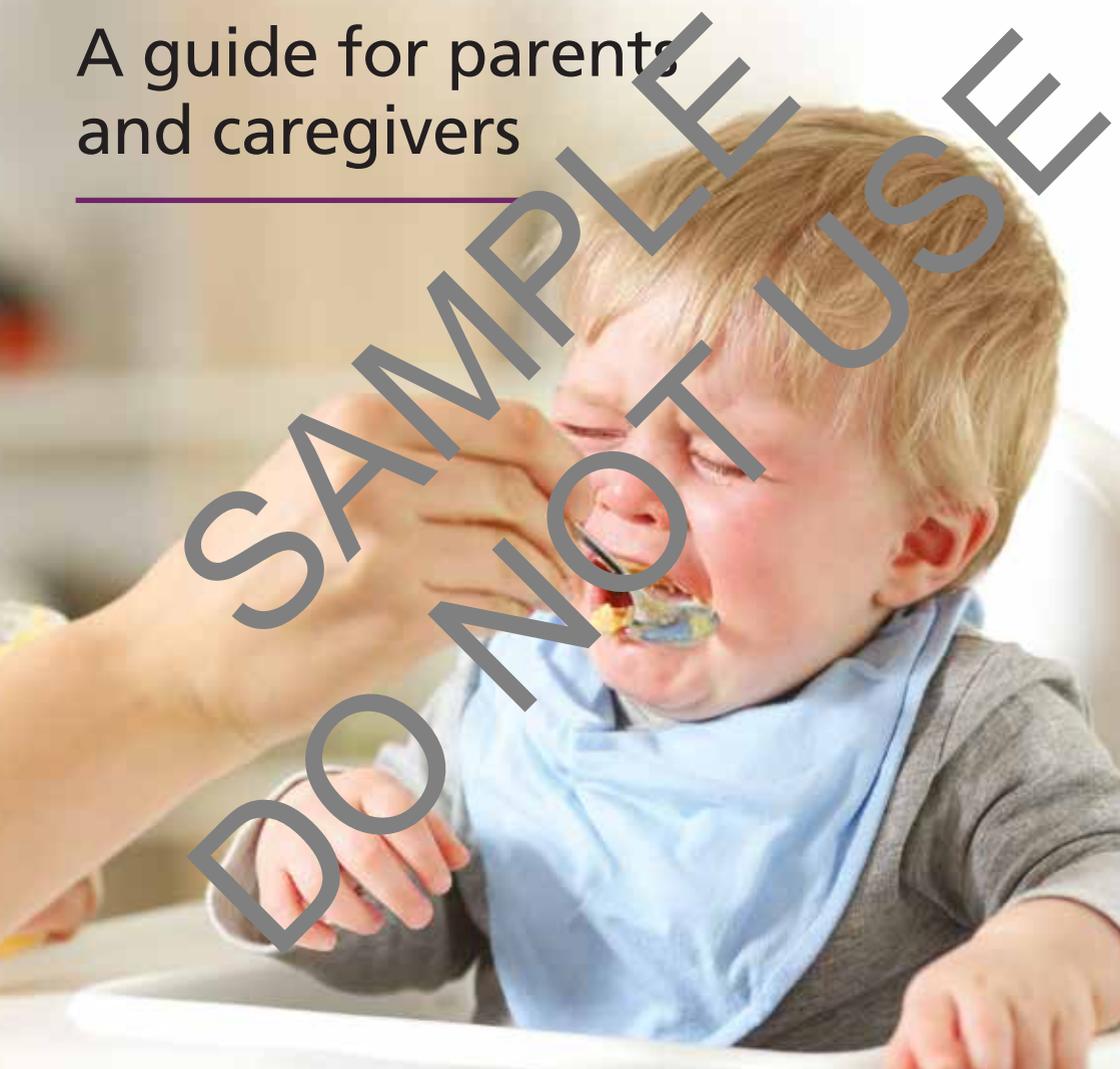

Extreme Food Refusal

A guide for parents
and caregivers



Fussy eating or extreme food refusal?

Learning to eat a wide variety of foods is something that continues throughout childhood and beyond. Just as children's personalities differ their acceptance and willingness to try different foods can differ too. From the toddler years, food refusal and fussiness is particularly noticeable. This is called the "neophobic stage" which is a normal developmental stage. Although it can be worrying for parents, this will often resolve with time but can take from a few months to years.

Occasionally, fussy eating may develop into a more extreme form of food refusal, which can affect growth if the child has a limited diet and is not allowed to eat their preferred foods. Common disorders that are associated with extreme food refusal include children with avoidant restrictive food intake disorder (ARFID) and autistic children; these require more specialist help.

