

COMPARATIVE CASE STUDY OF 8-MONTH-OLD INFANTS WITH FEEDING DISORDER

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INTRODUCTION, AIMS OF STUDY

Early childhood eating disorders have dissimilar presentation and require multidisciplinary, comprehensive, individualized approach which both interns medical and psychosocial aspects to be treated effectively.

We demonstrate two cases of 8-month-old female infants with the symptoms of eating disorder and severe weight gain problems, while introducing the effectiveness of parent-infant consultations paralleled with adequate medical treatment.

OUR CLINIC

Early Childhood Eating and Sleeping Disorders Clinic has started its operation in Pál Heim International Institute of Pediatrics.

The ambulance with a renewed approach provides support in solving infants eating and sleeping disorders.

The clinic integrates internal medicine and psychological professional therapy which includes treating organic diseases parallel with mental factors.

FIRST CASE

Symptoms

- Exclusive breastfeeding preference
- Struggling with complementary, bottle- and spoon-feeding
- Low amount food consumption

Perinatal anamnesis

- 2nd pregnancy, 1st delivery complicated by gestational diabetes (kept in balance by strict diet)
- 39th gestational week by natural delivery
- Birth weight: 3020 g / Apgar status: 9/10
- Weight: below 3rd percentile
- Length: 25th percentile

Previous medical history

- Hypotonia
- Early weeks of age: colic and skin rash → cow milk's protein allergy, due to exclusively breastfeeding: maternal cow milk's protein free diet
- 7 months of age: loss of appetite, inability of complementary feeding, slow weight gain

Parent-infant consultation

- Conflict generated by the tight schedule due to the mother's diabetes and breastfeeding on cue was detected
- Rearranging schedule and discussing feeding situations covered our key topics

SECOND CASE

Symptoms

- Rhapsodic intensity feeding difficulties since birth
- Nourishment refusal
- Body-wide rash
- Spitting

Perinatal anamnesis

- 2nd pregnancy, 1st delivery by in vitro fertilization
- 37th gestational week by caesarean section due to placenta praevia
- Birth weight: 2795 g / Apgar status: 9/10
- Weight: 3-10th percentile
- Length: 50-75th percentile

Previous medical history

- 8 weeks of age: baby's breathing monitor alerted, hypotonia → Nutriton thickener therapy → no sign of apnoea
- 4 months of age: bloating, spilling, refusal of eating, weight gain decrease → cow milk's protein allergy with lactose malabsorption → cow milk's protein free Pregomin formula
- 6 months of age: spitting only after water consumption, but weight gain is still in the 3-10th percentile

- 7 months of age: nourishment refusal, forced feeding, attention diversion, frequent weight measurement, continuous disappointment, criticism raised by family, lack of maternal self-confidence

- 10 months of age: vomiting, upper respiratory tract infection, failure to thrive → symptomatic treatment
- 12 months of age: complaint free, weight and length percentile constant, increasing feeding amounts

Parent-infant consultations

- Started at 7 months of age → 8 occasions were held
- Mental support and increasing maternal confidence in feeding related activities were our main task during the consultations.

Our main topics were:

- Lack of maternal self-confidence triggered by compliance constraints
- Criticism raised by personal environment
- Disappointment in maternal competency
- Trauma during pregnancy and delivery



CONCLUSION

While treating infant eating disorders, we should consider both medical and psychological factors to be effective. Parent-infant consultation is a crucial supplementary method in parallel with medical treatment.

Instead of focusing exclusively onto somatic symptoms we recommend to apply a **bio-psycho-social approach** to reach a most effective healing process.