Nonorganic feeding disorders are a condition in which children show incorrect feeding behaviors such as selective intake, fear of feeding, low food intake or even food refusal, without underlying organic disease.

**Organic and Nonorganic Feeding Disorders**
by Anna Rybak

**Key insights**
Children with feeding difficulties are a heterogeneous group often presenting difficulties for parents and health-care professionals. Many children with underlying medical conditions (such as neurological disease or inborn metabolic disorders) need a thorough assessment of oral feeding safety and additional nutritional support. Regardless of whether the feeding disorder is organic or nonorganic, the patient requires careful evaluation by an experienced feeding team. The responsibility of pediatric health-care professionals is to recognize the problem and offer basic support for parents in terms of correct feeding rules and habits.

**Current knowledge**
Feeding disorders generally present as a food refusal or lower amount of food intake than is appropriate for the age. Feeding disorders may manifest as an isolated problem, mainly due to negative behaviors during feeding, or as a concomitant disorder arising from an underlying organic disease or structural anomaly. Although this mainly concerns infants and children below 6 years of age, feeding problems can also arise later in life. It is therefore important to distinguish between feeding disorders typical for younger children and others which affect adolescents and adults (such as anorexia nervosa or bulimia). Underlying organic disease and are cause for further investigation. Preterm infants, children with neurological impairment and children with inborn errors of metabolism are especially vulnerable towards developing severe feeding disorders. Non-organic feeding disorders comprise incorrect feeding behaviors that arise in the absence of any underlying medical condition. However, clinicians should be on the lookout for certain behaviors that warrant more intensive treatment: food fixation (selective diet), harmful feeding, abrupt cessation of feeding and anticipatory gagging.

**Practical implications**
The distinction between organic and nonorganic causes of feeding problems is a critical step in identifying appropriate treatment. The presence of symptoms such as dysphagia, aspiration, vomiting, diarrhea and failure to thrive are signals of underlying organic disease. It is important to assess the safety of oral feeding; additional nutritional support may be needed. Failure to thrive is a serious consequence.

**Recommended reading**