

FACT SHEET

Failure To Thrive

What Is Failure to Thrive?

Although it has been recognized for more than a century, Failure to Thrive Syndrome lacks a precise definition. This is partly because it describes a condition rather than a specific disease. Children who fail to thrive do not receive, or are unable to take in, retain, or utilize the calories needed to gain weight and grow as expected.

Most diagnoses of Failure to Thrive are made in infants and toddlers in the first few years of life (a crucial period of physical and mental development). After birth, a child's brain grows as much in the first year as it will grow during the rest of the child's life. Poor nutrition during this period can have permanent negative effects on a child's mental development.

How is it manifested?

- A child who has stopped growing and/or has experienced significant weight loss may be suffering from Failure to Thrive Syndrome. A medical assessment is necessary to determine whether the syndrome is a medical or a non-medical condition.
- The following characteristics are often present in failure-to-thrive children:

Physical indicators

- child appears pale, thin, has "sunken cheeks"
- child's body fat ratio is extremely low (e.g., wrinkled buttocks)
- skin may feel like parchment paper as a result of dehydration
- prolonged vomiting and/or diarrhea
- child has not reached significant developmental milestones within their age range (e.g., cannot

hold head up at 6 months of age, cannot walk at 18 months)

Behavioural indicators

- appears lethargic and passive (e.g., cries very little)
- uninterested in environment or surroundings
- displays little or no movement (e.g., lies in crib motionless)
- is unresponsive to stimulation from strangers
- shows little stranger anxiety (e.g., is indifferent to attention received from strangers)

Who is affected?

- 70% of children with the diagnosis of Failure to Thrive Syndrome are the result of environmental causes such as inadequate feeding
- 20% of children with this diagnosis are the result of a medical condition such as gastrointestinal or neurological abnormalities
- 10% are typically small children and therefore not classified as Failure to Thrive

How is it diagnosed or detected?

Due to the fact that children grow and develop at different rates, it is necessary for a paediatrician to keep track of a child's growth and weight during regular checkups. In making the diagnosis, it is necessary to provide the physician with a detailed history of the child combined with a current physical examination. Growth charts for length, weight, and head circumference help in confirming the diagnosis of Failure to Thrive.

The content contained in this document is for general information purposes. It is not the intention to diagnose or treat a child.

Failure to Thrive, continued

Laboratory tests (such as blood tests including hormone studies, urine tests and stool tests for malabsorption of fat) are crucial.

X-rays of the wrist (to assess bone age) provide measures of body growth, which also assist in the diagnosis of Failure to Thrive.

Additional Resources:

HEALTHY BABIES HEALTHY CHILDREN:

www.city.toronto.on.ca/health/baby.htm

The Healthy Babies, Healthy Children Program (HBHC) is a prevention and early intervention initiative to provide support and services to families with children from before birth up to six years of age.

ONTARIO MINISTRY OF HEALTH AND
LONG TERM CARE:

www.health.gov.on.ca/english/public/program/child/child_mn.html