

# DISCLOSURE BELANGEN SPREKER

**Geen (potentiële) belangenverstrengeling**

Voor bijeenkomst mogelijk relevante relaties |  
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1. Sponsoring of onderzoeksgeld
2. Honorarium of andere (financiële) vergoeding
3. Aandeelhouder
4. Andere relatie, namelijk

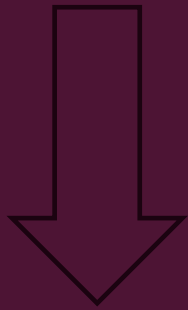
1. NVT
2. NVT
3. NVT
4. NVT



BEHANDELEN OF  
*NIET* BEHANDELEN?

WIE *WEL* ... WIE *NIET* ?

VOEDINGS-  
STOORNIS IN DE  
VROEGE  
KINDERLEEF TIJ D



ARFID



# 2 STUDIES (2022:N=236; 2023:N=252)

frontiers | Frontiers in Pediatrics

ORIGINAL RESEARCH  
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## Feeding/Eating Problems in Children Who Refrained From Treatment in the Past: Who Did (Not) Recover?

Eric Dumont<sup>1,2,3\*</sup>, Anita Jansen<sup>1</sup>, Pieter C. Duker<sup>1</sup>, Daniel M. Seys<sup>1</sup>, Nick J. Broers<sup>4</sup> and Sandra Mulken<sup>1,2,3</sup>

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**OPEN ACCESS**

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**Background:** Young children with disordered feeding may be at increased risk for problematic eating in the future. This retrospective study attempts to identify predictors of later feeding problems.

**Objectives:** Children ( $N = 236$ ) with disordered feeding, who refrained from behavioral treatment after consultation at a tertiary treatment center for feeding and eating problems were followed-up after, on average, 6 years and 3 months (timepoint 2).

**Method:** Logistic regressions were carried out with characteristics taken at intake (timepoint 1)—sex, pre/dysmaturity, gastro-intestinal disease, history of age-adequate feeding, syndrome/developmental impairment, autism spectrum disorder, comorbidity, age, and several variables of a restrictive- and selective food intake—and duration between timepoint 1 and 2, as predictor variables, and age-appropriate food intake at t2 as the dependent variable.

**Results:** Despite improvement over time, 63% did *not* reach an age-adequate food intake at t2. Predictors of age-inadequate food intake were: (a) older age; (b) sex (male), (c) longer duration between timepoint 1 and timepoint 2; (d) autism spectrum disorder; (e) selective texture choices and (f) lack of varied nutritional intake.

**Conclusion:** This study shows that most untreated young children's feeding problems do not improve over years. Besides the advice to seek help at an early age, it seems especially recommended to treat (male) children with autism spectrum disorder and selective feeding patterns.

**Keywords:** Avoidant/Restrictive Food Intake Disorder, children, predictors, feeding or eating problems, behavioral treatment



### OPEN ACCESS

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## Feeding/Eating problems in children: Who does (not) benefit after behavior therapy? A retrospective chart review

Eric Dumont<sup>1,2,3\*</sup>, Anita Jansen<sup>1</sup>, Pieter C. Duker<sup>1</sup>, Daniel M. Seys<sup>1</sup>, Nick J. Broers<sup>4</sup> and Sandra Mulken<sup>1,2,3</sup>

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**Background:** Treating disordered feeding at a young age reduces risks of future feeding problems, but not all children profit equally; can we define predictors of a worse prognosis?

**Objectives:** In 252 children, with a mean age of 4; 7 years (SD = 3 years; range 5 months to 17; 10 years), who had undergone behavioral day treatment in the past, several variables were investigated, retrieved from initial consultation (t1) and re-assessed at follow-up (t2).

