Co-Morbidities in PFD

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Disclosures: Natalie & Lucy are both paid employees of The Feeding Trust, the UK charity for PFD.

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Disclosures

Natalie Raven Morris

Financial: Employed by the Feeding Trust

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Lucy Bates

Financial: Employed by the Feeding Trust

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Hannah Daws

Financial: None

Non-financial: Parent of child with PFD

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Learning Objectives

1) Recognise common comorbidities associated with Paediatric Feeding Disorders and their prevalence
2) Explain how comorbid conditions contribute to feeding difficulties
3) Implement changes in treatment for PFD to incorporate challenges related to the most prevalent comorbidities.
4) Hear about a parents perspective on how co-morbidities affected their child's PFD presentation

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Co-Morbidities in the Context of PFD

Aims

This study sought to examine the prevalence of comorbid conditions in children and young people with PFD, using health records from a third sector feeding clinic in the UK.

The primary goals were to assess:

(a) the prevalence of comorbidities in PFD, and

(b) the number of comorbidities present for children and young people (CYP).

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Method & Design

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- Retrospective population-based cohort study
- 51 patients seen by The Feeding Trust, between 2016 to 2022, between ages 1-16 years old.
- The children and young people (CYP) resided at various locations throughout the UK and had travelled to Birmingham to attend the clinic.
- Inclusion criteria: children diagnosed with PFD by the Feeding Trust with inadequate dietary diversity, up to 18 years of age, any demographic, any comorbidity, and any anthropometric measurements.
- Any child with or without a comorbidity and with more than one comorbidity were eligible for inclusion in this study.

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Comorbidities

- A comorbid condition was specified as a diagnosis that participants were given by a health professional, such as a paediatrician, dietitian, speech-language or occupational therapist.
- Over 30 different diagnoses were identified.
- These were organised into categories using the Goday case report form.
- Medical / Nutritional / Feeding Skill / Psychosocial

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Diagnostic Criteria for PFD based on Goday 2022

Medical	Nutritional	Feeding Skill	Psychosocial
Aerodigestive (including airway and gastrointestinal) Oral/nasal/pharyngeal disorders	Micro-nutrient	Under/over responsive sensory processing	Mental health diagnosis (anxiety, depression, eating disorder)
Congenital and other heart disease	Macro-Nutrient	Impairments in motor functioning	Social (caregiver-child dyad)
Neurodevelopmental eg ASC, CP, ADHD	Inadequate dietary diversity	Unsafe / inefficient oral feeding	Environmental (feeding environment, schedules and behaviour)
Latrogenic (hospitalisation, including prematurity)		Delayed feeding skills, including self-feeding	

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Results

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Summary

- 100% had skill-based difficulties
- 96% had a medical condition
- 51% had a psychosocial condition
- 20% had nutritional deficiencies
- 84% of the cohort were aged 9 and under
- No gender skew
- High prevalence of multiple co-morbidities (between 3-11)

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Medical

- Learning difficulties/developmental delay 59%
- Gastro (reflux and/or vomiting) 57%
- Gastro (constipation) 43%
- Neurodevelopmental (ASC) 41%
- Craniofacial 25%
- CMPA 25%

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Nutritional

- 100% inadequate dietary (<10 foods)
- 84% of the cohort had a healthy BMI
- 18% iron deficiency anaemia
- 2% vitamin D deficiency

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Skill Based

- Overall, 100% of the cohort presented with sensory processing differences, that impacted on skills development
- 59% had combined motor and modulation differences
- 39% had sensory modulation difficulties (under/over-responsive)
- 57% had oral skill delay

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Psychosocial

- 31% sleep disorders
- 31% anxiety
- 14% eating disorder (ARFID)
- 2% depression

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Discussion

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Summary

Our results showed that the skills-based and medical domains are the most significant co-morbidities associated with PFD. Sensory processing difficulties (skill-based) were the most prevalent comorbidity, followed by neurodevelopmental conditions and gastrointestinal disorders (medical).

- Challenges using the Goday framework – crossover between domains eg CMPA
- Sensory processing as a diagnosis and contributing factor

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Conclusion

These findings provide evidence of the high prevalence of sensory processing difficulties, neurodevelopmental differences, gastrointestinal disorders and other medical conditions, in CYP with PFD.

This clinical evidence could be used to support early identification of the potential predictors / risk factors for PFD. It also highlights the importance of considering these comorbidities during assessment and when planning treatment.

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THANK YOU

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