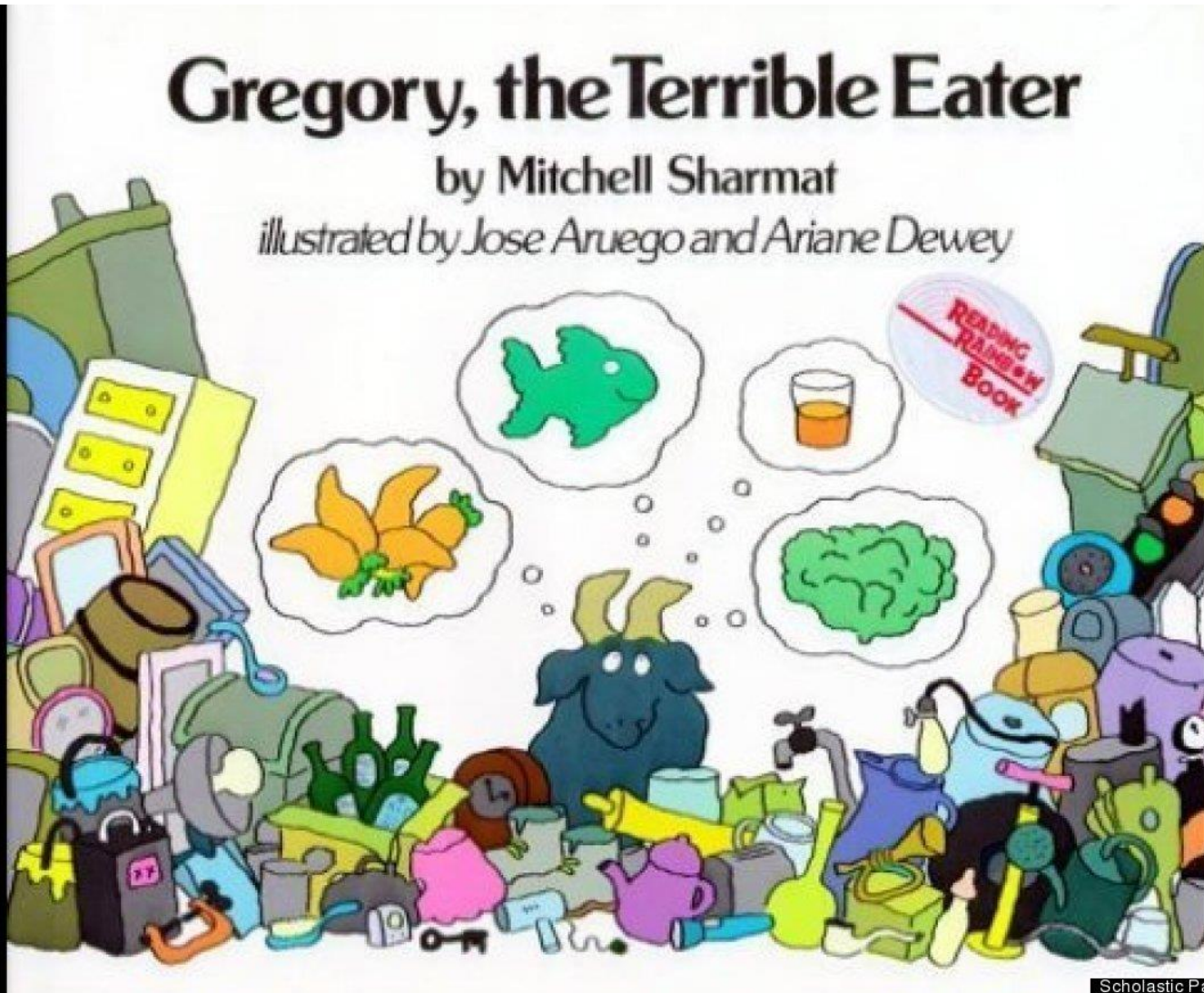


**EAT FOOD.
NOT TOO MUCH.
MOSTLY PLANTS.**

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.



