



Fact Sheet

PICA

General Overview

Pica is the term used for children as well as adults who have an appetite for non-nutritive substances e.g. soil, chalk, paper etc. or an abnormal appetite for some things that may be considered foods, such as food ingredients e.g. flour, raw potato, starch. For a child to be diagnosed with the eating disorder of PICA the symptoms must persist for more than one month, at an age where eating such objects is considered developmentally inappropriate. The word PICA is a Latin term meaning magpie, a bird known to eat almost anything. Pica is seen in all ages, particularly in pregnant women and small children and especially among children who have a developmental disability.

Although Pica in children is common, it needs to be taken seriously as it can be dangerous to the child's health. Children eating non nutritive substances increase the risk of ingesting a number of poisons such as lead and parasites. In addition to poisoning, there is also a much greater risk of gastro-intestinal obstruction or tearing in the stomach. Pica typically occurs between the age of 12 months and 24 months but can be seen in older children as well as adults.

Very little research has been done on what causes PICA but there is a suggestion that the person may suffer some biochemical deficiency and/or iron deficiency. Pica may also be a symptom of a hookworm infection. PICA is often treated as a part of a larger plan that addresses the child's other developmental needs.

Inclusion Strategies

Each child diagnosed with **PICA** will be different and individual. It is important to gain information from the parents as to what characteristics of **PICA** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is

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dependent on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, skills already achieved.

- Work together as a team to ensure consistency in approaching the situation. Work together on how each staff will approach and respond to the child eating dirt or such and how the child can "learn" appropriate eating behaviours.
- Gain as much information from the family about the child's eating disorder to reinforce the same guidance and support.
- Supervision of the child within the environment is important and possible elimination for specific non-nutritive foods may assist.
- Deal with each situation directly. Do not ignore the situation.
- Communicate clearly with the child using language that the child can understand.
- Observe when these situations occur and what could be a possible trigger.
- Use positive, firm supportive language when you are distracting or diverting the child.
- Be patient. Changing is difficult both for children and adults.

References

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