

# Analysis of Early Childhood Eating Problems in an Outpatient Clinic in Hungary

Agnes Gulacsi<sup>1</sup>, Fanni Toth<sup>1</sup>, Olga Agoston<sup>1</sup>, Monika Siba<sup>1,2</sup>, Judit Kecskemeti<sup>1</sup>, Laszlo Szabo<sup>1,3</sup>, Noemi Scheuring<sup>1</sup>

<sup>1</sup>Heim Pál National Institute of Pediatrics, Budapest, Hungary,

<sup>2</sup>Early Intervention Centre, Budapest, Hungary,

<sup>3</sup> Family Care Methodology Department, Institute of Health Science, Semmelweis University, Budapest, Hungary



## Introduction:

The Early Childhood Eating and Sleeping Disorders Clinic had been set up in January 2017 in a children's hospital. The majority of the families who visited the Clinic reported various eating problems. In this study we analyse the characteristics of the eating problems of the 91 children attending the Clinic in the first five months.



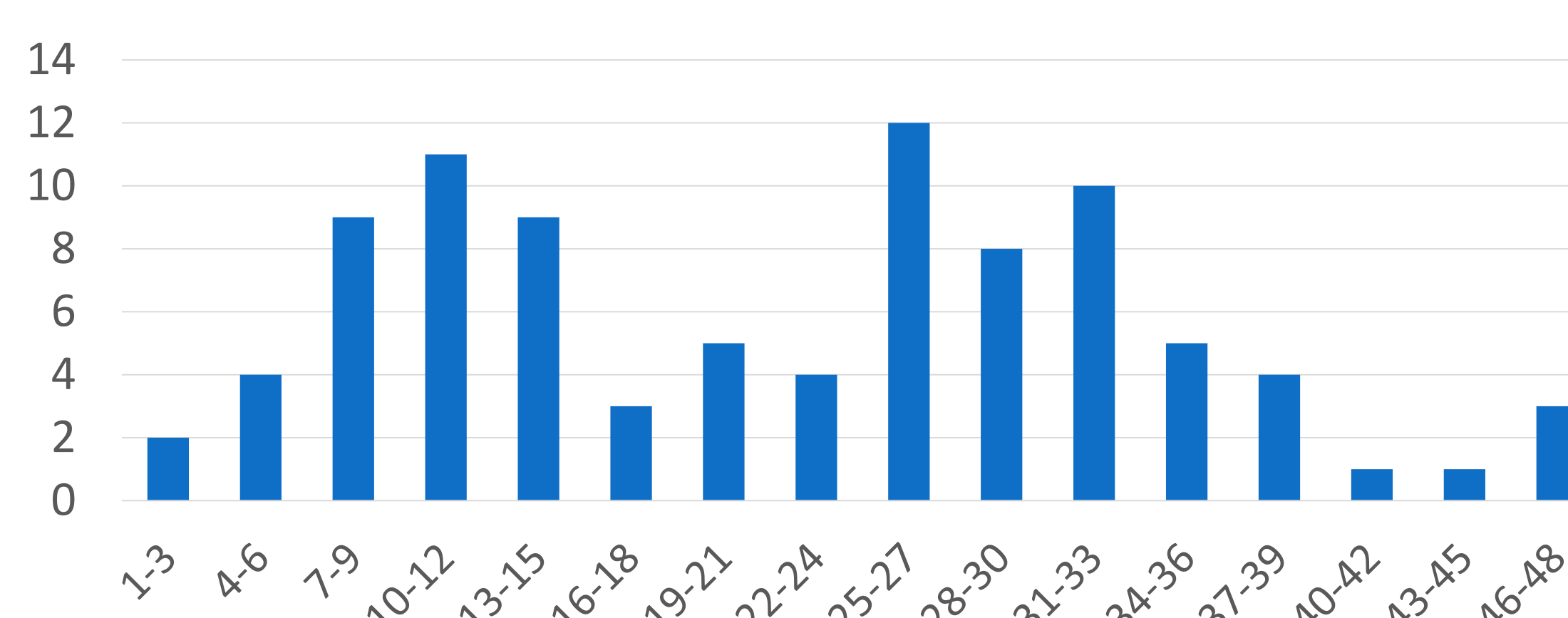
## Methods:

We apply an individualized, multidisciplinary approach. The first appointment includes paediatric examination and history taking. The parameters of the eating problem are described based on parental reports. Further investigations are available to find possible medical causes, and psychosocial factors are often also assessed. The eating behaviour may be observed during non-structured video recording sessions.

