Food allergies and feeding difficulties

Supporting allergic paediatric patients in a complex feeding difficulties clinic – a multidisciplinary approach to food allergy management

'Feeding difficulties' is a term cited within paediatric literature regularly, and something paediatric dietitians will be familiar with managing. In practice, it is recognised that this broad term can encompass a wide range of challenges or differences with a child's feeding, with multiple, possible contributory factors. One notable prerequisite for feeding difficulties or differences in children, is a diagnosis of food allergy.

Prevalence of feeding difficulties in children with food allergy

Data suggests between 25-50% of typically developing children are affected by feeding difficulties,[1] however, this figure increases to as high as 94% in children with certain allergic manifestations including Eosinophilic Gastrointestinal Diseases (EGIDS).[2] Within a specialised feeding clinic (The Feeding Trust), a service evaluation found up to 60% of children being managed for complex feeding difficulties had a current or prior diagnosis of food allergy.

Studies to date have highlighted notable associations between food allergy diagnosis and feeding challenges. Common themes across these papers include:

- Increased mealtime behaviour concerns[3] and dysfunctional eating behaviours[4]
- Avoidance of tolerated foods and food aversion[4]
- Increased likelihood of feeding challenges correlated to the number of foods requiring avoidance[5]
- Feeding problems closely related to symptoms of food allergy, particularly gastroesophageal reflux, vomiting, and constipation[6]

A recent paper has also highlighted that feeding challenges can persist, even when a child has been able to reintroduce an allergen into their diet. Children diagnosed with Cow's Milk Protein Allergy between 0-2 years were found to have altered nutritional habits and eating behaviours, →

Table 1. Common Themes and Considerations in Children with Food Allergies

Common Themes	Considerations
Aversive feeding experiences	• Disruption to normal feeding development • Learnt avoidance • Trauma
Food exposure	• Restricted nature of diet • Delayed progression through weaning • Pressure with early allergen exposure • Limited food range to 'safe' food only • Separate meals and/or eating environments • Fear of the unknown • Treated differently around food occasions
Parent-child dyad at mealtimes	• Trauma (parents and/or child) • Attachment and attunement disruption • Difficulty establishing responsive feeding • Maladaptive parents feeding strategies (often reinforced repeatedly over time)
Symptoms (past and current)	• Functional gastrointestinal complaints e.g. constipation • Abdominal pain • Reflux • Eczema • Limited appetite • Dysphagia • IgE reactions to food e.g. mouth, lip swelling
Skill deficits or sensory factors	• Hyperarousal and hypervigilance • Delay in skill acquisition at mealtimes • Sensory factors • Interoceptive challenges associated with symptoms e.g. constipation
Food and/or mealtime safety	• Lack of certainty • Conflicting food/mealtime messages • Anxiety and nervous system dysregulation • Language differences around food

Figure 1. An Example of How a MDT Work Together to Provide Support for Allergic Patients Allergies

Dietitian	Speech and Language Therapy	Psychology	Occupational Therapy
E.G. • Manage growth concerns • Optimise micronutrient status • Guide on suitable foods for exposure and support dietary liberalisation • Education and reassurance on portion sizes, routines, food groups	E.G. • Address any feeding skill deficits, and provide activities around experience building with food/textures • Guide on communication strategies for mealtimes • Support routines and structure	E.G. • Interventions to support anxiety management or background e.g. trauma • Support around identity, confidence, integration • Family based interventions • Parenting support • Work to manage concerns around allergen reintroductions	E.G. • Bespoke sensory diet (if needed) • Support strategies for regulation and co-regulation • Optimise postural and seating requirements • Support body self awareness and interception

* MDT assessment process – inclusive on input from all professionals
* Standardised outcome measures e.g. Feeding Difficulties Impact Scale
* Individualised treatment approach and goals
* Collaborative working to ensure consistent support and messages from all team on general factors such as; family mealtimes, routines, language food exposure, creating learned safety at mealtimes, goal setting, reviewing mealtimes videos, parental feeding style, liaison with Allergy Team/Paediatricians
* Clinician specific support, whilst maintaining joint working and goals

resulting in growth restriction and insufficient intake of micro and macronutrients between the ages of 2-6 years.[7]

How and why do feeding challenges present in children with food allergies?

Given the increased risk of feeding difficulties for children with food allergies, it's helpful to reflect on the factors that may be contributing to the spectrum of challenges that can be observed. In practice, gaining an understanding of these and being able to relate this back to a child's history is fundamental in the assessment process. Within a complex feeding clinic, the common themes evident in children with food allergies, and their corresponding considerations are shown in Table 1.

As with any aetiology, children may present within a spectrum of feeding difficulties. Identification of when to refer on, especially for an assessment by multiple professionals can be a beneficial process,[5] and worth consideration for dietitians working within allergy clinics who may be resource-limited.

