

**Title:** *Understanding Pediatric Feeding Disorder and Defining OT's Role in the Multidisciplinary Plan of Care*

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**Description:** Pediatric Feeding Disorder (PFD) is a new ICD-10 diagnosis involving multiple systems that promotes multidisciplinary collaboration. Learn what role the Occupational Therapy Practitioner plays in the medical team when treating children with PFD and how to advocate for clients and families with this new diagnosis.

**By the end of this presentation, attendees will be able to...**

1. Define the ICD-10 PFD diagnosis.
2. Understand OT's role in the evaluation and treatment of PFD.
3. Discuss current evidence pertaining to PFD.
4. Learn why and how to be a PFD advocate.

**What is PFD?**

- PFD is defined as *impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction* (Goday, P. S., et al., 2019, p125).
- PFD consists of 4 domains: medical, nutritional psychosocial, and feeding skill<sup>16</sup>
- PFD unites previously fragmented definitions and perspectives of feeding disorders under one diagnosis
  - Communicates need for interdisciplinary care
  - Defines PFD as a stand-alone diagnosis, rather than a symptom of another problem.<sup>16</sup>
- 1 in 37 children are believed to meet criteria for a PFD diagnosis.<sup>18</sup>

**Diagnostic Criteria**<sup>16</sup>

1. A disturbance in oral intake of nutrients, inappropriate for a child's chronological age (vs. developmental age), lasting at least 2 weeks and associated with 1 or more of the following:

- **Medical dysfunction**, as evidenced by the following:
  - ✦ Cardiorespiratory compromise during oral feeding
  - ✦ Aspiration or recurrent aspiration pneumonitis
- **Nutritional dysfunction**, as evidenced by any of the following:
  - ✦ Malnutrition
  - ✦ Specific nutrient deficiency or significantly restricted intake of one or more nutrients resulting from decreased dietary diversity
  - ✦ Reliance on enteral feeds or oral supplements to sustain nutrition and/or hydration
- **Feeding skill dysfunction**, as evidenced by any of the following:
  - ✦ Need for texture modification of liquid or food
  - ✦ Use of modified feeding position or equipment
  - ✦ Use of modified feeding strategies
- **Psychosocial dysfunction**, as evidenced by any of the following:

- ✘ Active or passive avoidance behaviors by child when feeding or being fed
- ✘ Inappropriate caregiver management of child's feeding and/or nutrition needs
- ✘ Disruption of social functioning within a feeding context
- ✘ Disruption of caregiver-child relationship associated with feeding

2. The impaired oral intake occurs in the absence of the cognitive processes consistent with eating disorders. The pattern of oral intake is not due to a lack of food or congruent with cultural norms.

### **Occupational Therapy's Role**

Occupational therapy practitioners are responsible for facilitating function and/or independence with feeding, eating, and swallowing while considering our scope within the *Occupational Therapy Practice Framework: Domain and Process* (4<sup>th</sup> Edition).<sup>2</sup>

#### OT's role – Feeding Skill Domain

- Addressing performance skills required for feeding, eating, and swallowing

#### OT's role – Medical Domain

- Feeding, eating, and swallowing are impacted by and impact multiple bodily systems including the endocrine, gastrointestinal, neurological, cardiopulmonary, immunological, psychosocial, and otolaryngological/oropharyngeal systems.<sup>1</sup>
- OTs receive referrals from a medical provider if PFD is identified in a client.
- OTs also refer to medical providers when treating a client with PFD to support medical aspects of care, i.e. gastroenterology, otolaryngology, pulmonology, immunology concerns, etc.

#### OT's role – Nutritional Domain

- Nutrition is a vital necessity for growth and development in childhood.
- RDs can collaborate with the OT regarding the family's lifestyle, beliefs, and values around food and mealtime.
- RDs may also refer to OTs when a recommended diet is not currently being followed due to deficits in feeding skills, oral aversion, and/or dysphagia.
- OTs may refer to an RD when a client has a limited diet, is losing or not gaining weight, has low food volume intake, and/or is suspected of having poor nutritional intake.
- OTs and RDs may work closely together when working towards enteral feed weaning.

