THE CHILD CAIN'T CHEW: ANOTHER REASON FOR SELECTIVE EATING

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HYPOTHESES

➢ **POOR ORAL-MOTOR SKILLS/MECHANICS ARE INTEGRAL TO THE DX AND TX OF PEDIATRIC FEEDING DISORDERS.**
➢ **WHAT IF CHILDREN CANNOT ARTICULATE INABILITY TO EAT SAFELY, AND INSTEAD PRESENT PRIMARILY AS AVOIDERS/ RESISTERS?**

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ACQUISITION OF REQUISITE ORAL-MOTOR SKILLS TO SUPPORT AGE-APPROPRIATE, SAFE EATING IS WELL-DOCUMENTED (ARVEDSON & BRODSKY, 2001; SHEPPARD, 2008; MORRIS & KLEIN, 2000).

YET LITERATURE EXAMINING ORAL-MOTOR AS A KEY DX/TX ISSUE IS VERY LIMITED FOR PEDS OUTSIDE OF INFANTS:

- CINCINNATI CHILDREN'S HOSPITAL 2013: BEST INTERVENTIONS (35 BEHAVIORAL, 4 MISC, 3 BEH/OM, 1 OM, 1 INFANTS)
- CLAWSON ET AL. 2006: THREE CHILDREN WITH GOLDENHAR (OM+BEHAVIORAL STRATEGIES)
- GIBBONS ET AL. 2007: ONE CHILD WITH DOWN SYNDROME (OM+BEHAVIORAL STRATEGIES)

IN CONTRAST, LITERATURE ON BEHAVIORAL DX/TX IS HIGHLY PREVALENT:

- CCHMC 2013: BEST INTERVENTIONS = 80% BEHAVIORAL, 2% ORAL-MOTOR, 7% HYBRID

LITERATURE IN THE ADULT POPULATION IS MORE PREVALENT AND DIRECTLY IMPLICATING OM FUNCTION RELATIVE TO DIETARY INTAKE, SUCH AS:

- MANN ET AL. 2013: ASSOCIATION BETWEEN CHEWING AND SWALLOWING AND NUTRITIONAL STATUS IN OLDER ADULTS

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IN AN OUTPATIENT CLINICAL SETTING WITH A HETEROGENOUS POPULATION FROM INFANTS TO TEENS WITH HIGHLY DIVERSE DIAGNOSES, WE OBSERVED THAT THE VAST MAJORITY OF ACTIVE PATIENTS DRAMATICALLY LACKED AGE-APPROPRIATE ORAL-MOTOR/MECHANICAL SKILLS

- PRINCIPALLY, THEY LACKED THE ABILITY TO LATERALIZE AND CRUSH AGE-APPROPRIATE FOODS, REGARDLESS OF ETIOLOGY

THEY FREQUENTLY EXPRESSED NEGATIVE REACTIONS:

- **"IT'S DISGUSTING" "YUCK!" "IT SMELLS PURPLE"**
- **YELLING, SCREAMING, THROWING, TACIT AVOIDANCE, PUSHING AWAY, REFUSAL, SPITTING OUT**

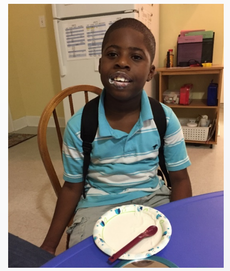
OBJECTIVES

REVIEW CURRENT LITERATURE PERTINENT TO THE ROLE OF ORAL-MOTOR DEVELOPMENT IN DX AND TX OF PFD.
COMPLETE A RETROSPECTIVE CHART REVIEW OF ACTIVE PATIENTS IN AN OUTPATIENT SETTING AND ASSESS INCIDENCE OF POOR ORAL-MOTOR SKILLS AS A KEY VARIABLE IN DX AND TX OF PFD.

METHOD: 5-YEAR RETROSPECTIVE CHART REVIEW

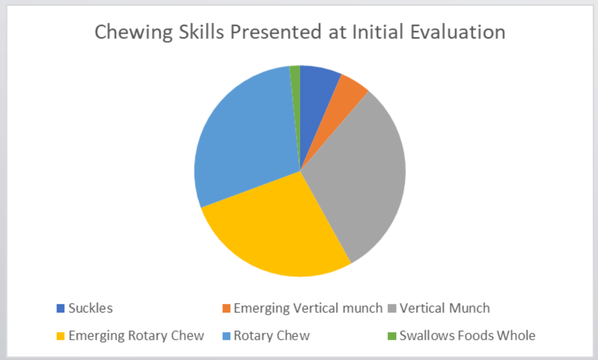
REVIEW ALL INTAKE EVALUATIONS OF ACTIVE PATIENTS,
- AGES RANGING FROM 7 MONTHS TO 15 YEARS
- ETIOLOGIES INCLUDING OUTCOMES OF PREMATURITY, SYNDROMES (DOWN, MOSAIC TURNER, ALAGILLE, BECKWITH-WIEDEMANN, GOLDENHAR), AUTISM, EOE, SEVERE REFLUX, FTT

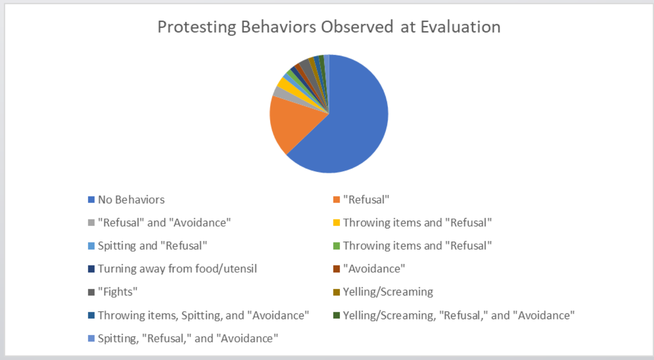
CODE FOR ORAL-MOTOR/CHEWING SKILLS.
CODE FOR TYPE(S) OF AVERSIVE REACTION.



RESULTS

N = 28
100% HAD SIGNIFICANT ORAL-MOTOR DEFICITS REGARDLESS OF ETIOLOGY OR AGE, BY SKILLED OBSERVATION
9 (30)% OF CASES WERE ALSO POSITIVE FOR REJECTION/AVERSION BY OBSERVATION AND REPORT
MOST INTERESTING: FOUR NEUROTYPICAL CHILDREN WITH UNDERDEVELOPED CHEWING PATTERNS "STUCK" ON PRIMITIVE DIETS OF SOFT, PROCESSED FOODS. E.G., 11-YO AND 15-YO OLD CHEWING AT A 24-MONTH VERTICAL MUNCH LEVEL.





CONCLUSIONS

FUNCTIONAL MECHANICAL DEFICITS ARE A KEY ASPECT OF PFD, ACROSS AGES, ETIOLOGIES, AND CO-MORBIDITIES.

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