

# Failure to Thrive

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## Workshop Objectives

- Definition of Failure to Thrive (FTT)
- Evaluation of patients with FTT
- When do you suspect neglect?
- Case Discussions (not included in CD)

## Definition

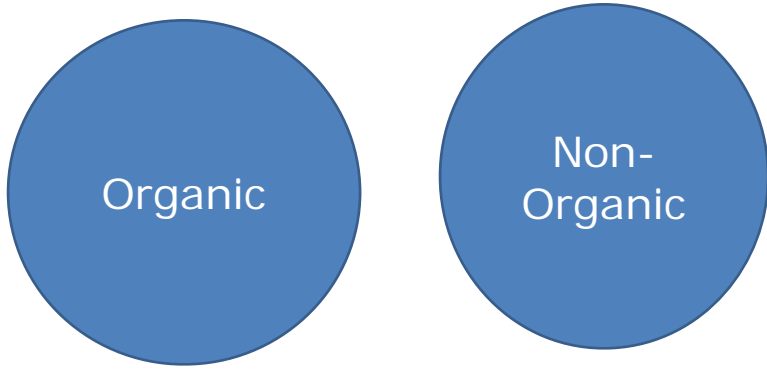
Children whose weight is significantly lower than norms for their age and gender

- Growth noted to be low or decreased over time
- Height or weight less than 3<sup>rd</sup> of 5<sup>th</sup> percentiles for age >once
- Height or weight measurements falling 2 major percentile lines on the growth chart
- Weight <80% of ideal body weight for age

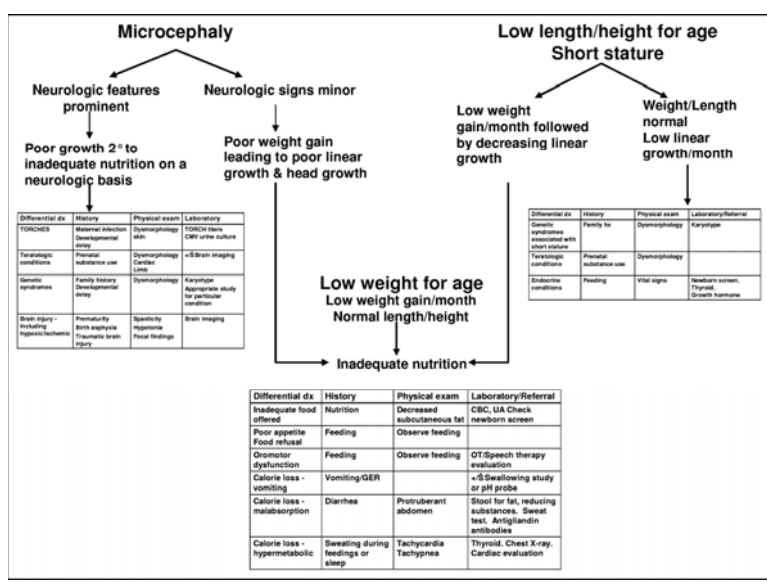
## WHY is FTT an Important Topic?

- Recognition is essential
- Malnutrition can have severe deleterious effects on early brain development
- Neglect may be a factor
- FTT secondary to neglect may be fatal

Approach is NOT this SIMPLE!



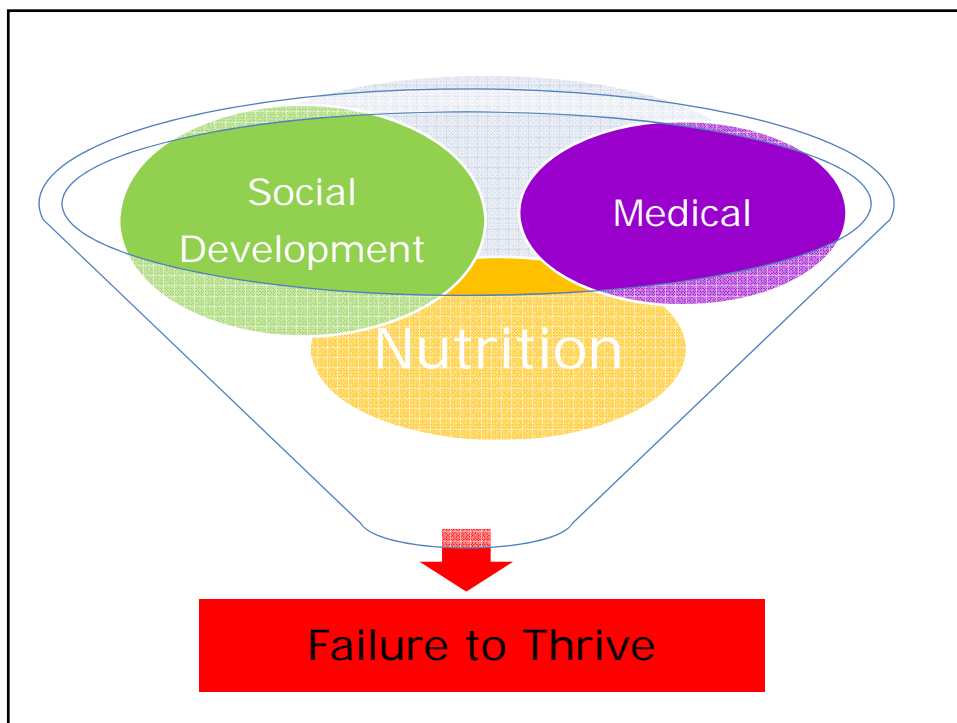
Approach is Not this COMPLEX either!



