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The challenge of managing feeding difficulties in childhood: a critical analysis of the guidelines of the Sociedade Brasileira de Pediatria (Brazilian Society of Pediatrics)

O desafio do manejo das dificuldades alimentares na infância: uma análise crítica do guia de orientações da Sociedade Brasileira de Pediatria

Abstract

The Brazilian Society of Pediatrics (SBP) published In April 2022 some guidelines for managing feeding difficulties (FD) in collaboration with DANONE Nutricia®. This article critically analyzes the publication, highlighting its conceptual weaknesses. The following topics were identified: presence of conflict of interests, inaccuracies in the definition and prevalence of FD, lack of a clear definition for adequate and healthy eating, a nutrient-centered approach and lack of contextualization of FD with the food and nutritional panorama of Brazilian children. FD literature is scarce, with many publications declaring conflict of interests due to the authors' services provision to the food or pharmaceutical industry. Food preferences are determined by a complex interaction between intrinsic and extrinsic factors. Therefore, it is to be expected that a publication on infant feeding highlights the influence of social, environmental and current food system aspects on the eating patterns of children and families. Despite the evidence currently available, the publication of the SBP proposes a focus on the biological consequences of FD, on management with a restricted objective of ensuring adequate energy/nutritional intake, on monitoring the child's growth / development and on the discussion of solutions for FD that rely on food products that can be classified as ultra-processed. It can be concluded that the lack of a robust theoretical framework free of conflict of interests being used in the construction of the proposed recommendations prevents guidelines from supporting the qualification of comprehensive care for children's health.

Keywords: Child nutrition. Food guide. Childhood eating disorders.

Resumo

A Sociedade Brasileira de Pediatria (SBP) publicou em abril de 2022 um guia de orientações para o manejo das dificuldades alimentares (DA) com a colaboração da DANONE Nutricia®. Este artigo analisa criticamente a publicação, explicitando suas fragilidades conceituais. Foram identificados: presença de conflito de interesses, imprecisões na definição e nas prevalências de DA, ausência de uma definição clara para alimentação adequada e saudável, abordagem nutriente-centrada e ausência de contextualização das DA com o panorama alimentar e nutricional das crianças brasileiras. A literatura na área de DA é escassa, com muitas publicações declarando conflito de interesses devido à prestação de serviços dos autores para a indústria de alimentos ou farmacêutica. Preferências alimentares são determinadas por uma complexa interação entre fatores intrínsecos e extrínsecos. Sendo assim, é de se esperar que uma publicação sobre alimentação na infância destaque a influência dos

aspectos sociais, ambientais e do sistema alimentar vigente nos padrões alimentares da criança e da família. Apesar das evidências atualmente disponíveis, a publicação da SBP propõe enfoque nas consequências biológicas das DA, no manejo com objetivo restrito a garantir aporte energético/nutricional adequado, no monitoramento do crescimento / desenvolvimento da criança e na discussão de soluções para as DA que dependem de produtos alimentícios que podem ser classificados como ultraprocessados. Pode-se concluir que a falta de um referencial teórico robusto e livre de conflito de interesses sendo empregado como fio condutor na construção das recomendações propostas impede que um guia orientativo apoie a qualificação da atenção integral à saúde da criança.

Palavras-chave: Nutrição da criança. Guias alimentares. Transtornos de alimentação na infância.

CONTEXTUALIZATION

On 04/29/2022, the Departamento Científico de Nutrologia da Sociedade Brasileira de Pediatria (SBP) (Scientific Department of Nutrology of the Brazilian Society of Pediatrics) published guidelines for managing feeding difficulties (FD).¹ This document has the collaboration of DANONE Nutricia®, nutrition division of one of the world's largest companies in the food industry, responsible for producing and selling various ultra-processed dairy products, such as dairy compounds and infant cereals, and foods for special purposes, such as infant formula, among others. This article intends to critically analyze the aforementioned publication, exploring the conceptual weaknesses found and explaining conflict of interests that may have influenced the approach adopted in the document. A systematic reading of the SBP guidelines was carried out by the authors of this article for the point-by-point identification of its conceptual weaknesses.

Critical analysis of the guidelines for managing feeding difficulties

The conceptual weaknesses found in the SBP guidelines were summarized in table 1, point by point, with the excerpts cited in the publication.

Chart 1. Description of conceptual weaknesses identified in the Guidelines of the Brazilian Society of Pediatrics (SBP), with examples of contents and arguments synthesis.

