

RDs In Practice: Advancing Practice in Pediatric Nutrition

Management of EoE in Pediatrics

Jan 22, 2015

“Exploring Psychosocial issues in Children with EoE” – Round Table Discussion Review

Presented by Chris Min, PhD, a licensed pediatric psychologist at CHOC Children’s Hospital and CHOC at Mission, specializing in therapy for children with chronic medical illnesses, pediatric sleep medicine and treatment of children with neurological issues.

Dr. Min focused on **4 areas of potential psychosocial dysfunction** in children and families with EoE.

- **Adjusting to the diagnosis and restrictions:** Parents may have difficulty accepting the diagnosis and may experience a natural grieving process when they do.
- **Dealing with pain and anxiety** related to food and medical procedures: Children often have pain and anxiety related to food and eating as well as medical procedures. The child may feel out of control. Children under age 4 most typically have difficulty with pain, emotional regulation, sleep, and feeding. Older children may have more social difficulties with girls internalizing their stress and boys acting out or fighting. They may have problems in school or with depression. They are at greater risk for potential eating disorders. Dr. Min noted “avoidant restrictive food intake disorder” or ARFID, a new category in the DSM.
- **Changes in family life and lifestyle:** Families may experience a disruption in their lifestyle as children with EoE may be unable to participate in parties or “eating out” because of food restrictions. Siblings may feel left out, depressed or defiant with more attention given to the sibling with EoE.
- **Caregiver stress:** Parents and caregivers as well as the child are at risk for increased stress and anxiety.

Dr. Min then discussed **strategies** to help families cope with the challenges of dealing with food allergies.

- **Support groups:** Parent driven support groups or Facebook parent groups

- **Forms of Therapy:**

Individual therapy can help children with the adjustment to their diagnosis. Over 50% of children with EoE experience pain, and related anxiety may make pain worse. Cognitive behavioral therapy can help children deal with pain, anxiety and fear of certain foods.

Parent therapy can help focus on the parent-child relationship, problem behaviors and caregiver stress.

Family therapy can incorporate siblings and help them understand the diagnosis. Including them in the process and giving them an active role and encouraging parents to give siblings “one on one” time can also help. The younger the child with EoE is, the more important it is to have family involvement.

Dr. Min noted that families of children with EoE can be referred to a psychologist, preferably a practitioner who has experience with medical and feeding problems. He suggested we be mindful of what might be barriers to therapy in referring families. He has seen positive results with consistent therapy over 8-10 weeks.

Written by:

*Jan Skaar, RD, CSP, CNSC, CLE
CHOC Clinical Dietitian*