The Academy of Nutrition and Dietetics identify March as National Nutrition Month (<https://www.eatright.org/about-national-nutrition-month>) promoting development of informed food choices and healthful eating habits. Occupational therapists can address these issues in a variety of settings. A skill learned early on, eating problems and challenges happen throughout the life span. This review will focus on pediatric clients who are picky eaters and adults with eating disorders.

Children need sufficient caloric intake and adequate nutrients to develop and maintain health and well-being. If a child is a picky eater, it can jeopardize health and make dinnertime very stressful for all. Picky eating is a rejection of food or a preference for a limited range of liked foods. 25% of typically developing children and 80% of children with complex medical concerns have eating difficulties. (Gettier, 2022) There is a new and valid Pediatric Eating Assessment Tool (PediEAT) to use with children from 6 months to 7 years. It, along with other tools, is available at the Feeding Flock website (<https://feedingflockteam.org/>). The PediEAT addresses physiological symptoms, problematic mealtime behavior, selective restrictive eating, and oral processing. In each area, it is marked as no concern, concern or high concern by parents. The Sensory Profile (Dunn, 1996) is used, with a correlation related to tactile play scores, “avoids getting messy”. A pilot study was conducted with 4 children using sensory play interventions to address problematic mealtime behaviors and selective restrictive eating. Therapist coached parents to build into daily activities reading a book composed of sensory components. By using real food, children had positive sensory experiences. The 4-6 week intervention helped children to accept new foods and lead to increased oral explorations. They became more comfortable with touching and more willing to taste. A survey of Australian healthcare professionals about practice pertaining to picky eating in children showed that occupational therapists did not use standardized assessments, but rather clinical observation and workplace specific developed tools. Therapists reported that clinical guidelines, specialized training, and having more resources for caregivers (parents) would be helpful.

Eating disorders (ED) are defined as “persistent disturbance of eating or eating related behaviors, such as insufficient or excessive food consumption, resulting in physical impairments and psychological dysfunction” (Mack, 2019) Eating disorders have the highest mortality rates of all psychiatric disorders, with a minimum of 5%, increasing to 20% for those who coped for 20 years, with more rapid increase with each successive decade. (Mack, 2019) The Australian government sponsored a rapid review of 284 studies from 2009 to 2021 to identify what might put people at higher risk for developing eating disorders. The review was to inform the National Eating Disorder Research and Translation Strategy 2021–2031. There were nine categories identified; genetic, gastrointestinal micro biota and autoimmune reactions, childhood and early adolescent experiences, personality traits, gender differences, socio-economic status, ethnic minority, body image and social influence, and elite sports and excessive exercise. The hope is that contributing factors identified might lead to building awareness to better identify for early treatment, establish preventative measures, and guide development of efficacious treatments.

Occupational therapists have a significant role to play on eating disorder (ED) interdisciplinary treatment teams. ED is a multidimensional disease and as the illness progresses, engaging in disordered eating behaviors becomes what gives an individual meaning, value, and purpose in life and pleasure. Following the rules created by the disorder (i.e., calorie limitations, food restrictions, use of compensatory behaviors) provides the individual with a sense of control, structure, and routine. Reaching disordered goals, like weight loss, gives the patient a sense of accomplishment and mastery. (Mack et al., p 5)

Mack (2019) discussed the OTP role and noted that, based on the patient’s priorities, a therapist could address any of the following areas; appropriate eating behaviors  , client factors specifically related to triggers to engaging in ED behavior, warning signs of relapse, and positive  coping strategies, balanced occupational engagement,  desired role performance, in contrast to illness role performance,  emotional regulation  , self -esteem,  environmental and contextual implications, impaired functional cognition related to malnutrition, performance patterns, interpersonal skills, and overall health management.  Planning treatment depends on environment as patients transition from acute, to partial hospitalization programs and ultimately discharge, with prevention of relapse. There are rich opportunities to create occupation-based interventions around shopping for food or clothing, meal planning, preparation and clean up, and dining out in restaurants. Mack et. al reviewed lived experience narrative of an ED patient, which verified that occupational therapy treatments aligned with and met the needs of those coping with eating disorders. The patient is quoted as saying that occupational therapy was the favorite part of her day. *“I’d have to relearn aspects of everyday life. Instead of walking or speaking, it was grocery shopping, meal prepping and cooking, and the actual act of eating food. I needed to learn coping skills to eat alone or in social situations. These were just some of the abilities of daily tasks that I lost during my ED.” (Mack et al, p3*)

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