Gahagan, S. Pediatrics in Review 2006;27:e1-e11

## Approach

- Failure to thrive (FTT) is NOT a disease
- A final common pathway of many medical, psychosocial, and environmental processes that lead to poor growth in a young child.



## Evaluation

- History
- Physical examination
- Psychosocial assessment
- Feeding observation
- ? Medical Investigations

## History

- Feeding history
  - 72-hour dietary record
  - Gastrointestinal symptoms
  - Feeding routines, skills, and time
  - Behavior during feedings
  - Developmental history
  - Daily routine
- Birth: infant with low birth weight or prolonged hospitalization
- Review of systems
- Current medications and allergies
- Child and family history of disease.

## History

- Family function, eating patterns, and types of food available
- Parents:
  - history of abuse
  - eating disorders
  - Psychopathology
  - alcohol or drug use
  - domestic violence, and stress
  - social skills
  - nutritional beliefs

## ALERTING Parental Risk Factors for Neglect

- Mental disease and stress
- History of abuse as a child
- Young and single mothers
- Domestic violence and/or substance abuse
- Previous child abuse in the family
- Social isolation; poverty
- Inadequate adaptive and social skills
- Overly focused on career and/or activities away from home
- Failure to adhere to medical regimens
- Lack of knowledge of normal growth and development

## Physical Examination

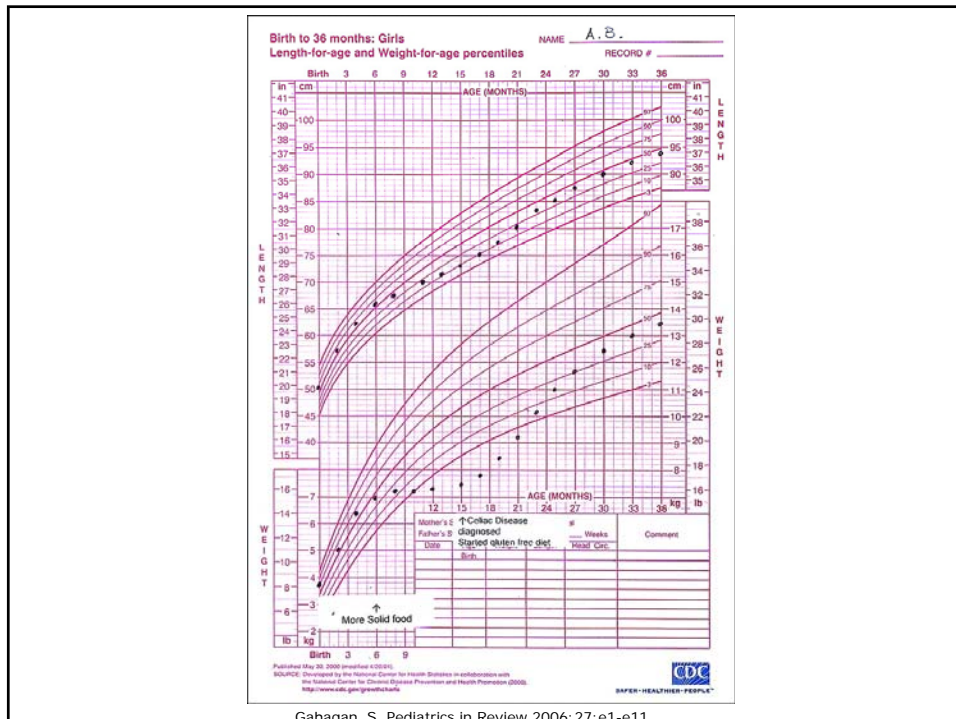
1. Identification of Chronic illness
2. Recognition of syndromes that alter growth
3. Documentation of the effects of malnutrition

