

# TAKING THE PAIN

# OUT OF EATING

# — A Motility Case Study

## **Gastroparesis and Complex Feeding Issues: The Search for an Answer**

K. simply could not eat. At 6 months old, when K.'s mother introduced formula and pureed foods, K. immediately began to have trouble. She couldn't finish a bottle, and after one bite of food, she'd cry, sweat or even faint. These symptoms began a difficult journey that ultimately led to Children's Hospital of Philadelphia (CHOP), where K. finally received an accurate diagnosis and a treatment plan that worked. Now 11 years old, K. is overcoming the feeding challenges that for so long severely impacted her quality of life.

When K.'s symptoms first began, her parents took her to a local hospital. A series of tests showed air in K.'s stomach, but doctors offered no definitive reason for her distress. It was suggested that K. might have a gastrointestinal bacterial overgrowth.

K.'s symptoms continued, and feeding her was a nonstop struggle. In search of answers, K.'s parents visited multiple doctors, but they all offered the same inconclusive diagnosis. K. would receive short-term treatment, such as antibiotics for a presumed small intestinal bacterial overgrowth, but eventually her symptoms would return.

To complicate matters, K.'s medical history — which includes diagnoses of autism, epilepsy, attention deficit hyperactivity disorder (ADHD), Tourette's disorder, gastroesophageal reflux disease (GERD), functional dyspepsia, functional constipation, aerophagia, muscle weakness, lactose intolerance and self-excoriation disorder — caused doctors to wonder how much of her feeding issues were behavioral. These questions made the search for an effective treatment even harder. And in the meantime, K.'s quality of life was declining. Her poor diet kept her from gaining weight, made her prone to infections and affected her ability to sleep.

## **Mystery Solved**

K. was finally referred to John T. Boyle, MD, a gastroenterologist in the Division of Gastroenterology, Hepatology and Nutrition and co-director of CHOP's Suzi and Scott Lustgarten Center for GI Motility.

After reviewing K.'s medical history, Dr. Boyle ordered a gastric emptying study to determine how quickly food passed through K.'s stomach. The results confirmed K. had gastroparesis, a motility disorder of uncertain cause. K. could barely move liquids through her stomach, let alone heavier, solid foods.

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Dr. Boyle prescribed a motility-stimulating medication. Within three weeks, K.'s symptoms, such as bloating, pain and nausea had decreased, and she was eating twice as much per meal. Over the next three months, with the addition of medications to reduce gas and minimize her newly diagnosed lactose intolerance, K. was feeling better. But the several years she'd spent in pain had created another significant challenge: K. associated eating with feeling terrible. She was literally afraid to eat.

### The Feeding and Swallowing Center

K. was referred to Sherri S. Cohen, MD, MPH, Medical Director of the Pediatric Feeding and Swallowing Center at CHOP, a multidisciplinary center that uses a comprehensive approach to help children who have difficulty eating and/or swallowing. Dr. Cohen determined K. had developed a behavioral issue after so many years of physical distress caused by food.

The sensation of eating and swallowing was uncomfortable to K., and her diagnoses of autism and ADHD made this a difficult challenge to overcome. K. didn't want to sit still for treatment, and she resisted change.

For several weeks, K. and her mother came to the Feeding and Swallowing Center's Intensive Day Program with two goals: help K. become more comfortable with eating and teach her family the tools they needed to help her through the process.

Clinicians used a variety of methods to help K. gradually adjust to eating, including positive reinforcement. By taking a few bites of food, K. could "earn" time on her computer. K.'s mother had her own work to do during these sessions. The Feeding and Swallowing Center staff taught her strategies to better monitor K.'s intake and nutrition, help ease K.'s now-occasional symptoms, and help K. communicate her feelings in an appropriate way.

By the time K. "graduated" from the Feeding and Swallowing Center, she was finally able to eat soft foods with less difficulty and had begun to gain weight.

K.'s parents cite the expertise and multidisciplinary approach of CHOP's doctors as the key component of K.'s success. K. used to cry before doctor appointments, but after her experience at CHOP, she's now able to stay calm.

Now 11, K. continues to be seen by several specialists at CHOP, including Dr. Boyle and dietitian Sarah Weston, RD, CSP, LDN. The young girl's team has made some adjustments to her medications over time, but K. has a stable treatment plan in place. She continues to improve and loves to swim.

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