**Method:** Logistic regressions were carried out with sex, gastro-intestinal problems, refusal of the first nutrition, syndrome/intellectual disability, Down's syndrome, autism spectrum disorder, comorbidity of medical diseases (other than gastro-intestinal problems), restrictive caloric food intake and selective food intake, as the predictor variables from t1, and age-appropriate food intake at t2 as the dependent variable. The potential role of sensory processing problems was reviewed at t2.

**Results:** About 73% had improved towards an age-appropriate food intake. Sex (boys), syndrome/intellectual disability, and a lack of varied nutritional intake at t1 were predictors of a worse prognosis. We found a small, but significant correlation between current selective eating patterns and general sensory processing problems.

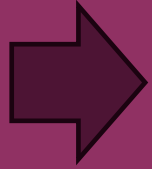
**Conclusion:** Feeding disordered children, especially boys, with intellectual disabilities or selective eating patterns are at risk for not achieving an age-adequate food intake at a later age, despite behavioral treatment.

### KEYWORDS

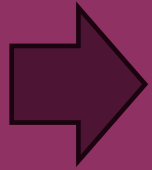
ARFID, behavior therapy, pediatric feeding problems, predictors, prognosis, avoidant/restrictive food intake disorder, treatment

### Abbreviations

APA, American psychiatric association; ARFID, avoidant/restrictive food intake disorder; AAFI, age appropriate food intake; ASD, autism spectrum disorder; CBT, cognitive-behavioral therapy; DSM-IV-TR, diagnostic and statistical manual of mental disorders, fourth edition, text revision; DSM-5, diagnostic and statistical manual of mental disorders, fifth edition; GIPI, gastro-intestinal problems; ICD-10, international classification of diseases and related health problems, tenth edition; ID, intellectual disability; LOVNI, lack of varied nutritional intake; RCFI, restrictive caloric food intake; SD, standard deviation; SFI, selective food intake; SFRQ, sephuzem food refusal questionnaire; SP, sensory profile; SPP, sensory processing problems; STC, selective texture choices; SynID, syndrome and/or intellectual disability; t1, time point 1; t2, time point 2.