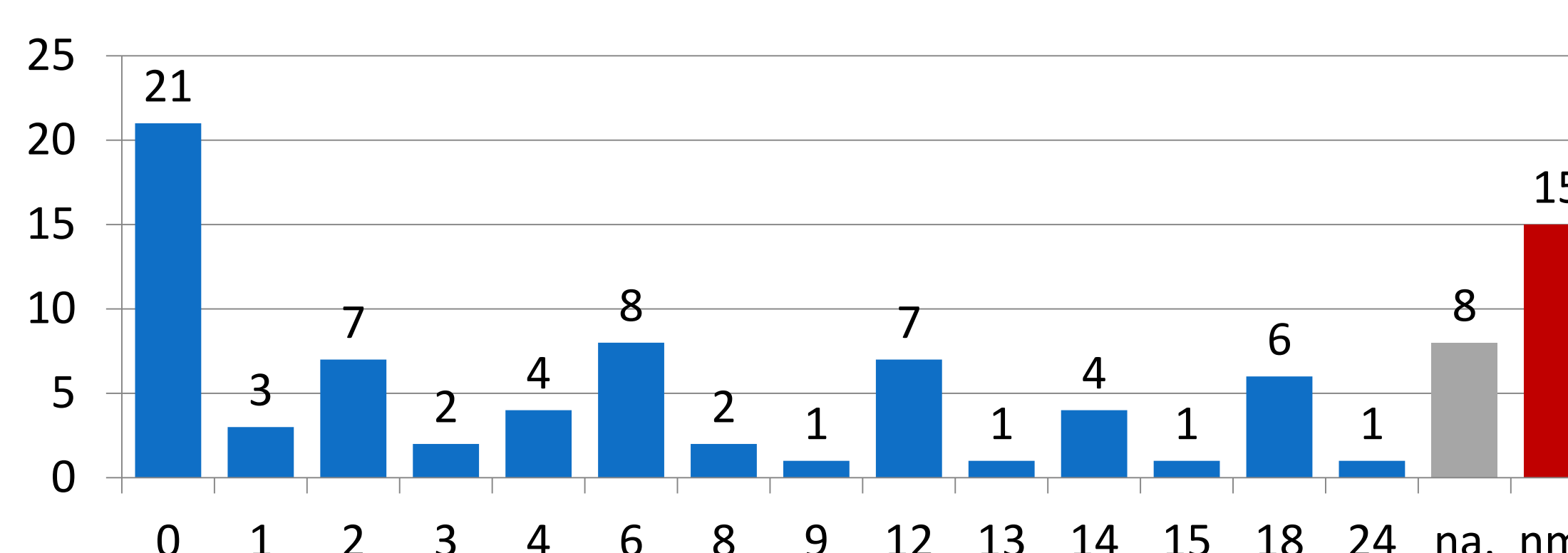


## Results:

In the first five months, 108 infants and their families attended the Clinic. 82 of them presented with eating problems exclusively, 9 had both eating and sleeping difficulties, 14 had only sleeping problems. Of the 91 children with eating difficulties, the mean age at the first appointment was 21,7 months, 45 were boys, 46 were girls. 37 (40,7%) patients had failure to thrive. 52 children had previous medical investigations related to the problem, we initiated further examinations in 56 cases.