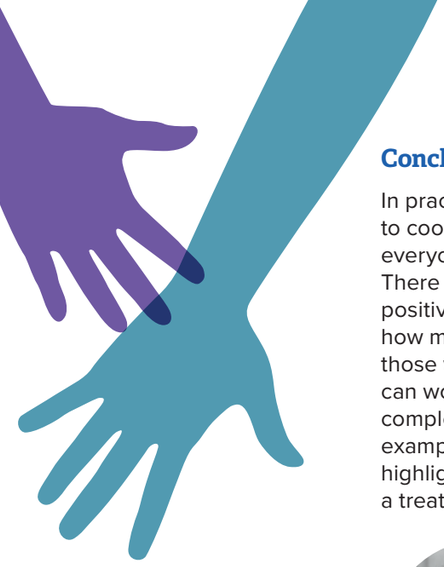
Following a thorough assessment process, by a multidisciplinary team, a formalised diagnostic term may be used to describe a child's feeding difficulties. These may include:

- Paediatric Feeding Disorder (PFD) – the diagnostic criteria recognise medical factors, such as allergy, that have contributed to a child's eating challenges[8]
- Avoidant Restrictive Food Intake Disorder (ARFID) – in some centres up to 30% of children receiving intensive feeding therapy for ARFID also have food allergies[9]

A helpful comparison of these two diagnoses, which do present with some overlaps, can be found from 'Feeding Matters'.[10]

Multidisciplinary management of complex feeding difficulties in food allergy children

It is well recognised that optimal and successful management of children with feeding difficulties is best achieved with an MDT approach.[5] A model for an integrated treatment approach for feeding difficulties can be demonstrated within centres, such as The Feeding Trust.[11] Figure 1 above outlines an example of how multiple professionals can work together to provide support for allergic patients within a specialist feeding clinic. This provides an overview of the input and roles of clinicians involved.



TAKE-HOME POINTS

- Food allergies and feeding difficulties present a double-edged sword for children; both are associated with reduced dietary range, increased risk of nutritional deficiencies, and growth and developmental concerns.
- Awareness of the impact of food allergies on the risk of feeding difficulties can support early and proactive intervention in children.
- Consider asking about feeding in more detail when reviewing children in a dietetic allergy clinic.
- Liaise closely with your paediatrician to optimise allergy management and symptom control as early as possible.
- Work towards collaborative or integrated assessment and/or intervention with psychology, speech and language therapy (SLT) and occupational therapy (OT) for children presenting with more complex feeding difficulties.
- Consider parental resources such as webinars or short videos to support children and their families.

Conclusion

In practice, it may be challenging to coordinate the input and roles everyone plays within a MDT. There is scope however, to support positive outcomes by considering how members of a MDT, including those with feeding experience, can work jointly with children with complex feeding difficulties. For example, identifying specific clinics, highlighting referral criteria, or finding a treatment pathway.

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Continued Professional Development

1. Outline 5 reasons why children with food allergies present a higher risk of developing feeding difficulties.
2. Consider 3 questions that could be included within a dietetic allergy consultation to explore whether there are any early signs or symptoms of feeding difficulties.
3. Within your area of practice e.g. hospital, community, explore which professionals may be suitable for onward referral for children presenting with more complex feeding difficulties.

References

1. *Benjasuwantep B, et al. Feeding problems in healthy young children: prevalence, related factors and feeding practices. Pediatr Rep. 2013;13;5(2): 38-42.*

2. *Chehade M, et al. Feeding difficulties in children with non-IgE-mediated food allergic gastrointestinal disorders. Ann Allergy Asthma Immunol. 2019;122(6):603-609.*

3. *Herbert LJ, et al. Mealtime behaviour among parents and their young children with food allergy. Ann Allergy Asthma Immunol. 2017;118(3):345-350.*

4. *Gargano D, et al. Food Allergy and Intolerance: A Narrative Review on Nutritional Concerns. Nutrients. 2021;13(5):1638.*

5. *Meyer R, et al. Feeding difficulties in children with food protein-induced gastrointestinal allergies. J Gastroenterol Hepatol. 2014;29(10):1764-9.*

6. *Sdravou K, et al. Children with diseases of the upper gastrointestinal tract are more likely to develop feeding problems. Ann. Gastroenterol. 2019;32:217.*

7. *Ercan N & Tel Adıgüzel K. Effect of early childhood cow's milk elimination diet on eating behaviours, nutrition and growth status at age 2-6 years. J Hum Nutr Diet. 2022;35(2):300-309.*

8. *Goday PS, et al. Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework. J Pediatr Gastroenterol Nutr. 2019;68(1):124-129.*

9. *Patrawala MM., et al. Avoidant-restrictive food intake disorder (ARFID): A treatable complication of food allergy. J Allergy Clin Immunol Pract. 2022;10(1):326-328.e2.*

10. *www.feedingmatters.org – accessed Aug 2022.*

11. *www.feedingtrust.org – accessed Aug 2022.*

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