**WEL/GEEN (C)GT**  
EFFECTEN OP LANGERE TERMIJN



**VOORSPELLERS VOOR:**  
SPONTAAN HERSTEL; *JA/NEE*  
BEHANDELRESULTAAT;  
ARFID IN REMISSIE; *JA/NEE*



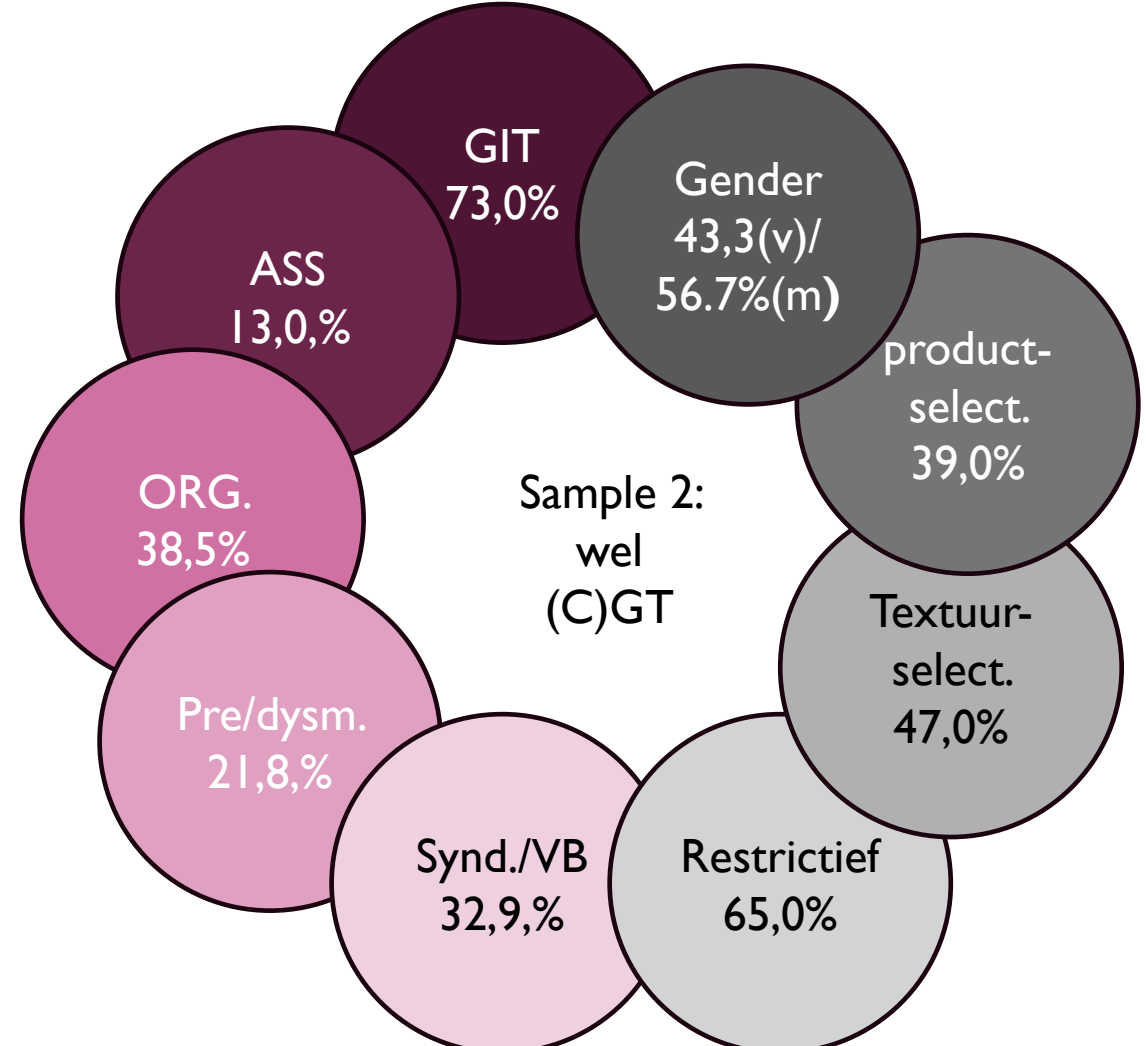