Indications of conceptual weaknesses in the article	Content identified in the article text	Argumentation
Presence of conflict of interests	<i>We would like to thank Danone Nutricia which collaborated with the Sociedade Brasileira de Pediatria (Brazilian Society of Pediatrics) in the edition of these guidelines (page 11).</i>	The company is responsible for producing infant formula, milk compounds, infant cereals, among other products aimed at children, in addition to sponsoring courses for pediatric residents.
Inaccuracies in the definition of feeding difficulties used by the authors	<i>Feeding difficulties was an umbrella term used by Kerzner et al. (2015) to broadly and heterogeneously characterize children who have eating problems. This definition [...] includes those with refusal of usual foods, ingestion of a small amount of food, lack of interest in food, ingestion of a limited number of foods, inadequate acceptance of food or food phobia.[...]. Another condition included by Kerzner et al. (2015) in the FD spectrum is the parents' dissatisfaction with their children's diet (page 23).</i> <i>Table 1 - Classification of feeding difficulties in childhood, adapted from Kerzner et al. (2015) (page 26).</i>	The publication chosen by the SBP to define feeding difficulties recognizes that the false perception of parents exists for limited appetite, selectivity and food phobia. However, the SBP guidelines assume that this parental misinterpretation may only occur for limited appetite. Furthermore, it is worth mentioning that Kerzner et al. (2015) declare providing services to Abbott Laboratories® in the feeding difficulties segment.

Chart 1. Description of conceptual weaknesses identified in the Guidelines of the Brazilian Society of Pediatrics (SBP), with examples of contents and arguments synthesis.(Continues)

Indications of conceptual weaknesses in the article	Content identified in the article text	Argumentation
Amplitude in the prevalence of cited feeding difficulties	<p>It is estimated that between 25% and 40% of healthy children have less severe FD [...] (page 23).</p> <p>According to data from the literature, the vast majority of children considered to have feeding difficulties by their parents do not have this condition. Only 1% to 5% meet the defined criteria for feeding difficulty, [...] (page 26).</p> <p>Considering the high prevalence of feeding difficulties (FD) in childhood, it is highly relevant to understand the consequences that this condition can bring to the child's health (page 59).</p>	Different definitions and diagnostic methods culminate in varying prevalence of feeding difficulties in childhood. Many of its signs may be naturally present in this life cycle, such as selectivity and food neophobia.

Chart 1. Description of conceptual weaknesses identified in the Guidelines of the Brazilian Society of Pediatrics (SBP), with examples of contents and arguments synthesis.(Continues)

Indications of conceptual weaknesses in the article	Content identified in the article text	Argumentation
Nomenclatures used to define adequate and healthy eating	<p><i>The current days show a complex reality in the infant scenario. Low birth weight, inadequate breastfeeding, incorrect introduction of complementary foods, and excessive supply of foods that are not necessarily suitable for the age [...]</i> (page 20).</p> <p><i>[...] children living with responsive feeders tend to eat more fruits, vegetables and dairy products, less junk food and have a lower risk of being overweight</i> (page 32).</p> <p><i>It is important to continue to promote healthy eating habits among children in general, particularly in children with feeding difficulties, by providing repeated exposure to a variety of foods, offering age-appropriate textures/portion sizes, using appropriate feeding techniques, [...]</i> (page 40).</p>	The material does not adopt the NOVA classification, which groups foods according to the degree and purpose of processing, in accordance with official dietary guidelines from the Ministry of Health (Dietary Guidelines for the Brazilian Population, launched in 2014, and Dietary Guidelines for Brazilian Children Under Two Years Of Age, published in 2019).

Chart 1. Description of conceptual weaknesses identified in the Guidelines of the Brazilian Society of Pediatrics (SBP), with examples of contents and arguments synthesis.(Continues)

Indications of conceptual weaknesses in the article	Content identified in the article text	Argumentation
Recommended method for diagnosing food intake	<i>The evaluation of food intake, which allows us to know if the intake of micro and macronutrients is adequate, can be done by evaluating the intake of the last 24 hours, [...] and/or eating frequency of food groups. By the detailed physical examination we can infer if there is any nutritional deficiency [...]. Some laboratory test results can also diagnose nutritional deficiency [...]</i> (page 35).	Diagnosis of food consumption is limited to the analysis of macro and micronutrients aimed at supplementation. Food consumption markers from the Sistema de Vigilância Alimentar e Nutricional (SISVAN) (Food and Nutrition Surveillance System) are not addressed, making it difficult to guide aspects related to the composition of meals and eating patterns. .
Dairy products presented as markers of healthy eating	<i>[...] children living with responsive feeders tend to eat more fruits, vegetables and dairy products, less junk food and have a lower risk of being overweight</i> (page 32). <i>A varied diet is recommended, with vegetables, fruits, cereals (preferably whole grains), lean proteins and dairy products</i> (page 39).	The document does not consider the issues related to the consumption of dairy compounds and infant cereals, products considered ultra-processed. Such products are not indicated for children under two years old and should be avoided among those over two, according to the dietary guidelines of the Ministry of Health.

