

Eating difficulties – how to manage it?

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THINGS YOU MIGHT HAVE NOTICED....

- Sensitive to smell, look, taste, texture or all together
- Not feeling hungry , forgetting about eating, feeling full very quick, not “liking” to eat, no interest in food or all together
- Fear of eating because it might cause vomiting, choking, gagging or all together
- Anxious temperament



NEGATIVE FEELINGS ABOUT FOOD

- Fear of new foods and not wanting to try new foods
- Smelling the food before trying
- Thinking that it won't taste good anyway so it might be better not trying
- Thinking the food will make them sick/ vomit/ choke
- Not wanting to eat a food once eaten because it caused some reaction in the past (allergy, vomit, choke)



HEALTH CONSEQUENCES

- Weight loss
- Reduced hunger
- Vitamins and minerals deficiencies
- Difficulty to gain weight
- Gut symptoms (i.e. upset stomach)
- Feeling full quickly
- Constipation
- Not getting taller



ACTING DIFFERENTLY AROUND FOOD

- Not eating at the dining table
- Finding difficult to eat at school
- Not eating in front of other people
- Not feeling hungry / not being able to say they are hungry
- Feeling uncomfortable full
- Sensitive to changes on how food looks
- Noticing small changes in food and its packaging (i.e. if the package has a different colour)
- Getting angry when they are forced to eat



THIS IS A BISCUIT



THIS IS NOT A BISCUIT

“ I have trouble eating other brands I'm not familiar with, an example of this would be different brands of Digestive biscuits. The reason is partly because the biscuits of a different brand are unfamiliar to me but also "unsafe" as the ingredients of a different brand differ to what I'm now familiar with and feel safe to Consume”

“ I was eating my biscuit and suddenly was soft and I stopped eating it because biscuit should be crunchy” = if not crunchy is not a biscuit and therefore is not “safe”



THIS IS not 'contaminated'



THIS IS 'contaminated'



“ Another element to my eating issues is around Contamination and germs, particularly around food preparation which includes handling and storing food. For this reason I have trouble allowing anyone else to prepare or handle my food. I store my food Separately where only I have access to it.”

“Once Food is prepared in my own “Contamination free” method it is then packed into individual Foil parcels. These foil parcels are then placed on a fresh piece of foil and transported to a private place I can sit and eat without being watched in fear of being Judged”

Not helpful things to do

- Hiding foods they don't like
- Mixing foods they don't like into foods they like
- Letting them go hungry – they won't eat anyway, even if hungry
- Pressure to eat or finishing on time
- Not giving their preferred food (especially if weight restoration is needed)
- Having the idea of “good” and “bad” food – food is food
- To blame the parents – IT IS NOT PARENT'S FAULT!

