COMPREHENSIVE PEDIATRIC MANAGEMENT OF FAILURE TO THRIVE: AN INTERDISCIPLINARY APPROACH

Carol Berkowitz
Department of Pediatrics
UCLA School of Medicine

The variety of medical, nutritional and psychosocial causes of FTT necessitate a comprehensive approach to the evaluation of this problem. The utilization of a multidisciplinary team allows each professional to contribute his or her area of expertise to the maximum. This model of care equates FTT with a puzzle, for which each team member obtains one piece. This chapter describes the evaluation process, management strategies, and results of a pediatric clinic established for the assessment of children with FTT.

BACKGROUND

The FTT Clinic was founded in June, 1980, by the author and a pediatric nurse practitioner. The impetus for the clinic came from a paper presented at the Ambulatory Pediatric Association meeting in Atlanta, Georgia in 1979, by Sahler et al. who noted that patients diagnosed as FTT had poor long term follow-up. When they re-evaluated 21 out of 30 children hospitalized for FTT two to four years after discharge, two-thirds were still below the 3rd percentile and half of the mothers were unaware of their child's diagnosis or treatment plan. Similar experiences have been reported by other investigators (White, Malcolm, Ruper, Westphal & Smith, 1981). Our experience suggested that similar outcomes existed at our institution. Prior to the development of the FTT Clinic, patients were evaluated in the emergency department or admitted to the hospital. Follow-up care was given sporadically, depending on the house officer who cared for the patient.

The FTT Clinic was developed to assure not only an adequate initial assessment but consistent long term follow-up. The Clinic is staffed by a team of individuals already employed by the institution. These individuals include a pediatrician, pediatric nurse practitioner (PNP), dietitian, clinical psychologist, clinical social worker, child abuse liaison specialist, occupational therapist and home nurse. No funds were required to start the Clinic, and all team members are salaried. In addition to providing a needed service to our patients, the Clinic is an integral part of the teaching program in pediatrics, psychology and nutrition. House officers and fellows all spend time in the FTT Clinic.

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The FTT Clinic meets one morning a week from 8:30 a.m. to 1:00 p.m. in the Pediatric Clinic of Harbor-UCLA Medical Center. The Medical Center is located in Torrance, California, a middle class community which is part of greater Los Angeles, and serves a medically and economically indigent population. The hospital is also the southern campus of UCLA School of Medicine, and in addition to being a primary care facility for the area, is a tertiary care referral center. There are approximately 40,000 pediatric outpatient visits per year.

All patients register for the Clinic in a routine manner and undergo financial screening at which time financial responsibility for the Clinic charges are determined. Patients are weighed and measured by the pediatric nursing staff. The first person to evaluate the patient is the pediatrician or pediatric nurse practitioner who obtains a complete history and performs a comprehensive physical exam. Pediatric house staff discuss cases with the attending physician and determine which other team members need to evaluate the patient. This decision is based on the physician's assessment of nutritional status, social situation and developmental assessment. A complete evaluation takes from one to two hours depending on the number of patients being seen and the number of team members scheduled to do evaluations. An average of 15 to 20 patients are seen each week. Three or four of these are new patients and the remainder are seen for follow-up. Once all patients have been evaluated, the team convenes to review each patient, share findings and develop a management plan. Team conference lasts about one and a half hours. Team members present their findings and individual recommendations for disposition. Referrals are often made to the Visiting Nurse Association, and the visiting nurse presents findings from home visits. Decisions to refer families to outside agencies including Head Start, mental health, protective services or law enforcement are made by the team at the time of the conference. The team conference is discussed in more detail below.

Patient Characteristics

Over 300 patients have been evaluated in the FTT Clinic since 1980. Approximately 55% were male. Patients ranged in age from 18 days to 18 years, but three-fourths were under the age of 3 years and half were less than 1 year old. These findings are consistent with clinical observations. Fifty percent of children with FTT will manifest abnormal growth by 6 months (Hannaway, 1970). Some investigators restrict the term FTT to children under the age of 3 years, and utilize "psychosocial dwarfism" to characterize the older child with FTT (Gardner, 1972; Money, 1977; Silver & Finkelstein, 1967).

The ethnic background of the patients seen in the FTT Clinic was as follows: Latino 45%, black 25%, white 20%, and other including southeast Asian 10%. There was a slightly higher proportion of black infants seen in FTT Clinic than for the hospital in general.

Patient Referrals

Patients come from a wide variety of referral sources. Most patients (60%) are referred directly from our pediatric emergency room where they have been evaluated for an unrelated problem. Some patients (10%) are referred following hospitalization on the in-patient service. Occasionally a mother will request an appointment because of concern about her child's size. Other referrals come from private practitioners (5%), public health clinics (5%), the Department of Public and Social Services (DPSS)(15%), and law enforcement (5%). In recent years more children have been brought in by these latter two agencies.