

Nutrition Matters: The Psychology of Feeding Children



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Objectives

- Understand the basic nutritional concepts and meal planning
- Understand the psychology of feeding children and the division of responsibility
- Be comfortable approaching and counseling patients on the issue of obesity

BASIC NUTRITION

Drink Water and White Milk

Consumption of
sugar-sweetened drinks
is associated with obesity
in children.¹



DAIRY

Without added sugar or fat



FRUITS

Whole fruits instead of fruit juice. Reducing intake of fruit juice and increasing whole fruit is a promising strategy for early obesity prevention.²



VEGETABLES



Well-constructed vegetarian diets
may offer health benefits in terms
of preventing and treating

Heart disease

Cancer

Obesity

Diabetes

Vegetarian Diet decreases:

low-density lipoprotein

cholesterol levels

blood pressure₃

PROTEINS

Plants:

- Nuts
- Beans
- Seeds
- Nut-butters



Animals:

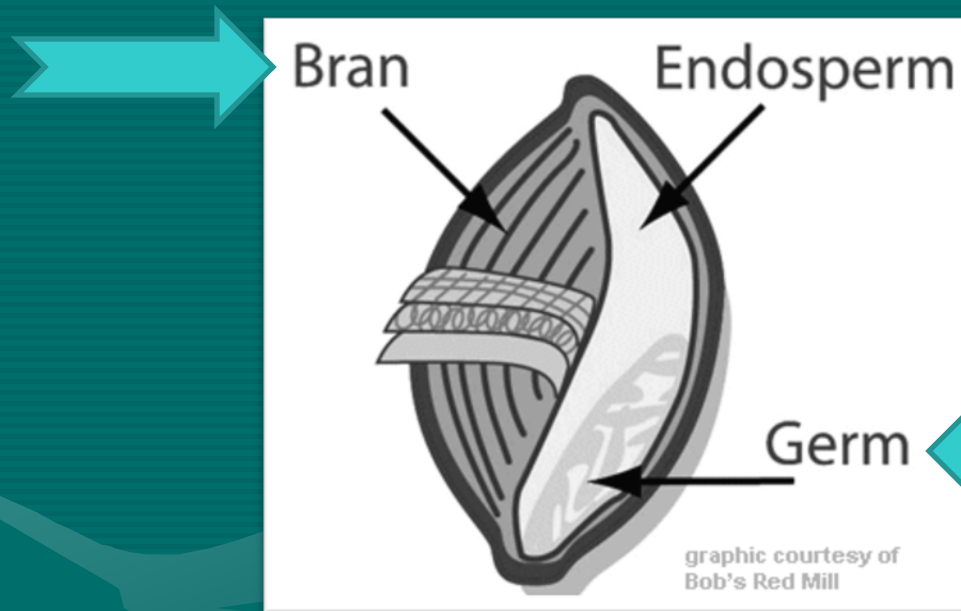
- Chicken
- Fish
- Beef
- Turkey
- Ham
- Eggs

(avoid processed meats or frying)

100% WHOLE GRAINS

Processing grains:

