



## News

### Abbott Introduces New IMFeD™ Tool to Help Pediatricians Identify and Manage Feeding Difficulties in Kids

**As many as 60 to 70 percent of parents report feeding difficulties with their children, a condition that may pose long-term health risks**

**Media:**

**Eileen Murphy**  
Abbott Canada  
Tel. : 514 832-7788  
eileen.murphy@abbott.com

**Joëlle-Ann Blanchette**  
Enigma communications  
Tel.: 514 982-0308, ext. 209  
Cell.: 514 887-6029  
ja.blanchette@enigma.ca

**MONTREAL, CANADA, SEPTEMBER 20<sup>TH</sup>, 2011** – Today, Abbott announced the launch of **IMFeD™ (Identification and Management of Feeding Difficulties)**, a new and easy-to-use diagnostic tool to help pediatricians accurately identify and manage children with feeding difficulties. Some studies show as many as 60 to 70 percent of parents of physically normal children report some kind of feeding difficulty. A first in pediatrics, IMFeD™ is a unique tool that addresses this often overlooked condition in young children by applying proven approaches for pediatricians to properly diagnose children ages 1 and older. Over 25,000 doctors worldwide were educated on IMFeD™.

Mealtime can sometimes be a battleground for parents of children with feeding difficulties and can be a great source of anxiety. Feeding difficulties can affect caloric and nutrient intake, leading to possible long-term physical, psychological or cognitive development implications. Until recently, no diagnosis framework was available to help pediatricians assess and treat their pediatric patients with feeding problems.

“Parents are worried that their kids don’t eat, that they’re too picky, fussy or selective and may not be getting the proper nutrition to grow and develop,” says **Dr. Glenn Berall**, Chief of Paediatrics and Medical Program Director at North York General Hospital in Toronto and Director of the Feeding Disorders Clinic, at Bloorview Kids Rehab. “Until now, we have not had a systematic approach to identifying and managing children with these issues. IMFeD is a practical, easy tool for doctors to use when caregivers alert them to a potential feeding difficulty, which could be quite serious over the long-term.”



Any problem that negatively affects the process by which parents or caregivers provide food or supply nourishment to their young children is considered to be a feeding difficulty. The IMFeD tool enables pediatricians to classify common feeding difficulty conditions into the following categories and access established guidelines for treatment and management of the specific condition:

- Highly selective intake
- Poor appetite that is a parental misperception
- Poor appetite in a child who is fundamentally vigorous
- Fear of feeding
- Poor appetite due to organic disease
- Poor appetite in a child who is apathetic and withdrawn

Abbott is providing pediatricians with a comprehensive IMFeD toolkit that includes the following elements:

- A patient questionnaire to gather accurate data about a child's feeding patterns
- The IMFeD interactive diagnosis tool, which uses information gathered from the patient questionnaire and enables pediatricians to match conditions with the six common types of feeding difficulties
- Parental guidance sheets for the doctor to recommend interventions for those conditions that can be managed at home
- Suggested management to physicians for those conditions where physician management is the only option

Physicians will be provided four condition-specific brochures to offer to parents for those conditions parents can help manage at home.

In addition, concerned parents also have access to an educational direct to patient Web site, [www.pickyeating.ca/imfed](http://www.pickyeating.ca/imfed), which includes background information about feeding difficulties and tips for parents on how to manage "picky eating" behaviors. When in doubt about the feeding difficulties of their child, parents should always speak to their pediatrician.



## Often Overlooked, Underdiagnosed

Feeding difficulties in young children are often overlooked and therefore underdiagnosed. In addition to the wide diversity of feeding problems, a lack of standardized definitions and terminology to describe feeding difficulties has contributed to the problem.<sup>1</sup>

“We often see a communications disconnect between physicians and caregivers when they talk about feeding difficulties,” said **Dr. Glenn Berall**. “As terms such as ‘picky or fussy eating’ do not adequately encompass the range of feeding problems that can occur in young children, the issue tends to not register with physicians as a legitimate concern. As a result of this miscommunication, these children are often overlooked and may not receive a proper diagnosis and treatment plan.”

Experts attribute feeding difficulties to a wide range of causes, including physiological factors such as appetite and genetics. Other contributing factors may include psychological issues, such as a struggle for autonomy, and the level of affection or adverse interaction between mother and child.<sup>2 3 4</sup>

## Serious Consequences of Prolonged Behavior

Prolonged feeding difficulties can lead to serious physical consequences, including impaired growth and low nutrient intake.<sup>5 6 7 8</sup> Emotional consequences also are a concern: studies have shown that overly anxious caregivers can adopt coercive feeding methods that can negatively affect the interactions between the child and the caregiver.<sup>9 10 11</sup> And, a study by Irene Chatoor (Principal Investigator of the Children’s Research Institute (CRI) of the Children’s National Medical Center, in Washington D.C. and Professor of Psychiatry and Behavioral Sciences Pediatrics) found that the Mental Development Index (MDI) scores of “picky eaters” ages 1 to 3 years old were 14 points lower than those of healthy eaters.<sup>12</sup>

“We now know that problems with feeding can affect a child’s dietary intake, growth, cognitive development, and the parent-child feeding relationship, any of which can pose serious risks,” says **Dr. Berall**. “Therefore, while many children’s symptoms are mild and transient, we can’t afford to overlook even the most subtle signs of feeding difficulties in young children.”



