

# UNDERSTANDING AND MANAGING EXTREME FOOD REFUSAL IN TODDLERS

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## LEARNING POINTS

- Some toddlers have an innate, or inborn, resistance to eating a wide range of foods. They may have extreme anxiety about trying new foods (strongly neophobic) or have an extreme reaction to the different senses, touch, taste and smell (sensory-sensitive).
- Parents of these toddlers must be especially careful not to force-feed their children foods that they do not like.
- With extreme food refusers, parents should make energy (calorie) intake the main priority.
- A dietitian can advise on any supplements that may be necessary to ensure an adequate intake of vitamins and minerals despite a poor intake of food.
- Messy play can help toddlers who are sensory-sensitive and who are worried about getting their hands and face dirty.
- Some toddlers have not had the necessary early experience of food and may have difficulty accepting more difficult textures.
- Parents of these toddlers will usually need to give softer textured food for good growth, while helping them to move on and learn to deal with differently textured foods.
- Children and families with extreme food refusal should seek referral and therefore expert support from relevant professionals who are experienced in dealing with childhood feeding difficulties. These may include a paediatrician, clinical psychologist, dietitian and speech and language therapist.
- These children may be diagnosed with the eating disorder ARFID (Avoidant and Restrictive Food Intake Disorder).

- very rigid about the foods that they eat
  - anxious about trying new foods
  - anxious about being around new foods
- then eventually they are likely to meet the criteria for ARFID.

The problem can often have begun around the time that the toddler was first introduced to more lumpy textured foods, the texture of which may have triggered a vomiting or gagging response. The extreme gagging response makes parents less likely to persevere with the introduction of textured foods. This means that some toddlers, who have the first signs of this disorder, might only be able to eat pureed or smooth foods (such as yoghurt) or bite and dissolve food textures (such as soft crisps). These are food textures that do not need to be moved to the side of the mouth before they are swallowed. Some children with ARFID are very sensitive to the feel of food in the sides of the mouth. Because of this, children with ARFID might be very difficult to move on from bottle feeds, which might still be given into later childhood. They might also be resistant to the move on from tube feeding, which might have been started because of worries about nutritional needs or growth.



Toddlers who are very rigid about the foods they eat tend to be more emotional in general, and less likely to be able to accept change<sup>9</sup>. They also tend to be very strong willed and may not do something just because someone else is doing it, or someone else wants them to do it. They will not copy other children, and so will not imitate others' eating behaviour. This does not mean that these toddlers are naughtier, or more attention seeking, than those who easily accept food, just that they have a different way of interacting with the world around them.

These toddlers may be sensory-sensitive in other ways as well. They may refuse to wear certain clothes, and want to stick to specific colours or textures. They may worry about getting their hands dirty and their face sticky; they may protest when they walk barefoot on grass or sand. Toddlers who are worried about getting their hands and face sticky find it very difficult to handle food and feed themselves.

As they get older, children may react to the smells of foods that they dislike, and have difficulties being around others who are eating food that they themselves do not like. They may gag or vomit if disliked foods are given to them or

even if they see or smell a disliked food. This extreme form of the problem is seen more often, but not exclusively, in children with Asperger's Syndrome, or autism, or in children who have traits in common within this spectrum of disorders<sup>10</sup>.

## IDEAS TO HELP PARENTS OF EXTREME FOOD REFUSERS

- Encourage messy play. Some parents are reluctant to allow their toddler to get messy. Attending a playgroup may help these toddlers.
- Encourage parents to be sensitive to their toddler's likes and dislikes. Toddlers should not be forced to eat disliked foods<sup>11</sup>.
- Advise against putting disliked food on the same plate as liked foods. Some toddlers will simply refuse the whole plate of food.
- Advise against hiding a disliked food inside another liked food because these will lead to rejection of the liked food.
- Advise against the 'you can't have your pudding until you've eaten your dinner' type of strategy. Withholding accepted foods to encourage children to eat disliked foods may lead to weight loss.
- Advise against leaving long gaps between meals to make the toddler hungry. This will not work and may lead to weight loss.
- Tiny tastes, away from the mealtime, of foods that the child is happy to try, might help introduce some new foods<sup>12</sup>, especially if this is associated with a non food reward.
- If the problem persists, refer the child to the GP, who may then refer the child to a:
  - clinical child psychologist to support the parents and help the child with food anxiety
  - dietitian for a nutritional assessment of the food eaten and advice on any dietary supplements that may be needed
  - a feeding team, if available, can provide a multidisciplinary assessment of the feeding difficulty.



**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

# HOW TO BROADEN YOUR CHILD'S FOOD EXPERIENCE: THE CHILD WITH A LACK OF EXPERIENCE OF DIFFERENT FOODS

Some children haven't had enough experience with solid textured foods in their first year. They may only eat pureed food or 'easy' bite and dissolve foods like Skips or Quavers. Because they have not learnt to move food around in their mouth, they get anxious about food that needs to be chewed. Some toddlers are wary of putting anything with a different texture into their mouth.

There are a number of things that you can do to broaden your child's experience of food textures.

## GUIDANCE & TIPS FOR PARENTS

	<p><b>Do</b></p> <p>Continue to give the pureed or soft food that your toddler likes.</p> <p>Gradually introduce more 'experiences' of slightly more solid foods. Toddlers only need small amounts of these foods so that they can learn how the food feels in their mouth, and how to move the food around in their mouth.</p>	<p><b>Reason</b></p> <p>This will ensure that your child takes the calories needed for growth.</p> <p>This will enable your child to learn the chewing skills needed for more solid textured foods.</p>
	<p><b>Do</b></p> <p>Start by introducing bite and dissolve foods.</p> <p>As your toddler begins to accept some bite and dissolve foods, replace one of the spoon-fed pureed meals with bite and dissolve foods.</p> <p>Gradually increase the firmness of the foods offered as your toddler becomes more used to them. Remember though that your toddler will still need some soft textured foods, such as yogurts or fromage frais.</p>	<p><b>Reason</b></p> <p>These are foods that quickly dissolve in your mouth if you hold them there; like Quavers, Skips, Wotsits, meringue, and wafer biscuits.</p> <p>This will give your child confidence about having lumps in the mouth; these foods quickly become soft and they are less likely to cause a choke and gag reaction.</p> <p>You need to balance your child's calorie needs with their need to learn new chewing skills.</p> <p>This is to make sure that your child continues to take enough calories to grow.</p>
	<p><b>Don't</b></p> <p>Give very difficult solid foods at this stage. Avoid foods like meat, bread and uncooked apple.</p> <p>Worry about dietary balance at this stage.</p>	<p><b>Reason</b></p> <p>Your child may not be able to cope with these textures. They may feel that they are choking when they try to swallow these foods, and be fearful of trying more difficult textures in the future.</p> <p>It is more important at this stage to make sure that your child has enough calories to grow well. Dietary balance can come later.</p>

If the problem persists see your GP or health visitor who may refer you to:

- a specialist speech and language therapist for help with the transition to firmer textured food
- the community paediatrician who may be able to identify the cause of your child's inability to cope with firmer textured food



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