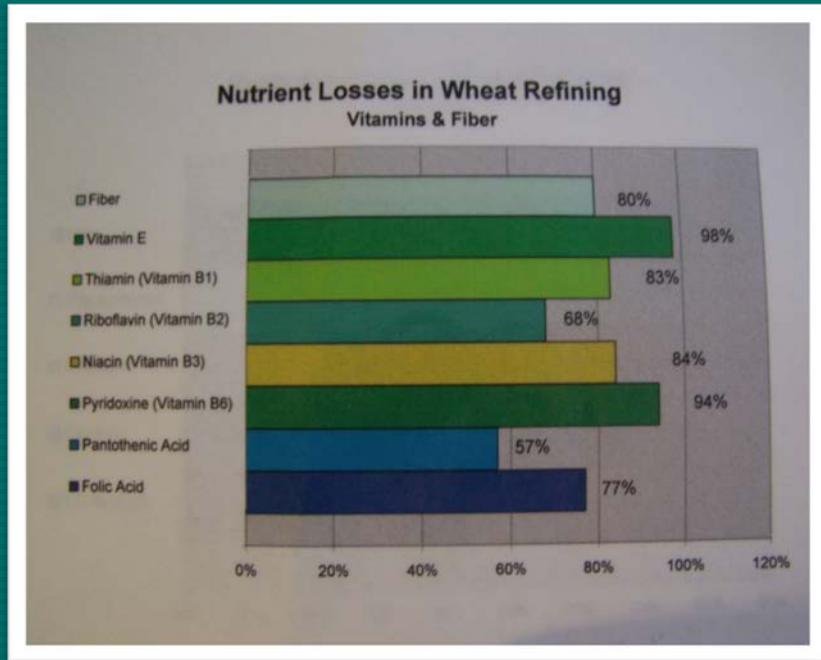
They remove this



and this...

Leaving very little nutrition...

Whole Grain vs. Processed



FIBER 80%

VIT E 98%

Vit B1 83%

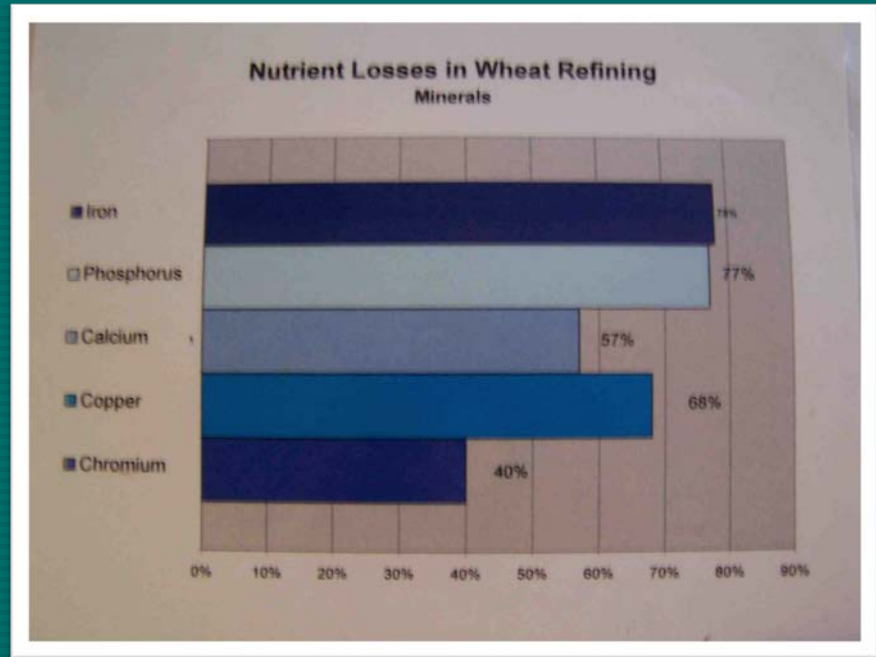
Vit B2 68%

Vit B3 84%

Vit B6 94%

Pantothenic Acid 57%

Folic Acid 77%



IRON 78%

PHOSPHORUS 77%

CALCIUM 57%

COPPER 68%

CHROMIUM 40%

Offer a Variety of Food Groups at Every Meal

Breakfast



Lunch



Dinner



Choose whole grains, protein, fruits, vegetables,
and dairy 3-4-4 snacks are 2-3 food groups

Division of Responsibility

Parents Role

- **What** is being served
- **When** food is being served
- Make mealtime pleasant

Child's Role

- **If** they are going to eat
- **How much** they are going to eat_{4,5}



The Psychology of Feeding Children

- Baughcum et al. (1998) found that, “Parents who use food to satisfy their children’s emotional needs or to promote good behavior in their children may promote obesity by interfering with their children’s ability to regulate their own food intake.”⁶



The Psychology of Feeding Children

TV off

Sit as a family

Love your children up at the table



- Children who have regular family meals do better with respect to avoiding overweight, drugs, alcohol, and early sexual behavior.
- Family meals have more positive outcomes than sports, tutors, church, music lessons...⁷

An Ounce of Prevention...

Toddlers



- Variety
- 3 meals -2-3 snacks
- Division of Responsibility
- Water only
- Rule of 15 or 28
- 2-3 year olds naturally picky
- Shush, it's all good...

