

Avoidant Eating Behaviours

Understanding avoidant eating

Avoidant eating behaviour is seen in majority of children to some extent. Some may be slightly fussy about their foods, and some may have a strong disgust and fear of trying new foods. These responses are linked to sensory hyper-reactivity to sensory stimuli. Those who have problems with tastes, smells and the feel of things are more likely to be avoidant eaters. Some children will be mildly avoidant – usually described as ‘fussy eaters.’

Selective eating is a typical part of early childhood and degree of this may vary over time. It usually starts at around 18 months and peaks at around 3 years of age.

Most children with selective eating have a restricted but balanced diet, covering all major food groups.

If there is a concern about an extreme avoidant eating however, multivitamin supplementation and/or oral nutrition supplements may be considered to help meet their nutritional requirements.

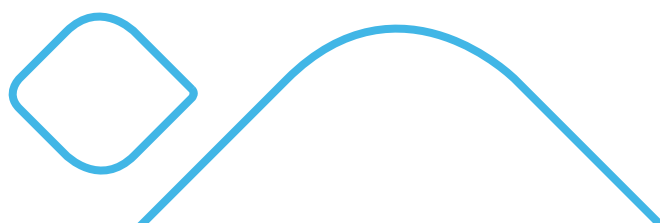
Avoidant Restrictive Food Intake Disorder (ARFID)

Not all children with feeding difficulties would be diagnosed with ARFID. It is only those with extreme avoidant eating behaviours.

ARFID is defined as a failure to meet nutritional needs leading to low weight, nutritional deficiency, dependence on supplemental feedings, and/or psychosocial impairment.

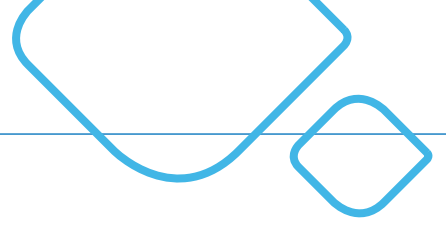
Symptoms to suggest a feeding difficulty:

- Failure to advance textures
- Prolonged breast or bottle feeding (excessive frequency/quantities according to age)
- Lack of appropriate independent feeding
- Nocturnal eating in toddler
- Prolonged mealtimes
- Disruptive and stressful mealtimes
- Need to distract your child to increase intake
- Food refusal lasting over 1 month



Differences in fussy eating and extreme food refusal (ARFID)

| | Fussy eating | Extreme food refusal |
|--|--|--|
| Range of foods | Mildly limited, often avoids bitter foods | Extremely limited, often eating only 5-10 foods, struggles with accepting new foods |
| Texture | Avoids stringy, bitty or slimy foods | Often only foods of a similar texture e.g. dry foods |
| Type | Can be varied | Often same texture, flavour, colour and temperature |
| Motivation to change | Will often copy others e.g. family members, peers | Not motivated to change, not interested in copying others |
| Rewarding good behaviour | Reward charts often work pretty well | Do not respond to reward charts |
| Neophobia stage (fear of trying new foods) | Will grow out of this phase | Will remain at this stage and the diet likely to become more restricted over time |
| Sensory sensitivity | May be some sensory issues around touching foods or gagging on lumps | A lot of sensory problems with foods; may also be over-sensitive to sounds, lights, touch and tastes |
| Environment | Eating better when surrounded by family or other children | Often struggles to eat around others and in busy environment; often only accepts specific foods to the environment e.g. certain foods at home and certain foods in school |
| Fearful response | Willing to try new foods if well motivated | Fear of trying new foods that look different to the usual presentation e.g. toast that is slightly darker than usual |
| Anxiety | None or just some mild anxiety | Extreme anxiety if offered new, unfamiliar or not liked foods |
| Brand and packaging | No limitations | Only accepts same brands of certain foods in the same packaging – perceived safety of the food |
| Introducing new foods | At meal times , variety of foods on the plate –it is not necessary to eat it all | Outside of meal times or very carefully during meal times– it is important not to put them off foods that they are already accepting as it could further reduce their nutritional intake |



Different Aspects of Avoidant Eating

- **Tastes**

Babies, children and adults all learn to like foods that they have been able to see, smell and taste; these senses are important right from the beginning.

Make sure that your child gets used to the smell and sight of the food that you want to feed them. Most children are also more likely to eat a food if they repeatedly see other people eating it.

- **Textures**

Babies who have most difficulty with textures are those who are sensory hyper-sensitive. Children who develop avoidant eating are more likely to have been sensory hypersensitive in the mouth as babies; they react strongly to the feel of food in the sides of the mouth. This is why avoidant children quite often keep to easy textured foods, or smooth purees; because of the 'mouth feel'. Quite often they will not move food from side to side in the mouth to chew it, but will try to swallow it whole.

