

# Oral aversion





for rare or low prevalenc complex diseases

#### O Network

Craniofacial anomalies and ear, nose and throat disorders (ERN CRANIO)

Member

Hôpitaux Universitaires de Strasbourg — France



## Oral aversion

**Definition :** From simple disgust to refusal to eat in severe cases, resulting in child malnutrition with consequences for the growth and development of the child.

**Etiology** : Hyperexcitability of mechano-receptors and chemoreceptors for taste and smell. No organic lesion but a problem when processing the sensory information.

**Prevalence :** up to 80% of children with disabilities. Particularly high in children with autism spectrum disorders

Hye Ran Yang . How to approach feeding difficulties in young children. Korean J Pediatr. 2017 Dec;60(12):379-384. Senez C. Rééducation des troubles de l'oralité et de la déglutition. 2ème édition. Editions De Boeck; 2015.

#### **Consequences for the patient's life**

Depending on the severity of the disease

#### **Possible clinical features**

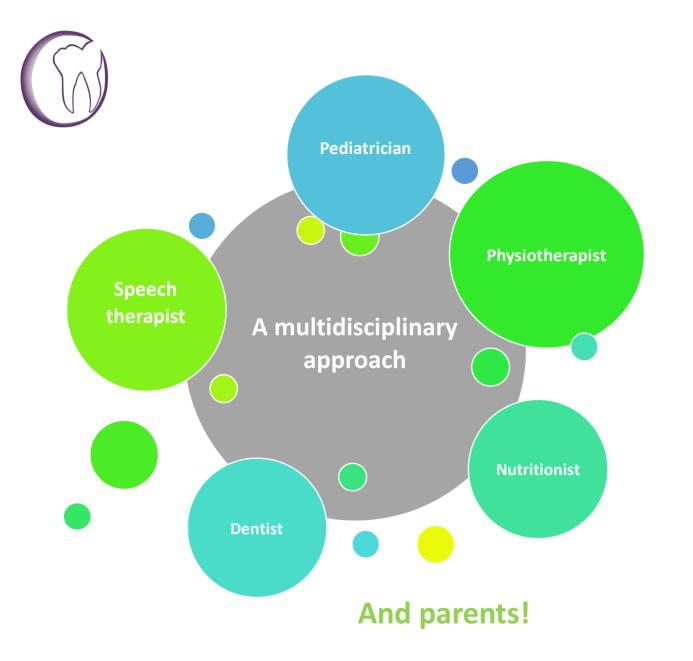
- Sensory food aversion, rejection of specific foods because of the texture, smell, taste, temperature or appearance.
- **Gag reflex** during eating, toothbrushing, dental care etc. May go so far as to vomit and cause tooth erosions.
- **Speech disorder** : difficulties in positioning the tongue to pronounce some phonemes.
- Behavioral problems at mealtime: slowness, refusal to eat, crying... with consequences for family life.

Chatoor I. Sensory Food Aversions in Infants and Toddlers. Zero Three J. 2009. Hye Ran Yang . How to approach feeding difficulties in young children. Korean J Pediatr. 2017 Dec;60(12):379-384.

#### When to refer to a specialist?

- No oral exploration in toddlers.
- Difficulties in introducing the first foods that persist beyond 8 months.
- Difficulties in introducing <u>consistent foods</u> at 12 months.
- Only mixed and smooth foods at 16 months.
- <u>Frequent gagging</u> or vomiting on contact with food and then refusal to eat.
- Child who accepts <u>fewer than 20 different foods</u> and does not cover all four food groups at 18 months.
- Avoidance of mealtime, crying, no pleasure in eating.
- Aversions and avoidance of <u>specific textures</u>.
- No coverage of nutritional needs and / or weight loss

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#### **Therapeutic care**

### Sensory integration therapies :

tactile stimulation and oral motor

desensitization.

### Stepwise approaches with positive

reinforcement

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