Autism

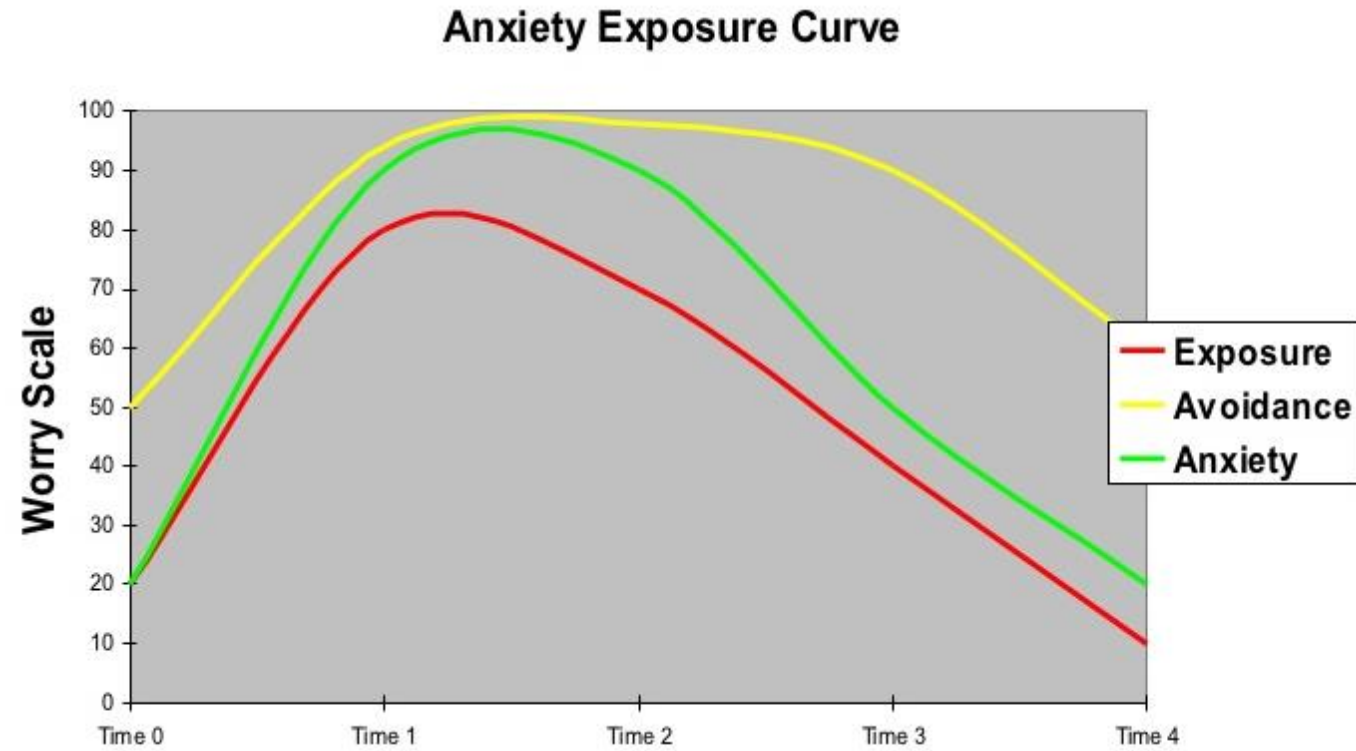
- Strong visual processing – visual cues and why packages are so important
- Home cooking is difficult to manage as won't be similar all the time
- Every detail is important
- They usually don't look to the food (because after taking a bite, you change it visually and therefore it looks different)
- Usually they will eat different foods in different environments (i.e. just eat nuggets at school and not at home – conditional cues become part of the food)
- Use of distractions around meals – for MDT and family discussion
- Meal times and activities ideally should be at the same time every day – CONSISTENCY ('If I know what it will happen, I get less anxious')
- Use a visual timetable to explain what happens at mealtimes and during the day (i.e. school timetable) – to avoid anxiety
- Use a visual meal plan
- Importance about looking for early communication
- Food is visually inconsistent
- Sensory preparation before meals

➤ **Around 80% of ASC children have eating difficulties – usually around food sensitivity**

What does success look like

- Eating at school/sitting in the dining room with peers
- Sitting in the same room as others eating
- Sitting at the dining table with the family
- Saying "I am hungry"
- Trying something new even if just once
- Not reducing their accepted foods
- Not having conflict at the dining table
- Weight gain
- Height gain
- Reduction in hospital admissions
- Going to a restaurant

