

# An Investigation of Medical Characteristics of Children with Feeding Problems and Maternal Depression-Anxiety-Stress Levels



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### **BACKROUND**

Normal feeding depends on the successful interaction of a child's health, development, temperament, experience, and environment(1). Feeding problems, occur approximately 20-30% of children, are associated with parental depression and anxiety symptoms, which further worsens parent-child feeding interactions (2,3).

# **OBJECTIVES**

Our study aimed to evaluate the depressionanxiety-stress levels of mothers of children with feeding difficulties. We also examined the physical and developmental characteristics of these children and their past feeding practices.

### **METHODS**

Children aged 1-6 years who applied to the Developmental Pediatrics outpatient clinic due to feeding problems were included in the study. Problematic eating behaviors were questioned with a 3-point Likert scale created and scored by the researchers. The mothers of the patients filled the Depression-Anxiety-Stress Scale short form (DASS).

### **RESULTS**

Most of the 42 patients included in the study had normal percentile values of body weight, height and head circumference (83.3%-97.6%-97.6%, respectively). Denver II developmental screening test was evaluated as 'normal' in 71.4% of patients, 'suspicious' in 16.7%, and 'abnormal' in 11.9% of patients. It was determined that 88% of the patients ate while screen viewing (TV,phone,tablet,etc.), the average daily screen time was 1.92±1.8 hours, and the screen time was positively related to the problematic eating behaviors score and maternal depression (p<0.05). The median value of starting solid foods was 8 months (5-24); it was positively correlated with screen time and problematic eating behaviors score (p<0.05). In the laboratory examinations of the patients; hemoglobin, ferritin, vitamin B12, biochemical parameters, thyroid function tests were mostly normal (95%, 78%, 93%, 93%, 93%, respectively). Stress in 35(83.3%) mothers, anxiety in 18(42.9%), and depression in 23(54.8%) mothers were above the cut-off point of DASS scores. There was no significant relationship between problematic feeding behaviors and DASS score.

# **CONCLUSIONS**

The normal anthropometric measurements and laboratory values of children with feeding problems shouldn't create the perception that there is no problem in the clinician. The late onset of age to start solid foods may lead to problematic eating behaviors. It's noteworthy that the risks of maternal stress, anxiety and depression in these children are higher than the population average. It's also important that screen time exposure, which is a risk for developmental delays, is increased in depressed mothers. In order to prevent feeding difficulties from becoming chronic and damaging the mother-child interaction, it is necessary to question and determine the mother's depressive symptoms in children with feeding difficulties and to make necessary referrals.

All authors have declared no conflict of interest.

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