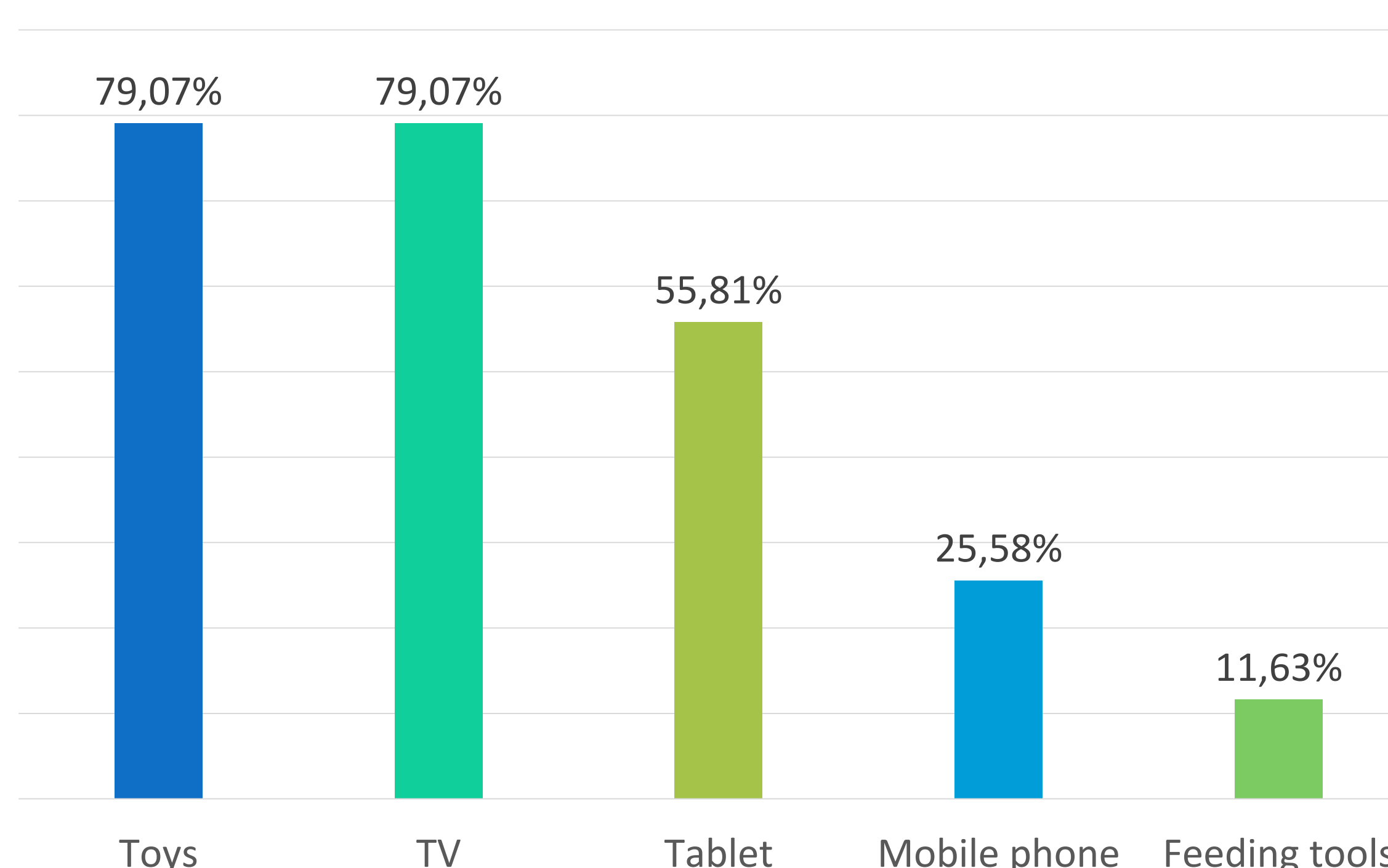
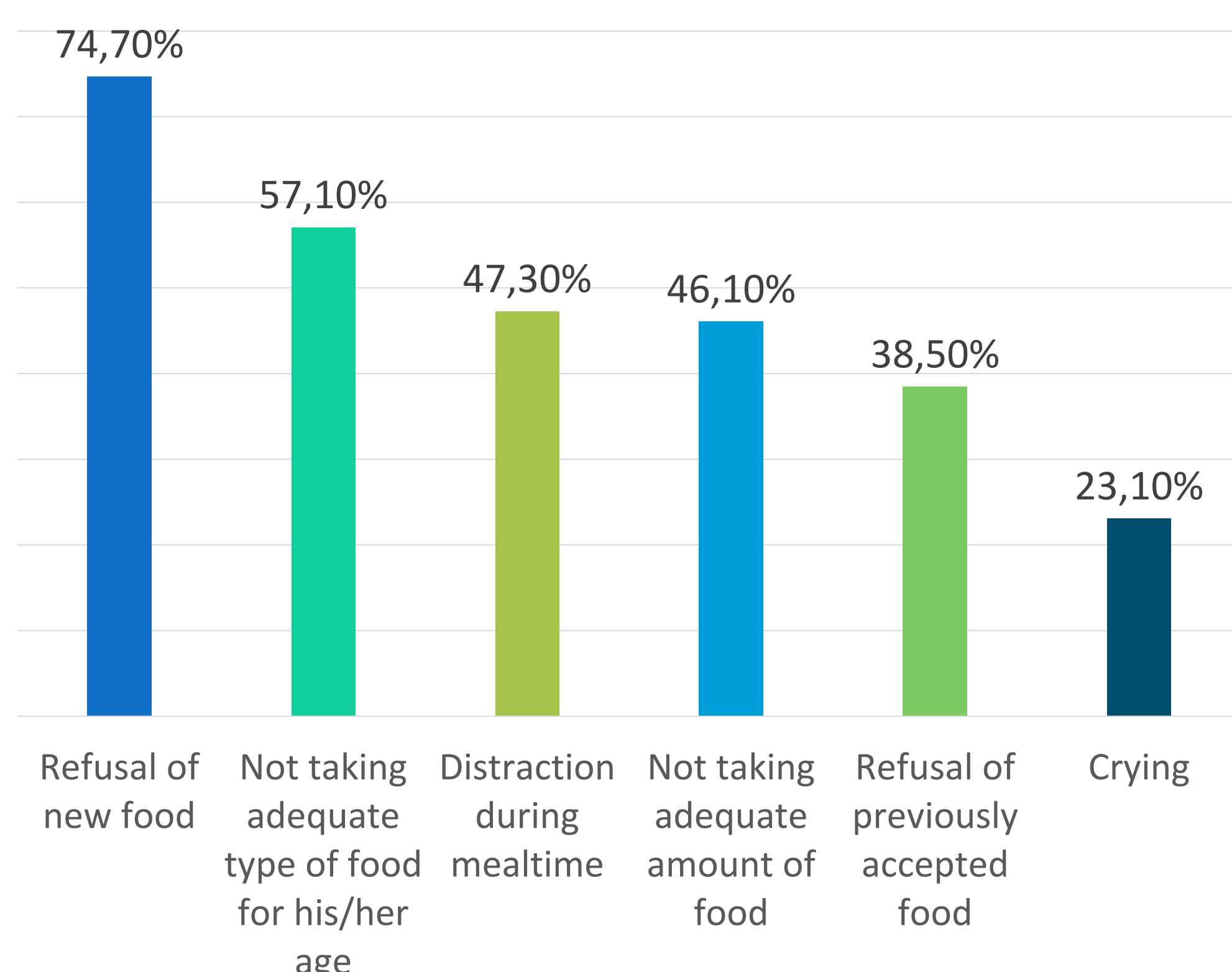
Age at the first appointment (months)