## Physical Examination

- Documentation of past and present growth parameters (growth charts)
- Careful neurologic examination
- Suck-swallow coordination
- Developmental skills
- Interactive behaviors

# Growth Charts

- Consist of a series of percentile curves that illustrate the distribution of selected body measurements in U.S. children



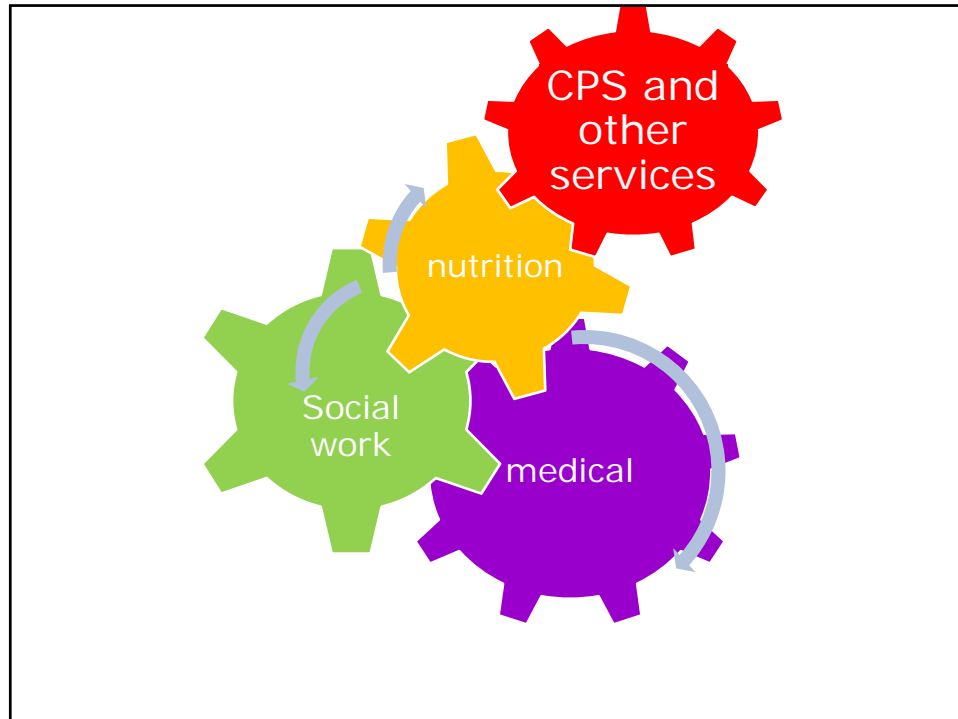
Gahagan, S. Pediatrics in Review 2006; 27:e1-e11

## Feeding Observation

- Enhanced as part of a home visit
- Feeding behavior
- Oral interest or aversion
- Parent-child interactions before, during, and after feeding
- Observed and recorded.

## Laboratory Testing

- may be performed
  - to rule out organic disease
  - ascertain nutritional deficits
  - concerns arising from the



## When to Contact CPS?

- Intentional withholding of food from the child
- Strong beliefs in health and/or nutrition regimens that jeopardize a child's well-being
- Family resistant to recommended interventions despite Multidisciplinary team approach
- Family requires close monitoring and supervision

## Child Neglect

Harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:

- Negligent treatment, including the failure to provide **adequate food**, clothing, shelter, or medical care.
- Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

Michigan Child Protection Law

## Case Discussions

## Summary

- FTT is a descriptive term and not a specific diagnosis
- Management requires a multidisciplinary approach
- A *very careful* history and physical examination and observation of a feeding session is required
- Ensure parents are provided with proper resources for prevention and management

## Summary

- Effective care is interdisciplinary, respectful to the parents, and sustained beyond the time of acute nutritional and medical crisis
- The ultimate goal is a thriving child in a thriving family

Reece child maltreatment 2008

## References

- Robert W. Block, Nancy F. Krebs, and the Committee on Child Abuse and Neglect and the Committee on Nutrition. Failure to Thrive as a Manifestation of Child Neglect. *Pediatrics* 2005; 116; 1234-1237
- Gahagan, S. Failure to Thrive: A Consequence of Undernutrition. *Pediatrics in Review* 2006; 27: e1-e11
- Frank DA, et al. Failure to Thrive in Reece: Child Abuse Medical Diagnosis and Management. 3<sup>rd</sup> edition 2008