

FAQ's with Chris Fox, Ph.D.

Disclaimer: All answers are intended as general information only. If you are concerned about a specific individual, please speak with their health care provider.

1. I have an individual who I suspect might have PICA because they eat anything they see. They do not have a diagnosis of PICA. Should this person be evaluated?

Yes, he or she should be evaluated. Please note, whether or not the person has a **diagnosis** of pica may not be a key issue. The key issue is that the person is at risk of injury from swallowing items that are not safe to swallow. He or she needs safeguards in the form of individuals who care about and know how to keep the person safe given the reported interest in “*eat[ing] anything they see.*” So by all means pursue a diagnosis BUT first make sure the person’s safety is ensured. If not already in place, the person will need to be connected to a “qualified clinician”; in this sort of case I think that is someone with relevant experience (i.e. has worked with individuals with pica) and possessing a minimum of a Master’s degree in ABA, Special Ed, Psychology or a related discipline and may have a BCBA certificate.

2. Are people who eat a particular item like chalky or fibrous substances considered to have PICA? What about lint or cloth items?

I would consider anyone w/a **pattern** of **ingesting** substances that are **inedible** (aka non-nutritive) to have pica and therefore in need of appropriate safeguards and supports to eliminate the possibility of ingesting inedible items.

3. How/when should nutritional deficiency be investigated as a possible cause of Pica?

Anyone with pica or who ingests inedible items, should be presented to their PCP or other qualified health-care provider (HCP) for a discussion about the possibility of the individual’s pica being related to a nutritional deficiency. If the HCP has never before heard of the relationship here are citations for two articles that might be of interest:

Danford, D.E., Smith, Jr., J.C., & Huber, A.M. (1982). Pica and mineral status in the mentally retarded. *The American Journal of Clinical Nutrition*, 35, 958-967.

Lofts, R.H., Schroeder, S.R., & Maier, R.H. (1990). Effects of serum zinc supplementation on pica behavior of persons with mental retardation. *American Journal on Mental Retardation*, 95 (1), 103-109.

4. Do you have a safety assessment which you have used for PICA which could be shared with us?

I have a set of questions that I use when I'm starting on a case that I will share and that document will be posted along with my answers to the "FAQs". My general strategy is to be thorough and put myself in the shoes of the individual on whom I'm consulting. Also, I remind myself that when I am told things like "*Tom never goes in that room.*" What I need to understand (and help other understand) is that the reality is "*Tom rarely goes in that room.*"

5. Any suggestions for safe, age-appropriate mouthing items?

I have no specific suggestions for mouthing items – I look to others for help on this important practical issue. I think the Team of people helping the individual often can address this need (and if that involves the Team doing some research etc. I think that's good) and/or ask an Occupational Therapist for help – as a group they seem to be knowledgeable about all kinds of materials and options and if the OT works in our field it's likely s/he will have a good understanding of the practical and social issues on which this question touches.

6. What size of items may be a pica concern versus items too large to swallow?

The answer is "*I don't know.*" I've been surprised at how large some items that have been swallowed have been. If someone is "driven" to find and swallow items then many items are "in play" and a very careful consideration of items in the environment must be done; think of what must be kept and what is optional. AND it must be understood that just as you or I would break a large piece of food apart in order to make the size right for eating, a person with high motivation to swallow an inedible item may bite off a piece of something too large to swallow whole and/or break the item into smaller bits with his or her hands.

And, never forget about liquid temptations – I’ve been surprised in the past few years to see reports indicating individuals drank small amounts of: (a) “Mr. Clean”; (b) motor oil and (c) “Miracle-Gro”.

7. Does making the food more visually appealing help with pica in someone on a restricted food texture?

I have never thought of this BUT I like the idea. My best guess is that better looking and better smelling food will be a bit more satisfying. And, it would be easy to test, e.g., mashed apple pie slice at room temperature on the left vs. professionally presented warmed apple pie slice on the right. (Please invite me to do a “pre-test”.)

It may be that nutritionists or another set of professionals have thoroughly looked at the effect of food texture on eating motivation I think that when a change in food texture is made to an individual’s diet, part of what the person newly experiencing a chopped or pureed diet may seek is how something FEELS in his or her mouth and/or throat. The bad news is we don’t yet have a full understanding of how changing food texture changes the eating experience (and the effects may vary widely). The good news is that potentially we could get some help e.g. via “first person reports” from individuals w/out intellectual disability who are experiencing similar dietary restrictions.

8. Is pica hereditary?

I don’t think so. I’ve never seen any literature suggesting pica is an inherited disorder. I will note that a study (cited below in my response to question nine) suggests that Sickle Cell Disease is associated with a relatively high rate of pica and Sickle Cell Disease is an inherited condition.

9. If person is developmentally at one year level is there any history of success in eliminating mouthing activity?

I have not focused on this in my work related to pica nor in my thinking about it And, I have not read professional literature addressing the question.

I would note that if someone presents at a “young developmental level” s/he will want to do activities consistent with that developmental level. And, if I’m consulting on such a case I may recommend that the Team focus on using available staff expertise and supports to help the person develop (i.e. learn) alternate behaviors and promote the individual’s involvement in activities in which pica is less likely to happen.

10. Do you have any suggestions for where I can find more information on the relationship between pica and sickle cell?

Yes, read this article:

Ivascu, N.S., Sarnaik S, McCrae J, Whitten-Shurney W, Thomas R, Bond S. (2001). Characterization of pica prevalence among patients with sickle cell disease. *Arch Pediatr Adolesc Med.* 155(11):1243-7.

Please note, on page 1247 of that study it is noted that “*The association between pica and low body weight suggests a nutritional effect.*” {Recall my advice when encountering any new individual with pica, always ask “*Might s/he want more food?*”}

Chris Fox, Ph.D.
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