#### OT's role – Psychosocial Domain

- Feeding, eating and swallowing challenges can be psychologically stressful for both child and caregiver.<sup>24, 25</sup>
- Psychologists and other mental health professionals are an important part of the PFD team to address challenging mealtime behaviors and to support families of children with PFD.
- OTs may also support clients with PFD by teaching coping and emotional regulation skills to manage anxiety during mealtimes.

- Mental health professionals may refer to OTs when there is a suspected feeding skills deficit involved and/or when a sensory-behavioral approach is needed to support treatment of oral aversion or restrictive eating patterns.
- OTs may refer to mental health professionals to support with client and family emotional processing of psychosocial impacts of PFD.

## Assessment of PFD

### Medical Domain

- ❖ Monitoring of vitals during feeding (O2 monitor, heart rate monitor, etc.)
- ❖ Weight/growth
- ❖ Blood labs
- ❖ Instrumental assessment of swallow functioning
  - ❖ Modified Barium Swallow Study (MBSS)/Videofluoroscopic Swallow Study (VFSS)<sup>3</sup>
  - ❖ Fiberoptic Endoscopic Evaluation of Swallowing (FEES)<sup>3</sup>
- ❖ Infant Child Feeding Questionnaire (ICFQ)

### Nutritional Domain

- ❖ Calorie intake/energy expenditure analysis
- ❖ Blood labs
- ❖ Diet logs<sup>3</sup>

### Psychosocial Domain

- ❖ Parenting Stress Index
- ❖ Behavioral Pediatric Feeding Assessment Scale (BPFAS)<sup>3</sup>
- ❖ Clinical observations of mealtime
  - ❖ Parent-child interactions
  - ❖ Child behavior

### Feeding Skill Domain

- ❖ Oral Motor Skills Assessments
  - ❖ Child Oral Motor Proficiency Scale (ChOMPS)
  - ❖ Oral Motor Assessment Scale (OMAS)
  - ❖ Beckman Oral Motor Protocol assessment
- ❖ Other feeding skills assessments
  - ❖ Pediatric Eating Assessment Tool (PediEAT)
  - ❖ Child Sensory Profile 2
  - ❖ Early Feeding Skill Assessment (EFS)
  - ❖ Clinical observations during feeding

## **Treatment of PFD**

### Medical Domain

- ❖ System function management through medication
- ❖ Interventions for medical conditions which are contributing to PFD
- ❖ Placement of alternative means of feeding

### Nutritional Domain

- ❖ Prevention of malnutrition, overnutrition, dehydration.
- ❖ Dietary changes

### Psychosocial Domain

- ❖ Psychologists and other mental health professionals can provide counseling to caregivers and/or the child.
- ❖ OTs can address psychosocial aspects of mealtime by...
  - Supporting emotional and sensory regulation during meals
  - Using psychosocial/behavioral strategies
  - Modifying feeding schedule and environment

### Feeding Skill Domain

- ❖ Developmental intervention
- ❖ Oral motor skill development
- ❖ Dysphagia treatment
- ❖ Oral-sensory interventions

## **Challenges of Multidisciplinary Care**

- ❖ Insurance coverage limiting provider access
- ❖ Providers working in silos in the community with limited access to other providers
- ❖ Healthcare system barriers to interdisciplinary collaboration
- ❖ Dearth of providers qualified to address PFD
- ❖ Time limitations of providers
- ❖ Lack of awareness of needs of clients with PFD

## **Why be a PFD Advocate?**

- ❖ Advance care for our patients with PFD
- ❖ Help families receive better access to insurance coverage through the PFD diagnosis
- ❖ Demonstrate the prevalence of PFD and the need for more research in this area
- ❖ Increase other providers' knowledge and understanding of this patient population through interprofessional collaboration.
- ❖ Help families of children with PFD [find support](#).

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