Anxiety Curve

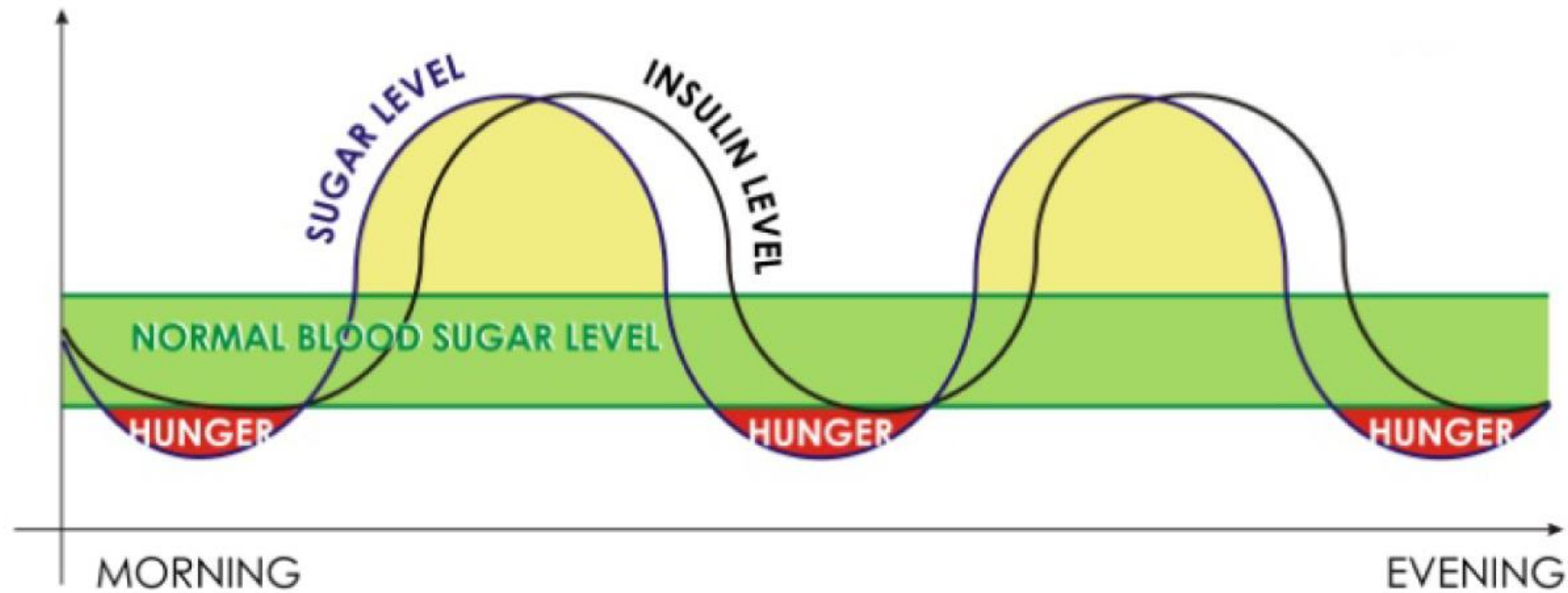


Why the preferred food is important

- The preferred foods are often calorie dense food so you can eat more without feeling full so quickly
- That it is for a short period of time for weight gain (if needed) OR to increase interest about food again



Energy levels



Child doesn't eat all day at school or eat very little + they are very tired → difficult behaviour → try to eat but feels full very quickly → continues to feel hungry

32 steps to eating

STEPS TO EATING

EATING

- chews and swallows whole bolus independently
- chews, swallows whole bolus with drink
- chews, swallows some and spits some
- bites, chews "x" times & spits out
- bites pieces, holds in mouth for "x" seconds & spits out
- bites off piece & spits out immediately
- full tongue lick
- licks lips or teeth

TASTE

- tip of tongue, top of tongue
- teeth
- lips
- nose, underneath nose
- chin, cheek
- top of head
- chest, neck
- arm, shoulder
- whole hand
- fingertips, fingerpads
- one finger tip

TOUCH

- leans down or picks up to smell
- odor in child's forward space
- odor at table
- odor in room

SMELLS

- uses utensils or container to serve self onto own plate/space
- uses utensils or a container to stir or pour food/drink outside of own space
- uses utensils or a container to stir or pour food/drink for others
- assists in preparation/set up with food

INTERACTS WITH

- looks at food when directly in child's space
- being at the table with the food just outside of child's space
- being at the table with the food ½ way across the table
- being at the table with the food on the other side of the table
- being in the same room

TOLERATES

SOS approach to feeding

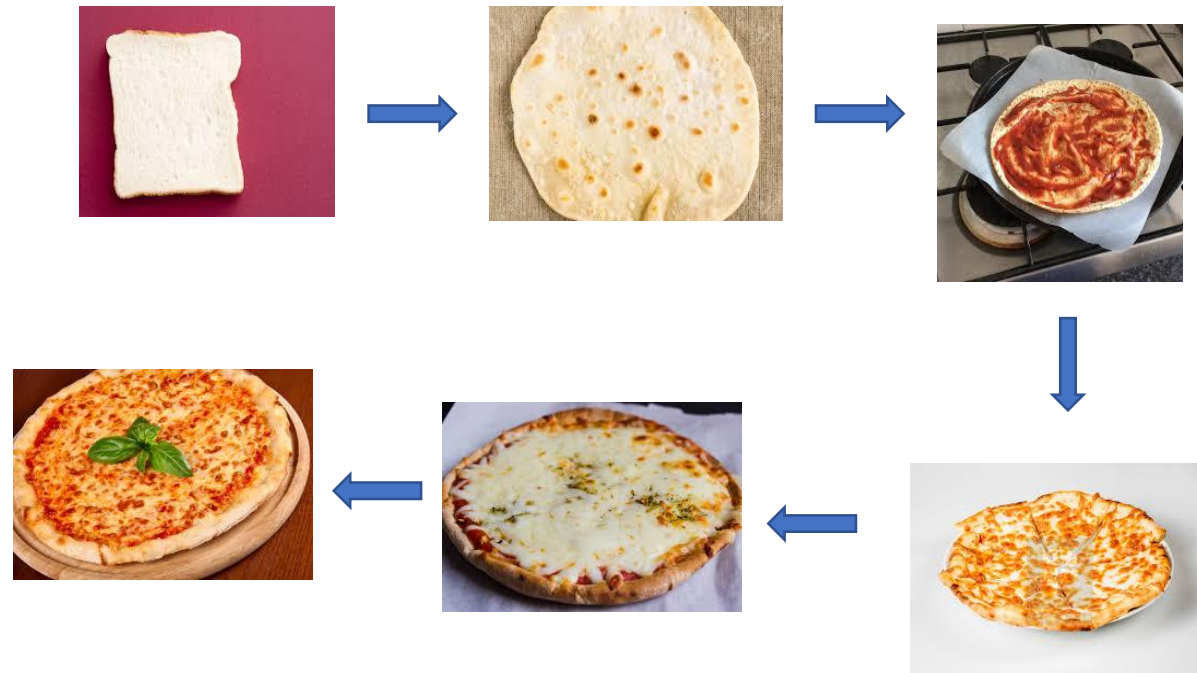
- The Sequential Oral Sensory - SOS approach to feeding is a Transdisciplinary Program for assessing and treating children with feeding difficulties (including ARFID).
- It works on a systematic desensitization hierarchy of skills/behaviours necessary for children to progress with eating various textures, and with growing at an appropriate rate for them.