Scholastic Paperbacks

FOR PROBLEM EATERS:

HOW TO EXPAND VARIETY AND QUANTITY

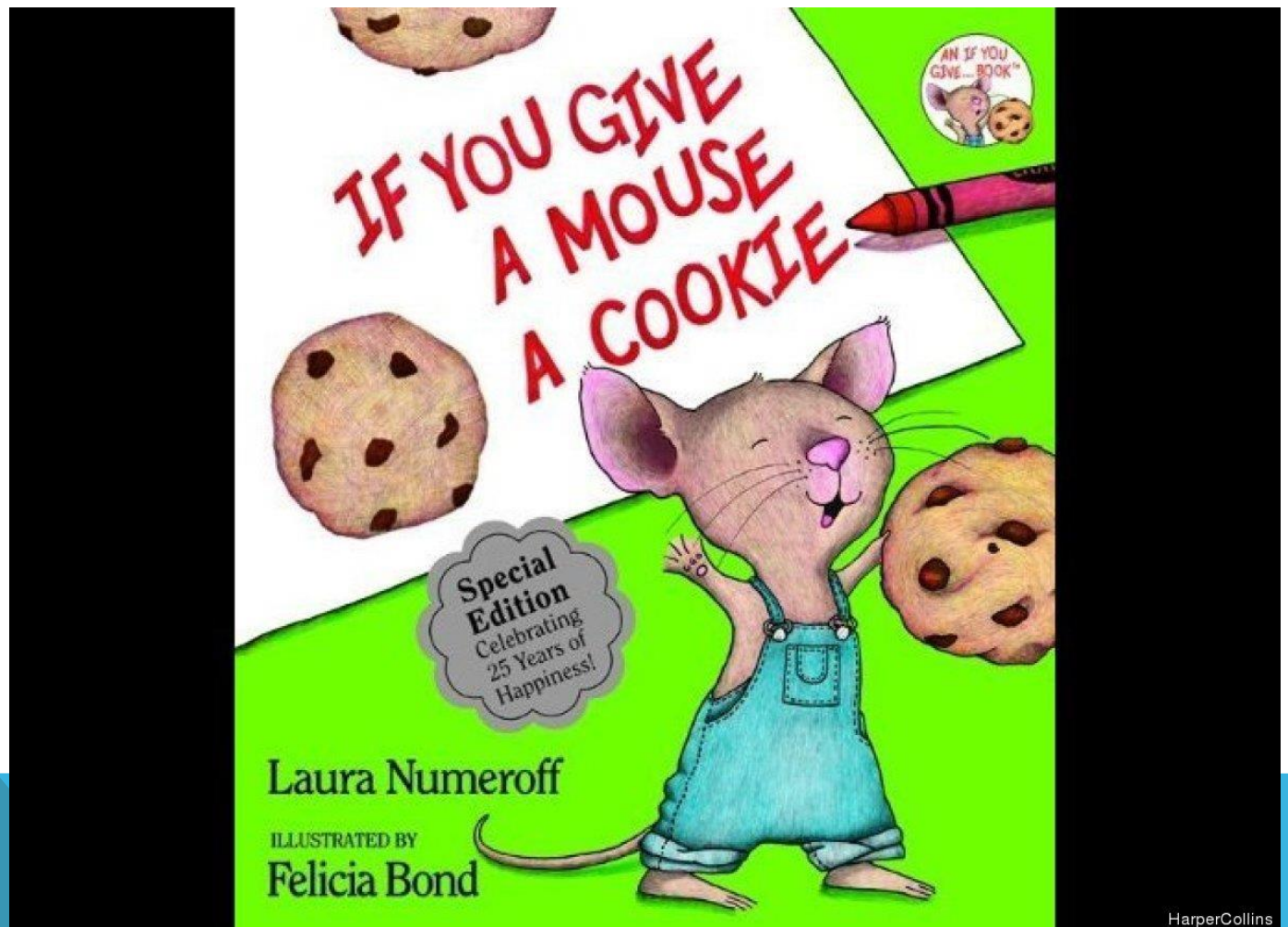
- **Graduated exposure**
 - Rate foods: relatively familiar/preferred before new/ non-preferred
 - See and smell: gradually decrease distance)
 - Touch: poke, pick-up, teeth, kiss, lick
 - Bite (into, through, chew and expel)
 - Swallow (crumb size then increase as tolerated)
 - Quantity (bites, swallows, 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

