



# Oral aversion / Oral hypersensitivity

## Definition

It is a genetic hyper-reactivity of the taste and smell organs, affecting 25% of children with normal development.

Forms are multiple: the child's reaction may range from a simple disgust for a certain type of food to a severe food aversion that may make think of anorexia.

While scientists have admitted a psychological origin to these disorders, new knowledge in physiology show us that this is actually a hyper excitability. We can summarize it this way: although normal sensitivity is a factor of appetite, exacerbated sensitivity will have the opposite effect.



## WHEN TO WORRY ?

- When there is no oral exploration at a young age (0-24 months)
- When difficulties in introducing the first foods (mashed vegetables) are noted and persist for more than 8 months.
- Difficulties in introducing regular food at 12 months.
- When the child only accepts smooth mashed vegetables at 16 months.
- When frequent gagging or vomiting is present while contact with food and the child refuses to eat afterwards.
- When the child's food list has less than 20 different foods and does not cover the four food groups from 18 months.
- When the child has no pleasure eating, or crying or attempting to withdraw from the meal or the breastfeeding.
- When the child exhibits dislikes and avoidance to certain textures or foods.
- When the child does not cover his nutritional needs and loses weight.

## WHAT TO DO ?

- If you suspect an oral aversion / hypersensitivity, it is crucial to pursue early intervention and seek out a professional opinion to assess if there are associated medical implications. Contact a pediatrician, a speech therapist, an occupational therapist and/or a nutritionist.
- A speech and language therapy treatment is possible through a process of habituation in the form of intra-oral massages and parental guidance techniques.



Adapt the nipple



Adapt the toothbrush



Propose vibrating instruments