

## Failure to Thrive

**Failure to Thrive (FTT)** was described in the initial edition of *The Diseases of Infancy and Childhood* by L. Emmett Holt in 1897. Failure to thrive (FTT) is a term used to describe inadequate growth or the inability to maintain growth, usually in early childhood. However, it is never a diagnosis unto itself.

In the U.S. FTT is seen in 5 to 10 percent of children in primary care settings and in 3 to 5 percent of children in hospital settings. A careful history and physical can identify most causes of FTT. The most commonly used criteria for diagnosing failure to thrive in infants or young children is body mass for age less than the 5<sup>th</sup> percentile.

Traditionally, the causes for FTT are subdivided into organic (medical) and nonorganic (social or environmental). Organic causes of FTT include inadequate caloric intake such as problems with breast feeding, gastric reflux, caregiver depression and lack of food availability. Other causes are inadequate caloric absorption such as gastrointestinal disorders and excessive caloric expenditures due to congenital heart or lung disease. With an increasing spotlight on this condition, it is widely recognized that poverty is the greatest single risk factor for FTT in developed and developing countries.

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Attorneys are usually involved in cases of infant or childhood FTT when the condition is associated with possible child neglect or abuse. Importantly, child neglect or abuse must be considered, because children with FTT are four times more likely to have been abused than children without FTT. Critical review of medical records of the infant, medical and psychological records of the mother, social services records, school records, and nutritional consultations/counseling records, home health nursing records, police reports or social service visits is required in cases of FTT in children.

With increasing concerns regarding our aging population, medical literature became abundant with information regarding the geriatric population. References to failure to thrive in the elderly population first appeared in medical literature in the 1990s and was originally called "the dwindles".

The Institute of Medicine later defined failure to thrive late in life as a syndrome manifested by weight loss greater than 5 percent of baseline, decreased appetite, poor nutrition, and inactivity, often accompanied by dehydration, depressive symptoms, impaired immune function, and low cholesterol levels. Therefore, cases of geriatric FTT are associated with increased infection rates, diminished cell-mediated immunity, hip fractures, decubitus ulcers and increased surgical mortality rates. The analysis of the complex interactions in these cases can be difficult.

Thorough evaluation of the physician assessment of the patient's physical function, cognitive status, mood, and social setting is essential. The most common psychiatric condition in older adults is

depression which can be a cause and a consequence of FTT. A delay in the diagnosis and treatment of depression may accelerate the decline associated with FTT and increase mortality and morbidity.

Malnutrition is an independent predictor of mortality in older adults. In addition to obtaining a complete dietary history, weight trends and other markers such as lab results, patients should be assessed for oral pathology, ill-fitting dentures, and problems with swallowing and medication use that might cause anorexia.

Treatment of FTT should focus on identifiable diseases and be limited to interventions that have few risks for these frail patients. Failure to thrive commonly occurs near the end of a person's life, so the potential benefits of treatment should be considered before evaluations and treatments are undertaken.

Attorneys are likely to be presented with more of these cases because most families are unfamiliar with this syndrome and many physicians fail to provide adequate evaluation, diagnosis, treatment and patient/family teaching concerning these patients.

#### References:

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