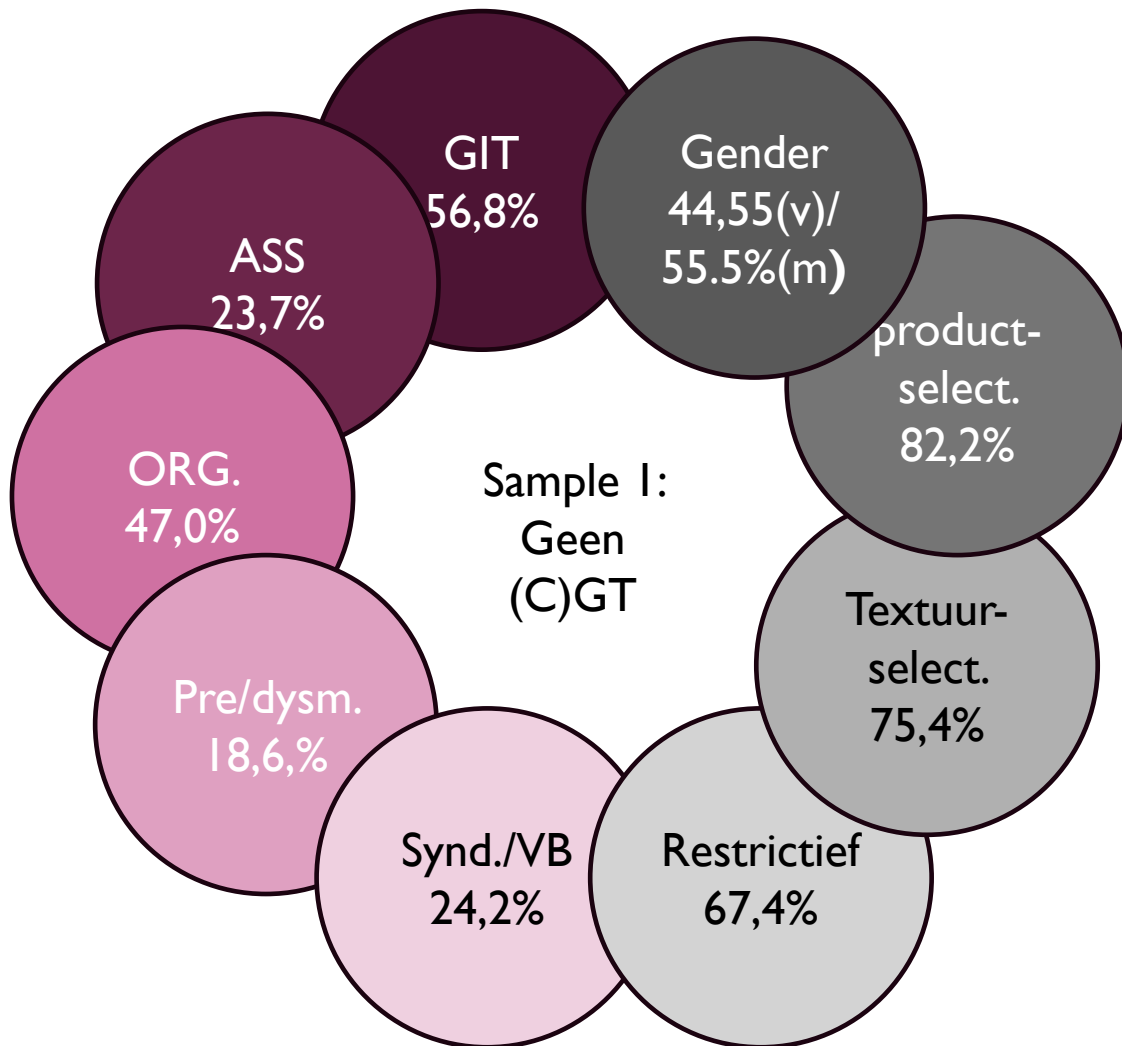
**RELATIE TOT TYPE EETGEDRAG:**  
*SELECTIEF*; VARIATIE EN TEXTUUR  
*RESTRICTIEF*; SONDE/MEDISCHE  
VOEDING AFHANKELIJKHEID