Management of the two problems is very different so correctly identifying whether it is fussy eating or extreme food refusal is crucial.

The following table helps to explain the differences:



	FUSSY EATING	EXTREME FOOD REFUSAL
Range of food	Slightly limited, tend not to eat bitter foods, for example cabbage, broccoli.	Very limited diet, often 5-10 foods, sometimes less than 5 foods, will struggle to accept new foods.
Texture of food	Tend to avoid stringy (green leafy vegetables), bitty or slimy foods (banana).	Often will eat foods of a very similar texture which are commonly dry foods.
Type of food		Foods will often have to be of the same texture, flavour, colour and temperature.
Age of onset	When lumps are introduced into the diet will often try to swallow a whole lump, will either spit out, gag, retch or vomit to remove the lump.	Often will struggle to move on from pureed foods, may move on from the use of a bottle or move on from using a feeding tube.
Motivation to change		Not motivated to change, will not imitate or copy others and are very rigid.
Neophobic stage	Will grow out of the neophobic stage around 5 years of age.	Will remain in the neophobic stage, unlikely to move on and their diet is likely to become more restricted.
Sensory problems		The child is sensory hypersensitive and will react to the sight, smell, taste and texture of food.
Environment		Will often struggle to eat around others, eat in a busy environment such as school canteen, restaurant, friend's house. Will struggle with noise, smell of other food, other people eating food around them and often will eat foods specific to the environment they are in, for example, only eating certain foods at home and refusing the same food at school.
Fearful response		Fear of trying new foods or foods that look different from the usual presentation.
Anxiety		Will demonstrate extreme anxiety if offered new foods, foods they do not like or being around unfamiliar foods.
Brand and packaging		Will often refuse a food even if it is the same food but a different brand, or if the packaging has changed. The safety of the food is based upon the brand and the packaging.

What is food neophobia?

Food neophobia is the fear of trying new food or refusing food if it looks different based on sight rather than the taste or smell. For example, if a biscuit is slightly overcooked and therefore a darker shade of brown than expected, it will be refused. This is a normal stage of development that often occurs around the age of 2 years. The age of onset is related to the child's level of understanding rather than actual age, for example if a child is developmentally delayed they may experience the neophobic response at a later period when they are able to communicate rather than at 2 years of age.

Children tend to grow out of the neophobic stage around 5 years of age, however a child that has extreme food refusal will remain in the neophobic stage rather than grow out of it. Children that are highly anxious and sensory sensitive are likely to be highly neophobic.

Sensory sensitivity

When we eat we use a number of our different senses including touch, smell, taste, sight, sound and interoception, which is the ability to understand how our body is feeling, for example full, hungry, thirsty, painful or nauseous. Each of these senses can affect our eating. An over-reaction to sensory input is termed as sensory hypersensitivity and an under-reaction is termed as sensory hyposensitivity.

Sensory sensitive children often have a very strong neophobic response and are commonly frightened of food and eating, which can lead to a real fear response. They will find new textures in their mouth more difficult than children who are not sensory hypersensitive.



Your child may be sensory sensitive if they:

- Suffer/suffered from reflux
- Have had surgery in or around their mouth
- Dislike getting their hands and face dirty, messy or sticky; they will keep their hand and face clean at all times
- Refuse foods with lumps or texture or foods mixed together
- Struggle with:
 - Teeth brushing
 - Washing hair
 - Having their nails cut
 - Wearing clothes; certain textures or seams can cause problems
- Only allow their front teeth to be brushed (the sides of our mouth are more sensitive than the middle)
- Only eat food that is in the centre of their mouth, do not allow food to be chewed or moved around their mouth due to it being more sensitive. They will often swallow foods whole, which can lead to gagging. These children often struggle to progress to different textures and often remain on pureed foods
- Struggle with the smell of different unfamiliar foods which can lead to food refusal
- Struggle with sitting with other people that are eating due to the smell of their food, which they find disgusting. They will often struggle to eat out, for example a restaurant, school or being in a place where food is prepared such as shops, bakery, café
- Struggle with noise and find it hard to block out background noise and therefore get distracted, feel overwhelmed and uncomfortable. This can be a problem when eating out or if they are in a busy environment such as on the train or at a station, in a supermarket or school dinner hall



Top tips for sensory overload:

- Allow them to eat in an environment that has fewer visual distractions and is quieter
- Allow them to eat away from others, for example separate room from the classroom
- They may benefit from a sensory safe place for eating such as a quiet classroom at school, in their bedroom or a separate room from the kitchen/dining room by themselves
- They may benefit from wearing ear defenders to help block out the noise

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