Editorial

The spectrum of feeding disorders in infants and children ranges from purely organic in origin, such as those found in some formerly premature infants who underwent prolonged intubation, mechanical respiration, etc., to those that are essentially functional, of psychological origin, while some others that are a mixture of both. In some cases, the parents themselves will present the problem to the physician, and in other cases, the physician will have to investigate a potential feeding disorder in a child with failure to gain weight or unusual behaviors. Suck and swallow, although they respond to reflexes, need to develop in the premature infant. Skipping developmental phases because of disease or malformations may result in an inappropriate feeding ability.

C. Lau discusses the complexities of the suction and swallowing mechanisms and describes the characteristics of these processes in the premature and term infant as well as their development and associated problem areas based on the findings from her own and others' studies.

A. Rybak describes the different etiologies of poor weight gain related to feeding issues, elucidating their possible causes and citing clinical studies to identify the different entities. Primary organic illnesses, such as esophagitis, can result in anomalous feeding patterns that are very difficult to correct. For that reason, prompt attention needs to be paid to these feeding disorders.

Organic problems related to oromotor function and coordination can present with obvious signs such as coughing and choking, but there are many other and more subtle manifestations such as slow feeding, inability to complete a meal of adequate volume or size, or recurrent pneumonia or otitis media. The article by Dodrill and Gosa describes the indications and steps to evaluate

children with a suspected swallowing defect. The examinations they describe need to be performed by experienced professionals in order to neither miss nor overinterpret findings of radiologic swallow function studies.

Finally, the treatment of psychological causes of poor feeding in infants and young children is discussed in the article by A. Silverman, which describes the different approaches to motivate children to eat, as well as to diminish negative behaviors. Parents and many times also doctors, in their desperation to try to overcome the child's refusal to eat, create other negative behaviors that only perpetuate the problem.

Having myself created a feeding disorders clinic at Texas Children's Hospital, Baylor College of Medicine, in Houston, Tex., USA, I learnt through the years the difficulties that parents, but particularly mothers, face when having to deal with a child with a feeding disorder. The whole sense of motherhood which is to nourish (nutrition wise and emotionally) is challenged by the inability to perform this task appropriately. Maternal self-esteem sinks, and many times this affects enormously the quality of life of these families. Relatives and friends offer well-intended suggestions that are not always easy to carry out in a child with a feeding problem. Such suggestions may undermine even further the mother's capacity to function appropriately. I do not recall so many parents of children with other gastrointestinal problems crying in my office as those with a child with a feeding problem. The feeling of inadequacy in some of these mothers is heartbreaking. We sincerely hope that this issue will help you better identify, understand, diagnose, and treat the problem of feeding disorders.

Carlos Lifschitz