SYSTEMATIC DESENSITIZATION		FLOODING
<ul style="list-style-type: none">• Experience feared stimuli in a small hierarchy• Allowed to `move away` from exposure• Patient controlled• Goal = to maintain a competing response in the face of increasing incremental exposure	X	<ul style="list-style-type: none">• Experience feared stimuli at full exposure• Held in the exposure with scape being prevented• Therapist controlled• Goal = to have peak fear response with no undesirable consequence during repeated full exposures



Food chaining

- Teenagers and adults usually bring their own motivation to add a new food – despite their sensory issues (i.e. – teenager that wants to be able to go out with friends and eat pizza)
- How could we work with that?



Messy Play







- The child does not have to eat the foods presented to them
- It is about exploring food with the child
- It is about sharing an experience with the child, not to the child.
- Regularly reassure the child that they are “ok”
- It is about getting messy – wash hands at the end

- Use different food characteristic, for example:
 - Large dry foods
 - Medium dry foods
 - Fine dry foods
 - Wet drinks
 - Sticky foods

Table 1: Food Textures

Progress through food texture	Description	Examples
Smooth puree	Quite runny or smooth with no lumps	Pureed stewed fruit Pureed stewed vegetables Weetabix soaked in milk or fruit juice Fromage frais Smooth yogurt
↓		
Soft mash	Fairly smooth with small soft lumps. It is mashed with a fork rather than liquidised	Banana mashed with a fork Mashed potato Mashed baked beans Scrambled egg Steamed fish Dhal – well cooked lentils
↓		
Bite and dissolve finger foods	These dissolve in the mouth and do not need any chewing but do need enough control to hold food in the mouth until it dissolves	Wotsits Skips Quavers Meringue Weeny wotsits Monster munch Pink wafer biscuits Ice cream wafers Most sponge fingers Rice cakes
↓		
Bite and melt finger foods	These melt in the mouth, similar to bite and dissolve, but coat the mouth more	Maltesers cut in quarters Chocolate buttons
↓		
Bite and soft chew	These need some preparation or munching in the mouth before being swallowed	Very ripe peeled fruit e.g. pear, melon, avocado, peeled grapes cut in half Soft pieces of cooked potato, sweet potato, carrot, beetroot, soft chips, cooked florets of cauliflower/ broccoli Mini pasta shapes Soft biscuits e.g. malted milk, Rich Tea, digestive biscuits Sandwiches made with soft white bread (crusts cut off) and smooth fillings e.g. cheese spread, butter and marmite, hummus Soft cake e.g. Madeira cake Pancakes Cheese triangles, cubes of soft cheese Small pieces of well cooked fish, corned beef Fishcakes (you need to take the coating off)
↓		
Bite and splinter	Need a little more chewing before being swallowed	Bread sticks Cream crackers Crisps Poppadums Ryvita Hula hoops
↓		
Bite and lump	These need good chewing skills and are usually the last foods to be mastered by most children	Raw apple Chicken nuggets Whole grapes Crusty bread Pizza Sausages

6 steps to eating

1	2	3	4	5	6
VISUAL	TOUCH	SMELL	TASTE	TEXTURE/ SOUND	SWALLOW
					
What does it look like?	What does it feel like?	What does it smell like?	What does it taste like?	What is the texture like? What sound makes in your mouth?	Any other sensation?
What is the colour? What size is it? What is the appearance?	Is it wet or dry? Does it feel cold or hot? Does it feel Bumpy or rough?	Is it a weak or strong smell? Is it a nice smell?	Does it have a strong taste? Is it sweet or salty? Is it spicy?	Does it feel loud when you chew it? Is it crunchy? Does it get soft quickly? *Not expected to eat, it is ok to spit it out.	Any other sensation? * Small mouthful is ok and gradually increase quantity

- **Emphasise that they are not expected to eat the food!!!**
 - **Outside of mealtimes**
- **To try and stick to a routine – so they know what to expect**
 - **To use different place to practice**

OTHER STRATEGIES

THEY NEED TO AGREE WITH THESE STRATEGIES!