- ➔ DOELGROEP KINDEREN (GEM 4;7 J, RANGE 0,5 T/M 17 J)
- ➔ ERNSTIGE VOEDINGSPROBLEMEN (ARFID)
- ➔ (C)GT INTERVENTIE: JA/NEE
- ➔ JA: TOEGEPASTE GEDRAGSANALYSE / (C)GT IN 3-LIJNS BEHANDELCENTRUM

# POTENTIËLE VOORSPELLERS OP BASIS VAN LITERATUUR ONDERZOEK & SAMPLE OVERZICHT



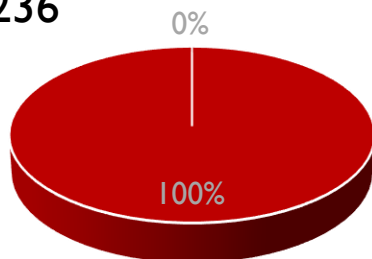
# ARFID IN REMISSIE ?

Aanmelding (t1)

6;4 jaar

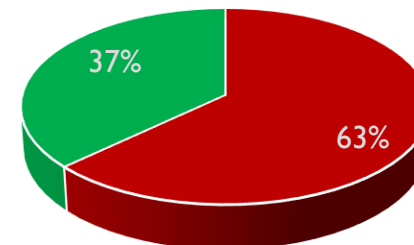
Evaluatie (t2)

N=236



- ARFID
- ARFID in remissie

**Geen (C)GT**



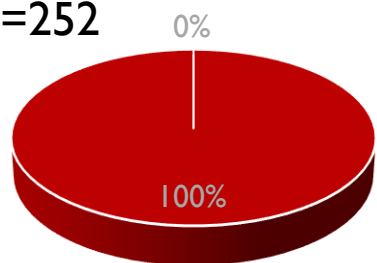
- ARFID
- ARFID in remissie

Aanmelding (t1)

4;7 jaar

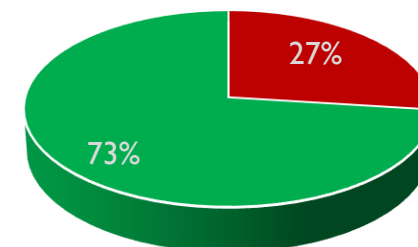
Evaluatie (t2)