## **Education Key to Addressing this Serious Condition**

Now more than ever, experts in child nutrition are recognizing the importance of addressing and assessing feeding difficulties in young children in order to avoid prolonged behaviors that may lead to serious consequences.

In conjunction with the IMFeD tool, Abbott has initiated a broader education program, which includes partnerships with leading physicians and medical organizations to provide helpful tools and resources to manage feeding difficulties. A series of educational events around the world is being held to further educate pediatricians about child nutrition, and feeding difficulties in particular. Caregiver education programs and tools about child nutrition are also under development.

IMFeD™ was presented as one of the latest clinical advances on the identification and management of children with feeding difficulties at the **Third International Summit on Identification and Management of Children with Feeding Difficulties**, which took place on April 30<sup>th</sup> and May 1<sup>st</sup>, 2011, in Miami, Florida.

## **About Abbott Nutrition**

Abbott Nutrition develops and markets a wide range of science-based infant formulas, medical nutritionals, nutrition and energy bars, and related products to support the growth, health and wellness of people of all ages. Abbott Nutrition's internationally recognized brands include the Similac® brand of infant formulas; the PediaSure® brand of nutritionals and snacks for children; and the Ensure® brand of adult nutritionals.

Additionally, Abbott Nutrition is a leader in medical foods clinically shown to address the distinct dietary needs of people with serious health conditions or special nutrient requirements, such as the Glucerna® brand of nutrition shakes and bars for people with diabetes. Abbott Nutrition also offers specialized nutrition products to meet the unique needs of competitive athletes.



## About Abbott

Abbott is a global, broad-based health care company devoted to the discovery, development, manufacture and marketing of pharmaceuticals and medical products, including nutritionals, devices and diagnostics. The company employs nearly 90,000 people and markets its products in more than 130 countries. Abbott has been operating in Canada since 1931 and its Canadian operations are headquartered in Montreal, Quebec. Abbott Canada employs more than 2,000 people. Visit [www.abbott.com](http://www.abbott.com), [www.abbott.ca](http://www.abbott.ca) for more information.

---

<sup>1</sup> Nicholls D, Bryant-Waugh R. *Child Adolesc Psychiatric Clin N Am*. 2008;18:17–30.

<sup>2</sup> Kerzner, Oral Feeding Resistance in Young Children. ANI's PediaSure Global Speakers Meeting. Wheeling, Illinois. November 200(missing last number). Slide 11.

<sup>3</sup> Feldman R, Keren M, Gross-Rozval O & Tyano S. Mother-Child Touch Patterns in Infant Feeding Disorders: Relation to Maternal, Child, and Environmental Factors. *J. Am. Acad. Child Adolesc. Psychiatry* 2004;43(9) 1089-1097.

<sup>4</sup> Kedesdy JH, Budd KS. *Childhood Feeding Disorders*. Baltimore: Paul H. Brookes; 1998; Chatoor 2002; Manikam and Perman 2000.

<sup>5</sup> Lindberg L, Ostberg M, Isacson IM, Dannaeus M. Feeding disorders related to nutrition. *Acta Paediatrica*. 2006;95:425-9.

<sup>6</sup> Dubois L, Farmer AP, Girard M, Peterson K. Preschool children's eating behaviours are related to dietary adequacy and body weight. *Eur J Clin Nutr*. 2007;61:846-55.

<sup>7</sup> Dubois L, Farmer AP, Girard M, Peterson K, Tatone-Tokuda F. Problem eating behaviors related to social factors and body weight in preschool children: a longitudinal study. *Int J Behav Nutr Phys Act*. 2007;4-9.

<sup>8</sup> Galloway AT, Fiorito L, Lee Y, Birch LL. Parental pressure, dietary patterns, and weight status among girls who are "picky eaters." *J Am Diet Assoc*. 2005;105:541-8.

<sup>9</sup> Chatoor I, Surles J, Ganiban J, et al. Failure to thrive and cognitive development in toddlers with infantile anorexia nervosa. *Pediatrics*. 2004;113:e440-7.

<sup>10</sup> Farrow C, Blissett J. Does maternal control during feeding moderate early infant weight gain? *Pediatrics*. 2006;118:e293-8.

<sup>11</sup> Farrow CV, Blissett J. Controlling feeding practices: cause or consequence of early child weight? *Pediatrics*. 2008;121:e164-9.

<sup>12</sup> Chatoor I, et al. *Pediatrics*. 2004; 113: e440-e447.