An Ounce of Prevention...

School Age Children



- Start with Breakfast
- Re-Define “Snack Food”
- Avoid sugary drinks
- Limit TV
- Enjoy family meals
- Don’t force them to clean their plate
- Offer a variety
- After school sports

Scenario #1

- Scenario: Boy keeps a measuring cup on him to control his portions
- Problem?
 - Was overweight when saw an RD who told family to control portions with measuring cup; now he's obese
 - Food Insecurity
 - Portion Control
- Solutions?
 - Division of Responsibility
 - Stop controlling portions



Scenario #2

- Scenario: A 12 year old girl with high cholesterol was told she can't eat cheese anymore by her PCP. Now girl is hoarding food by hiding cheese up her sleeves
- Problem?
 - Increased cholesterol
 - Food Restriction
- Solutions?
 - Increase offering of plant-based foods
 - Follow Division of Responsibility – let child self-regulate, reintroduce cheese

Scenario #3

- Scenario: Mother has two kids at two extremes – one is obese and one is skinny. She chases the skinny one around with a spoon to eat; the obese one keeps eating to please her and gets fatter.
- Problem?
 - The pleaser and the picky eater
 - Picky eater: underweight, dental care, blackening of neck, anemic
 - Pleaser: obese, nonalcoholic fatty liver disease, elevated triglycerides
- Solutions?
 - Division of Responsibility
 - Appropriate table talk
 - Avoid sugary drinks, 3 meals 2-3 snacks/day, increase fruits and vegetables at family meals
 - * Both children will normalize



Scenario #4

- Scenario: Child only had beans, rice, and tortillas at home to eat. Severely obese with sleep apnea
- Problem?
 - Obesity
 - Obstructive sleep apnea
 - Severe poverty
 - Food insecurity
 - Nutritionally insufficient
- Solutions?
 - Checked into hospital for emergency sleep study
 - Resources for food/education on meal planning



Scenario #5

- Scenario: 8 year old girl continues to gain weight, despite mom's efforts to make meals healthier
- Problem?
 - Obesity worsening despite improved diet
 - PC-Fit unveiled mom not following the division of responsibility; asked child to clean her plate despite her claiming she was full
- Solutions?
 - Educate in depth on allowing child to self-regulate



Scenario #6

- Scenario: Inactive pre-teen, no confidence
- Problem?
 - Inactivity
 - Poor diet/obese
- Solutions?
 - Joined Fit Club, a safe exercise program for obese children
 - Started participating more in the exercise games, became better at sports, joined high school team



Program Information

- Locations:

DrRHC at YMCA	HOPE Clinic	Child Guidance Center
2100 W. Alton Ave. #2	2045 Meyer Place #B	27451 Los Altos Suite 240
Santa Ana, CA 92704	Costa Mesa, CA 92627	Mission Viejo, CA 92691
(714) 549-6440	(949) 515-6747	(949) 582-3958

- Insurances accepted:

- Cal Optima
 - Healthy Families
- Cigna
- Blue Shield
- Health Net
- United Health Care



References

- 1 Ludwig, D., Peterson, K., Gortmaker, S. (2001). Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *The Lancet*, 357 (9255): 505-508.
- 2 Faith MS, Dennison BA, Edmunds LS, Stratton HH. Fruit juice intake predicts increased adiposity gain in children from low-income families: weight status by environment interaction. *Pediatrics* 2006; 118: 2066-2075.
- 3 *JAmDiet Assoc.* 2009;109:1266–1282
- 4 Satter, E. (2000). Child of mine.
- 5 Pediatric Nutrition Handbook, 6th Edition. (2009). American Academy of Pediatrics.
- 6 Baughcum, A., Burklow, K., Deeks, C., Powers, S., Whitaker, R. (1998). Maternal feeding practices and childhood obesity. *Archives of Pediatrics and Adolescent Medicine*, 152: 1010-1014.
- 7 Hofferth SL. (2001), CEAC (2000), Satter (2006)

Physical Activity

- Children and adults should be physically active at least 60 minutes per day
- Short bursts of movement are helpful with fight or flight response
- Now, let's get moving!