Let your child get messy. Let them get to know the texture better. Let them touch and hold food, and get their fingers into whatever you are feeding them. Children can be encouraged to touch new and different textured foods through play (food play).

- **Oral Defensiveness**

Oral Defensiveness is an aversive response to touch sensations in and around the mouth which may cause extreme sensory, emotional and behavioural responses when eating. Use desensitization techniques to help improve their issues. You can find more information below.

- **Neophobic response**

A fear of new foods starts in most infants at about 18 months to two years. Even foods that have been accepted before might well be rejected, especially if they are prepared in a slightly different way. It usually resolves on its own with time. However, children with extreme food refusal will remain at the neophobic stage, and their diet is likely to become more restricted over time.

Model eating new foods at mealtimes with your child, and involve them wherever possible in touching, seeing and smelling foods. Try not to get cross about wasted food. Allow your child the foods that they will eat. Don't prompt, persuade, bribe or hide foods. The foods won't be accepted and this will make your child more anxious around mealtimes.

- **Sensory Issues**

Sensory hypersensitivity is an overreaction to sensory input from the world around us. Check whether or not your child seems to be very sensitive to mess, smell, touch, noise, light levels, crowded places. A child may be hypersensitive if they dislike getting their hands dirty, messy or sticky, refuse foods with lumpy textures or foods mixed together. They can struggle with teeth brushing, washing hair, having their nails cut and often find background noise (e.g. school, restaurant) overwhelming and uncomfortable.

To begin with, the most important of our seven senses, in terms of food acceptance are smell, taste and touch. If your child is hyper-sensitive to taste, smell and touch then they will not easily accept new foods when these are first introduced; they might overreact to the sensory input. This is why it is important to get your child accustomed to the smell and feel of foods- wherever possible

– even if they can't put the food in their mouth. **We have to desensitise a sensory sensitive child.**

As hypersensitive children get older and begin to be aware of how foods look, they may notice even very small changes to how their food looks. This is why food is rejected on sight.

Many children with avoidant eating have multiple sensory processing issues and a lack of awareness of hunger might be one of them. **Ensure that accepted 'safe' foods are always available.**

- **Appetite Regulation**

In the early years children can regulate their food intake and take in the 'right' amount of food for their energy and growth needs. But these growth and energy needs may differ from one child to another. **Do not prompt children to finish up what is on their plate; let them decide how much they need to eat.** Often if they miss a usual meal then they 'compensate' for this by eating more later on in the day or the following day.

Your child might eat more when they come home from school because they have not been able to eat at lunch time. Or they may eat more at nursery/school but less at home. **Make sure that avoidant children have access to small frequent meals and snacks throughout the day.**

Check with a dietitian to see if your child is getting the main vitamins and minerals that they need from their diet.

Avoidant children may suddenly refuse to eat one of their usual foods. That may be because in general if we eat the same food over and over again we are likely to lose our appetite for it.

Schedule regular eating and drinking opportunities including 3 main meals and 2-3 well-timed snacks plus drinks.

Unfortunately many other factors can reduce a child's appetite for food as well. Stress, illness, anaemia and constipation can all contribute to appetite loss.

Discuss your child's constipation with your GP and he will be able to prescribe some laxatives if required.

- **The Disgust Response**

Don't try to persuade a baby or child to eat a food that they dislike. But you can eat the food yourself to show them that it is safe to eat.

Sensory hypersensitive babies and avoidant children are more likely to show more extreme, and more frequent, disgust/distaste responses.

The more anxious the child, the more likely they are to show a disgust response. Anxious, stressful mealtimes make it all much worse!

Remember your child's perception is that a disliked food on the plate touching a liked food will contaminate the liked food and it won't be eaten.

The smell and sight of a food, the sound of someone eating, can all trigger the disgust response. It is even difficult to eat a liked food when you feel disgust.

- **Stress or/and anxiety**

Stress and anxiety can affect children's appetite. Some children may need a referral to a psychologist and behavioural therapy may be considered. This would usually include working on



graded exposure to new foods. Children with autism are particularly vulnerable to suffering stress and anxiety due to a desire for routine and predictability.

Sensory sensitivity, the neophobia response and anxiety are linked. The more anxious your child gets the more hyper-vigilant they become, and the more likely they are to refuse foods.


Think of ways in which anxiety levels around food and mealtimes can be reduced. Eating in a calm and relaxed environment can help manage anxiety e.g. playing relaxing music (for extreme avoidant child you may consider playing a favourite TV programme as well).

