PICKY EATER CHILDS, TERMINOLOGY AND HANDLING CASES

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ABSTRACT
Parents suffer from children who are considered picky eaters. Feeding difficulties are problems experienced by communities in general and households in particular. Moreover, evaluations of picky eating are reasonably extraordinary between young children. Despite, definitions and measures vary, evaluations of picky eating are little great in the preschool age group.[1]

KEYWORDS: Picky eaters, nutrition, fussy eating and growth.

1. BACKGROUND
Cambridge Dictionary defines the term "picky eater" as the terminology of "someone who is very careful about choosing only what he/she like".[2] In fact, kids are considered such picky eaters. Carruth BR, et al reported that this aspect won the attention of parents to their children aged between one and ten years old to be as high as 50%.[3] Statistics about this problem are scary. Anthony et al illustrated that children reported being picky eaters at any given age with a percentage that range between 13% and 22%. Recently, the incidence of this problem has decreased over time, but on the other hand, the rate of outbreaks has increased. Thus, picky eating is always a chronic problem with 40% having a duration of more than two years.[4]

The problem is concentrated on growth. Parents often concern when their kids' weight and height are not maintaining with their age. The despondency of parents about their picky kids is legitimate. This is because kids can suffer from serious health troubles such as episodes of infections and inconvenient food intake. These healthy issues with food are well-documented reasons for interrupted growth. Hence, nutritious insufficiencies may cause inappropriate growth. The immune system may be suffered because of loss of food leading to swelling opportunities for illness and infection. Other problems might occur which are impaired cognitive and emotional development. These problems might lead to improper growth. Moreover, according to healthcare principles, there are some common manners of picky eaters such as the following:
1- Eating small amounts of food.
2- Taking only specific kinds of foods.
3- Eating very little fruits and vegetables.
4- Denying to attempt new forms of foods.
5- Demanding food made in particular ways.
6- Presenting potent likes and dislikes for food.
7- Expressed tantrums when denied foods.[5]

Considering the factors that have an effect on growth is based on the golden rule that determines the first five years of a person's growth will determine 60% of final adult height.

2. Literature Review
This section presents a general literature review and previous researchers related to the objectives of this study. Many studies were concerned about picky eating. But, there is no standard framework to follow during the execution of studies. The studies vary in some aspects such as the ages of children under study and the period of picky eating needed for a case. Dubois et al reported that the attribution of children for every behavior class keep completely stable during the interval of study. The age of children conducted in the study was 4.5 years old. The study illustrated that picky eaters were twice as likely to be underweight at 4.5 years as children who were never picky eaters. Adjusted odds ratios exposed overeaters were six times more likely to be overweight at 4.5 years than were children who were never overeaters.[6] Another study was established by Jacobi et al to validate the notion of parent-reported picky eating utilizing objective and laboratory-based measures. In this study, 135 infants were observed from birth to 5.5 years. Developmental measures of picky eating were gathered from patterned feedings at ages of 3.5 and 5.5 years in the laboratory as well as at home. The results were evaluated based on Stanford Feeding Questionnaire and Children's Behavior Questionnaire. The results obtained were significant such
as picky eaters ate less food and refuse having vegetables. Besides, picky girls decreased their caloric intake during ages 3.5 and 5.5, unlike all other children where they increased their caloric intake. At the end, picky children presented more parent-reported negative affect than non-picky children.[7]

A recent study held by Cardona et al in 2015 suggested that picky eating is often a transient attitude and considered part of plain development in preschool children. The study group was involving about 4,018 participants of a population-based cohort. Records from pregnancy onwards were concluded. Picky eating was evaluated by maternal report at three ages for children which were 1.5, 3 and 6 years old. The relations of child and family characteristics with trajectories of picky eating were tested utilizing logistic regression. Never picky eaters were utilized as the reference group. Table (1) shows the prevalence of picky eating.

Table (1): Prevalence of Picky Eating.

<table>
<thead>
<tr>
<th>Category</th>
<th>Age</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.5</td>
<td>26.5%</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>27.6%</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

The study outlined four primary picky eating trajectories which were:

1. Never picky eating at whole estimations. In fact, this category represents the higher percentage which was 55% of children.
2. Remitting: this category contains the children until 4 years old. Indeed, the percentage was 32% of children.
3. Late-onset: this category contains children of age 6 years old only. The percentage of this group was 4%.
4. Persistent: this category contains children of all ages. The percentage was 4%.

This concludes that the category of never picky eating at whole estimations is the one with the highest percentage. Besides, the second category was remitting with an intermediate percentage. The third and fourth categories obtained equal percentages.[8]

In 2017, a study made by Walton et al to argue for a reconceptualization of picky eating whereby child agency is deemed according to eating preferences rather than grouped as compliant or non-compliant behavior. Moreover, the study aimed to defend the utilization of bi-directional relational approaches of causality and convenient framework for realization the parent-child feeding relevance. The study revised the present feeding literature and analyzed the core of child socialization literature. The authors conclude that a reconceptualization of picky eating might illustrate the impact that parental feeding behaviors and child eating attitudes have on each other. Hence, this might permit specialist in healthcare to advocate in improving healthy eating behaviors between children. This will result to minimize tension during mealtimes as well as interests of picky eating.[1]

3. DISCUSSION (Dealing with Picky Eaters)
Children of an age less than ten years old have a feeling of fussy eating. The responsibility is based on parents who have to be good role models of healthy eating. Parents should inspire eating environments characterized by inviting and with no tension. Researchers in healthcare studies advice that food have to never be made to reward, compel, or be a portion of a power fight among children and their parents. Specialists advise parents to obviate confusions during mealtimes such as watching televisions and playing with toys. Parents should present a neutral behavior and praise the child for self-feeding skills. Some behaviors might lead the child to unwanted results such as dealing with food as a prize, for comfort, or as an expression of parents’ emotion to children. These behaviors will increase the preference for specific kinds of foods just. Further, specialists tend to advise parents to make a schedule for meals as well as for snacks. Not only this, they do not hesitate to ask parents to learn their children to identify and distinguish hunger and eat accordingly. One of the important advises in this issue is restricting the duration of meals. Parents have to finish meals after twenty or thirty minutes, even if the child has eaten so little or nothing of the meal presented. Parents should present foods that are suitable for their children’ ages. Meanwhile, avoiding presenting many types of food at the same time. Then, improve the attitude in children to ask for extra helpings. Moreover, there are some bad behaviors practiced by children during eating their meals such as playing with served food as well as opening a lot of topics to talk about instead of eating. Specialists call on parents to promote independent feeding values for their children. This behavior will learn the child to ask for food and be independent.[1,3,9,10]

Saw Bee Suan, a dietetics assistant manager in Sunway Medical Center illustrated that picky eaters do not grow as per the growth chart. One of the things that she would ask the parents to do is giving their kids a complete and balanced nutritious milk. This is due to the fact that during the period of building up their food tolerance, children can consume nutritious milk to help them grow better. Saw illustrated that there is no single food that can give all the nutrients that the children need for development. The need for carbohydrate is for energy. Proteins for the building blocks of the body. Hence, balanced nutrition is important to support growth optimally. The advice is to make the food interesting in different shapes and different colors.[11]

4. CONCLUSION
It ought to be observed that there has been some key, pioneering, steps toward a bidirectional perspective on parent-child feeding interactions including providing children with choice, discussing rules and boundaries
surrounding food and emotional support during feeding interactions.

REFERENCES