Prof Benny Kerzner

World renown paediatric gastroenterologist visits South Africa

Abbott Nutrition recently brought prominent paediatric gastroenterologist Professor Benny Kerzner to South Africa to deliver a series of insightful lectures on 'Oral feeding resistance in young children' to medical and nutritional professionals. Prof. Kerzner is an ex-South African who obtained both his BSc in Biology and his medical degree at the University of Witwatersand. He is the emeritus chairman of the Department of Gastroenterology and Nutrition of the Children's National Medical Center and Professor of Paediatrics at George Washington University School of Medicine in Washington DC.

Professor Kerzner discussed a series of articles explaining what determines food choices and potential therapeutic approaches that can be adopted to reverse feeding difficulties. Of particular interest was a classification that dealt with the diagnosis and treatment of feeding disorders in infants and toddlers developed by Dr Irene Chatoor. Her pragmatic approach takes into account organic and non-organic etiological factors and emphasizes parent-child interactions which Prof. Kerzner believes deserves wider recognition. Dr Chatoor classified feeding disorders and suggested treatments for each of these disorders:

Disordered state regulation is a disorder wherein newborns have problems with homeostasis and self-regulation indicated by excessive crying and rapid fatigue during the feed. These are infants with so-called "colic". Once crying begins the infant has problems terminating it. The advised treatment would involve helping the mother modulate the infant's state of stimulation, especially during feeding; reassuring the mother and helping her relieve her own stress.

Disordered reciprocity (more simply described as resulting from neglect) is a disorder characterised by an infant's growth deficiency before 8 months as a result of lack of engagement by the primary caregiver. The infant lacks social responsiveness such as visual engagement, smiling or babbling. In this case hospitalisation is often advised, the extent of which will be determined by the degree of neglect and urgency of the medical state of the infant. Feeding is assumed by a professional and within a short time the child's apparent depression lifts and the improvement may allow the mother to re-engage and feed the child.

Infantile anorexia is a common and readily recognized condition that often emerges at the transition phase from bottle to spoon/solid feeding. These infants are externally motivated i.e. alert, inquisitive and constantly exploring their environments with interest in everything other than food. Poor appetite leads to inadequate nutritional intake and slow weight gain despite the absence of an underlying medical or traumatic condition. In such cases treatment is directed at a reduction of meal conflict by explaining the cause to the mother and promoting a feeding regimen designed to induce hunger and appetite. To promote weight gain and more importantly, reassure the parents, supplementation with a 30 Cal/oz formula is also useful.

Sensory food aversions are a major cause of picky eating, food avoidance or selectivity in children of all ages. They resist specific tastes, textures or smells which usually starts with the introduction of different food types. Most of these children are healthy but there is potential for specific nutrient imbalances and oral motor delays may follow. Early gradual and systematic introduction of food helps these children overcome neophobia (reluctance to eat or the avoidance of new foods). It is important for parents to remain neutral and avoid bribery and inappropriate coercion to get children to eat. Food should be advanced by degrees. Additional supplementation with 30 Cal/oz formula is also useful.

Concurrent medical condition refers to situations where there is an underlying condition within the intestine such as gastro esophageal reflux or in the rest of the body such as severe respiratory or cardiac conditions, which impede feeding. The primary pathology requires resolution. Typically in these cases the child initiates feeding, becomes distressed and stops as a result of anticipatory anxiety. They actually feed better when half asleep and less alert.

A child with a **post-traumatic feeding disorder** refuses food following traumatic events such as choking or aversive oral experiences like intubation. The child ultimately becomes stressed when positioned for feed or when approached with food. In these cases the negative conditioned response or phobia can be difficult to reverse. It requires the expertise of a skilled oro-motor specialist who will organize meals to induce appetite in conjunction with behaviour modification.

Prof. Kerzner subsequently suggested a set of feeding principles that parents can use to encourage proper nutrition and healthy eating habits among young children:

- Avoid distractions while eating – food should be eaten in a calm environment.
- Adopt a neutral attitude to eating behavior - avoid excess praise, criticism, stimulation and coercion.
- Feed at specific intervals and avoid snacking to encourage appetite – feed 3 to 4 hours apart and nothing in between.
- Limit the duration of meals – meals should last between 20 to 30 minutes or 15 if the child is not eating.
- Use age appropriate foods - teeth come in at 5 months and so should solids.
- Introduce novel foods one at a time and expose the child to the food up to 15 times before assuming it will not be taken.
- Encourage independent feeding.
- Tolerate age appropriate messiness when eating.

Prof. Kerzner concluded that parents need to "feed their children well but should avoid being fanatical about eating. There are other things in the life of a child that are just as important as nutrition."

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