- Fade in – adding small amounts of food they don't like into food they like
- Add some spice – ketchup, curry, salt, honey, sugar
- Food chain – try similar foods i.e. veggie chips with same format to potato chips
- Change presentation – salted x unsalted
- Deconstruct – break the food i.e. pizza – try with a piece of bread → add tomato sauce → add cheese...

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- Interoceptive exposures (water for fullness and spinning a chair for feeling sick) – ex the fullness scale
- Having a bowl to put food they don't like outside of their safe space
- Sensory box – glitter jar/ toys - to create together with the child
- Timetable – routine

Oral supplementation

- If needed – some options are:
 - Capsules
 - Tablets
 - Powder
 - Gummies
 - Liquids
-
- It is important to notice that very often iron is not present at multivitamins/minerals – need to supplement separately
 - If older enough, let them chose which option they can tolerate better
 - Trying to hide in food can be tricky
 - Remember that if the label changes they might stop accepting the supplement

What to expect

- **Long term treatment as it takes time to develop a new skill, need a lot of support from the parents/carers/family**
- **VERY important to discuss parent's expectations and what success looks like for them!!!**
- There is no right/wrong OR specific steps to get “there” Each individual will work in a different way
- Each step can take days, months...and sometimes years.... They may change their minds during the process
- Depending on their presentation, they can “jump” stages (i.e. from square bread to bread and cheese) OR they will need more steps – always ask how they feel about it and explain what to expect
- If they are really struggling, ask for a picture of the pizza from the specific restaurant
- The new food should not be expected to be eaten straight away, sometimes is just about exposure – THINK ABOUT THE 32 STEPS TO EATING

HUNGER CHART



REALLY HUNGRY



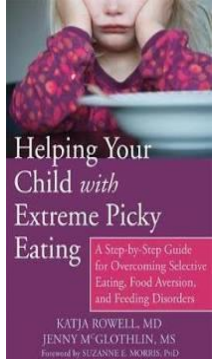
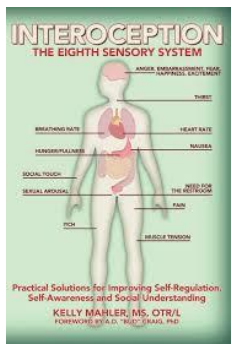
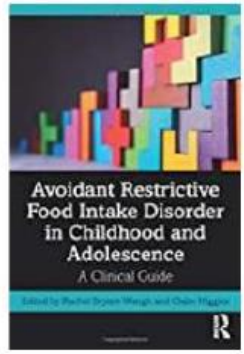
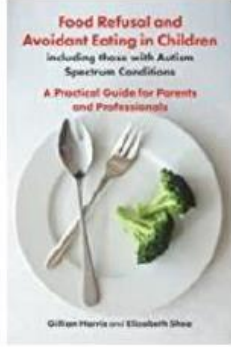
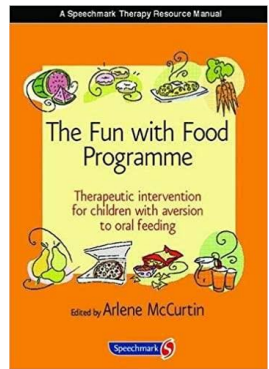
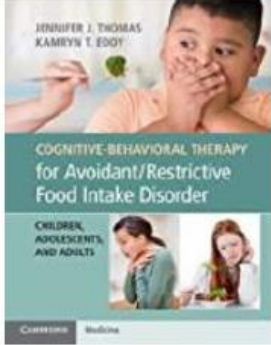
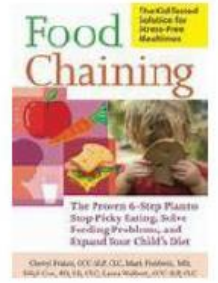
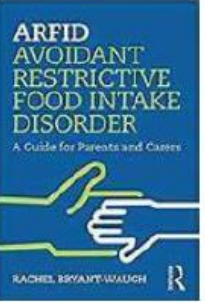
REALLY FULL

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Early snack							
Breakfast							
Mid morning snack							
Lunch							
Pudding							
PM snack							
Dinner							
Pudding							
Evening snack							

My reward chart

TASK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Helpful resources



Thank you

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