Advice for parents:

- **Encourage self-feeding.**
- **Expectations should be realistic:** children can sometimes feel overwhelmed by large quantities of food on their plate; consider age appropriate portion sizes; and make it achievable. You can find a lot of information about healthy eating and portion sizes for different age groups at <https://www.cwt.org.uk/publications/>.
- **Introduce new foods and select one target food at the time.** Start with food that is very close to an already accepted food. Try 'step by step to food acceptance' approach by letting your child to take some initial steps before tasting the food. These include: looking at the food, touching it, smelling, licking and biting. Enough time should be allowed until ready to swallow and eat the food.
- **Repeated exposure:** it may take up to 25 positive experiences of food to accept it
- **Taste trials:** combine with relaxation and desensitisation, continue introducing small amounts of the same food frequently (10-20 times) and ask your child to rate the food (0-10 scale). Rewards may be used with some children to reinforce their achievements.
- **Introducing new foods away from mealtimes may sometimes need to be considered.** Plan some taste tasting sessions between meal times and always try to have fun with it. Let them be messy. You can start off with some food play first and let the child play with the food you want them to try.
- If concerns about very selective food intake is due to sensory issues, consider how your child makes food choices to help trialling new foods ('food chaining' approach). Usually it is driven by a combination of texture, colour, temperature and smell of food.
- **Positive approach:** use positive comments and child-focused positive language i.e. 'if you eat more vegetables you will have more energy to ride your scooter', involve children in food-related games, preparation and gardening; organising tea parties and picnics.
- **Positive taste association:** vegetables prepared and initially offered with butter, oil, sugar or honey can increase acceptance; end the meal in a positive way e.g. comment on a good behaviour (sitting nicely) and offer a fun activity together before bed time.
- **Avoid negativity:** do not warn your child of the bad effect of eating unhealthy foods and don't label foods as healthy and unhealthy, it can decrease their fruit and vegetables intake;

ignore bad and praise good behaviour; don't over encourage or force your child to eat something or finish what's been offered.

- **Mealtimes:** keep it fun and limit the time to 30 minutes.
- **Respect the child's appetite and autonomy:** encourage to taste but let them choose what and how much they want to eat.
- **Promoting appetite:** encourage daily exercise, limit caloric drinks, limit cow's milk to less than 500mls per day depending on other dairy consumption and other calcium rich foods in the diet; keep clear structure of meals and snacks; limit the size of meals; serving vegetables first before the main meal can increase their consumption; avoid excessive fluid intake as it can fill the child up too much and reduce their appetite.
- **Parental modelling:** eat the foods that you'd like your child to try as often as possible in front of them and make positive comments.
- **Social food experiences:** children tend to eat more if eating with other people they know, admire, like i.e. parents, siblings, friends/peers; however, this approach may not apply to all children e.g. those with autism.
- **Focus on long term goals:** allow the child's preferred foods at mealtimes; meeting energy requirements to allow children to grow and thrive well always takes priority over increasing dietary range and variety of diet. Do not hide unexpected foods under the foods that your child is accepting (In the short term it may improve their nutritional intake but long term it may put them off the already accepted food and break their trust with you).
- **Desensitisation and messy food play:** initially food doesn't need to be eaten but it can help the child to learn to tolerate different textures, smells and tastes when eventually consumed.
- **Visual supports:** try to use schedules, choice boards and weekly menus. Picture Exchange Communication System (PECS) often helps children with autism and learning difficulties. Further details are available from the Dietitian.
- **Consistency:** change can be slow and expectations should be set realistically to maintain motivation. It is appreciated that helping your child broaden their food experience takes great effort, commitment and time. Consistency is the key to success and even with the smallest steps a big progress can be achieved.
- **New foods in new contexts:** introducing new foods during holidays or when starting new school/class may sometimes be easier than trying to change foods in familiar context (especially in children with ASD).
- **Give the child choice and control:** ask them for help when planning a meal e.g. which shape of pasta to cook or which vegetables they would like; let them decide where they want to sit at the table, which plate/cup/cutlery they want to use or how the food is served on their plate.

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- If you are concerned about inadequate micronutrients intake **consider multivitamin/single nutrients supplements** i.e. iron, calcium. There are different types available e.g. drops, syrup, chewable, powders, patches or sprays.
 - If there is a concern about inadequate energy intake **increase the volume of the accepted foods or consider food fortification** (adding high energy foods such as cheese and nut butters to meals and snacks).
 - Changes in parental attitude require a large investment of time, energy and self-discipline. Discuss any questions or concerns and support that you may need with a health professional e.g. Health Visitor, GP or your dietitian.

Your child's eating pattern is not your fault! It is due to many other factors and often genetically determined.

Other family members need to understand that an extreme avoidant eating is not a choice that your child is making. It is not something that you, or they, can control. Talk to everyone involved in your child's care. Make sure they understand the problem. Ask for their support and **point out which behaviours are helpful, and which are not.**

School also needs to know about your child's needs. These may well conflict with the school's healthy eating programme hence they may need a letter from one of your health care providers such as GP, Paediatrician or Dietitian. Those children who do not have access to their accepted foods in a stress-free environment are in danger of weight loss, and poor concentration in class

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