How old was the child when the feeding problem started? (months)

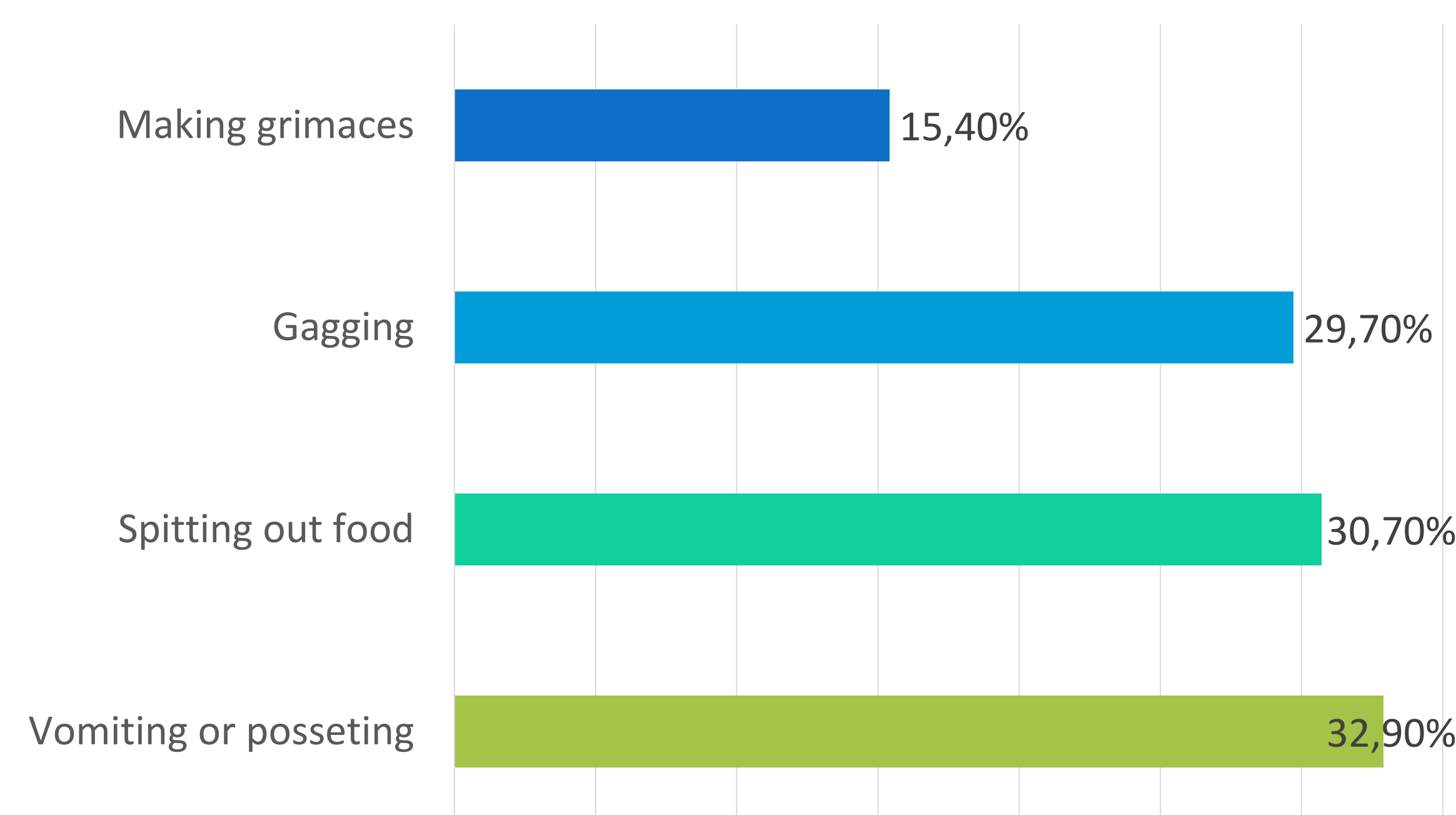
The most common symptoms were:

- refusal of new food (74,7%),
- not taking adequate type of food for his/her age (57,1%),
- need of distraction during mealtime (47,3%),
- not taking adequate amount of food (46,1%),
- refusal of previously accepted food (38,5%),
- crying (23,1%),
- forced feeding (19,7%),
- dream feeding (17,8%).



For distraction, parents reported the use of toys, television, tablet, mobile phone, eating tools.

When presented a refused food, most common reactions were vomiting or possetting, spitting out food, gagging, making grimaces.



## Conclusions:

Our results emphasize that early childhood eating disorders have diverse presentation therefore they require a comprehensive individualized approach which integrates medical, psychosocial and developmental aspects.