N=252



- ARFID
- ARFID in remissie

**Wel (C)GT**



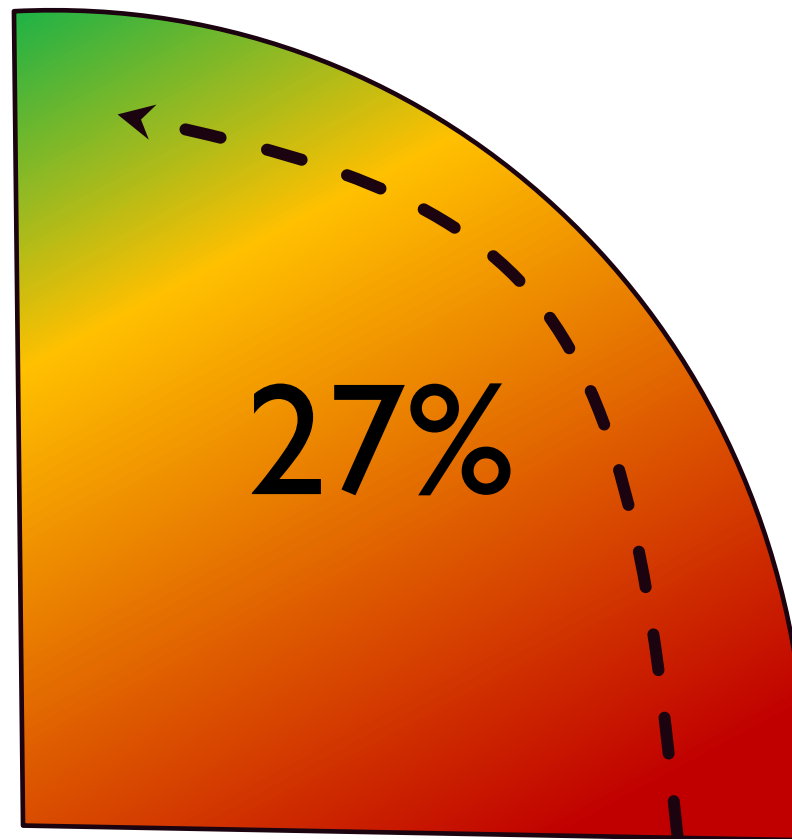
- ARFID
- ARFID in remissie



# MINDER RESPONDEREN OP CGT OP LANGERE TERMIJN

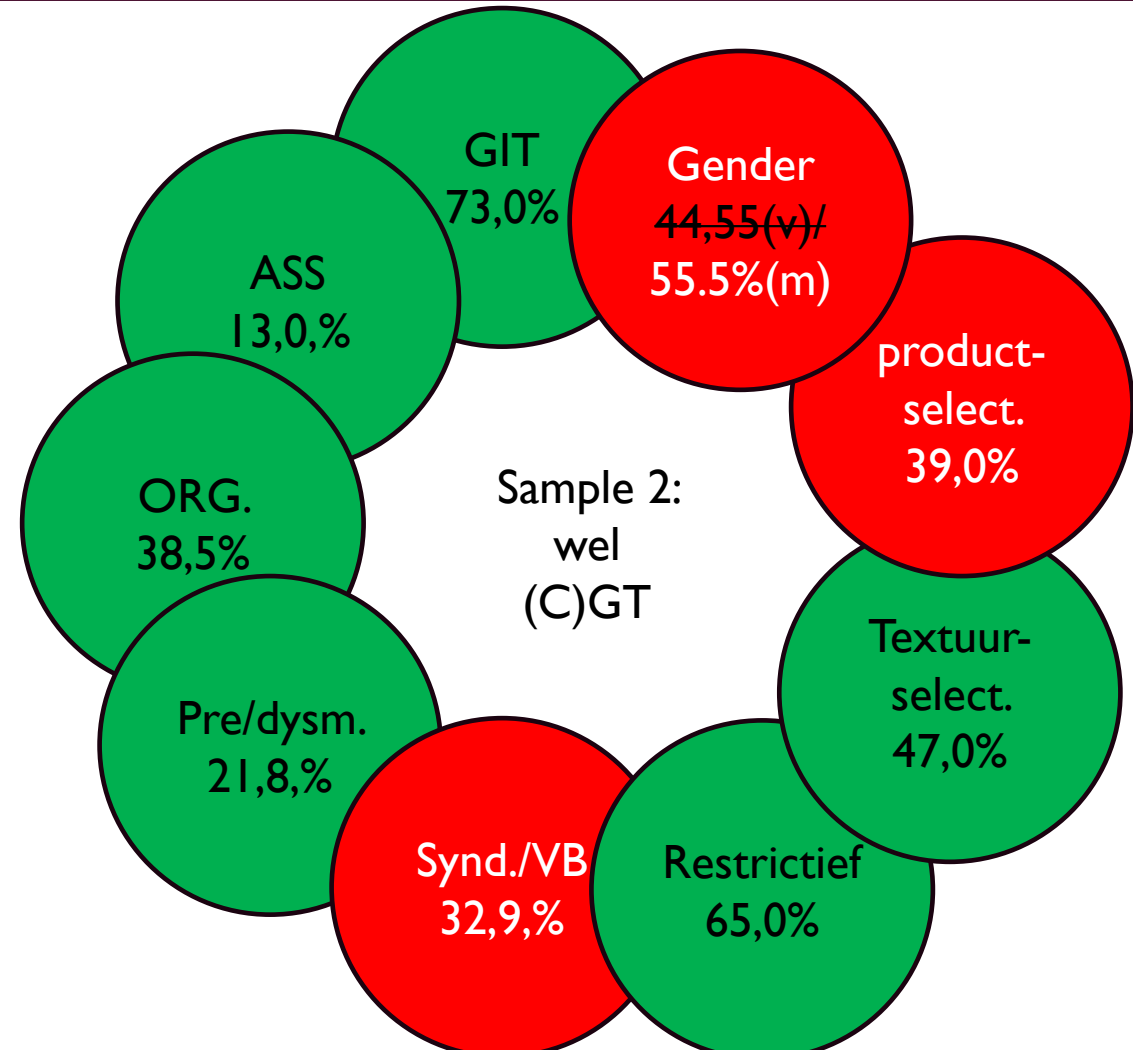
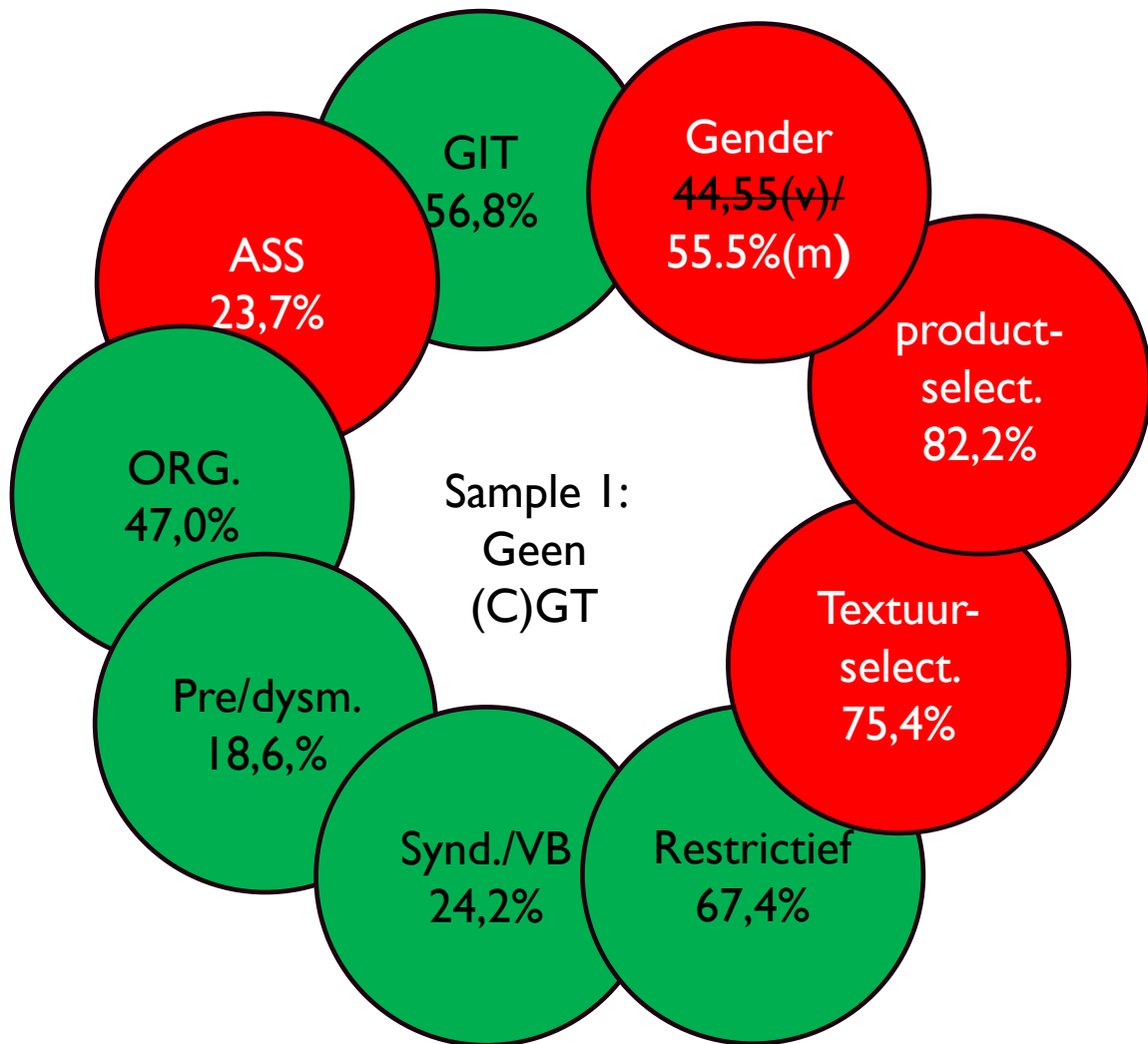
## ARFID in Remissie

- Afname in ARFID symptomatologie
- ernst
- subtypen
- criteria



ARFID

# VOORSPELLERS OP BASIS ONDERHAVIGE STUDIES



BEHANDELING MIDDELS (C)GT,  
GEEFT MINDER RISICO OP  
BESTENDIGING ARFID

RISICOGROEPEN : KINDEREN  
MET ASS,  
SYNDROOM/VERSTANDELIJKE  
BEPERKING

JONGENS LOPEN MEER RISICO

SELECTIEF ETEN ALS  
SLUIPMOORDENAAR

# CONCLUSIES