Chart 1. Description of conceptual weaknesses identified in the Guidelines of the Brazilian Society of Pediatrics (SBP), with examples of contents and arguments synthesis.(Continues)

Indications of conceptual weaknesses in the article	Content identified in the article text	Argumentation
Food grouping according to nutritional profile	<i>A varied diet is recommended, with vegetables, fruits, cereals (preferably whole grains), lean proteins and dairy products. Foods rich in saturated fat, added sugars and salt should be limited (page 39).</i>	Absence of guidance based on the classification of foods according to the extent and purpose of processing (NOVA).
Biological approach to managing feeding difficulties	<i>The management aims to ensure adequate energy and nutritional intake and monitor growth and development (page 24).</i> <i>[...] the school is not a restaurant and cannot provide individual assistance and menus for all eating problems (page 56).</i>	The importance of intersectoral actions in promoting adequate and healthy eating is disregarded, without any mention of articulation between services to help the family in this process. This approach makes it difficult to recognize the State's responsibility to protect the rights of children and their families. Additionally, the publication ignores the food system and its relationship with the food and nutritional safety of Brazilian children.
Blaming the individual and the family.	<i>A child not eating well or not eating as expected is a complex issue for family members and one that contaminates the expanded environment of home, schools and even social life (page 20).</i>	The document points out that managing feeding difficulties requires a holistic approach that involves all the actors committed to the child's care, but without listing who these actors are or what their responsibilities are. Furthermore, the influence of the configuration of eating environments on the occurrence of feeding difficulties is ignored by the SBP. This approach reinforces the blaming of families.

Quadro 1. Descrição das fragilidades conceituais identificadas no Guia de Orientações da Sociedade Brasileira de Pediatria (SBP), com exemplificação dos conteúdos e síntese da argumentação.(Continues)

Indications of conceptual weaknesses in the article	Content identified in the article text	Argumentation
Absence of contextualization of feeding difficulties with the food and nutritional panorama of Brazilian children.	<i>Despite its importance for infant nutrition, diversified diets have been little practiced. Children are more and more selective and changes are often only noticed when they are already serious and difficult to reverse (page 24).</i>	The information presented is not substantiated with empirical data. The material does not discuss data from the Estudo Nacional de Alimentação e Nutrição Infantil (ENANI, 2019) (Brazilian National Survey on Child Nutrition).
Approach to encouraging responsive care is limited to behavioral issues.	<i>Pediatricians should adjust their recommendations based on parents' eating style, although there are general feeding guidelines that help caregivers become more responsive and avoid counterproductive practices, as shown in Table 2 (feeding guidelines for all children - adapted from Kerzner et al., 2015) (page 34).</i>	Although the publication recognizes that the responsive feeder is associated with a lower risk of overweight in childhood, no recommendations are presented on the composition of meals in accordance with the Ministry of Health dietary guidelines.
Lack of a deeper discussion about the relationship between manipulation and childhood	<i>Cases that are increasingly complex determine that a new focus must be determined, [...], to help extremely manipulated children, and desperate parents with the lack of success (page 21).</i>	Encouraging the critical thinking of families and other actors involved in child care is essential in managing feeding difficulties, as advised by the Ministry of Health dietary guidelines.

Chart 1. Description of conceptual weaknesses identified in the Guidelines of the Brazilian Society of Pediatrics (SBP), with examples of contents and arguments synthesis.(Continues)

Indications of conceptual weaknesses in the article	Content identified in the article text	Argumentation
Employment of inconsistent narrative that relates feeding difficulties to nutritional deficiencies	<p><i>In some children, it is possible that disturbances in eating behaviors could result in a failure to meet adequate nutritional and/or energy needs, which could have serious and negative health implications (e.g., stunted growth, nutritional deficiency or other functional impairments) (pages 39 and 40).</i></p> <p><i>However, it should be noted that it is not uncommon to also see iron, zinc and vitamin D deficiencies in children in general (page 40).</i></p> <p><i>[...] feeding difficulty in childhood may be associated with compromised anthropometric nutritional status, with low weight, stunting and even obesity; with micronutrient deficiency [...] (page 41).</i></p>	There is no concise and widely used definition for feeding difficulties, thus making it difficult to carry out comparative studies.

Conflict of interests and theoretical framework adopted for the FD definition

The guidelines are organized into twelve chapters, guided by the definition of FD proposed by Kerzner et al.,² which recognizes the difficulty in conceptualizing the problem, establishing its frequency, distribution and determinants. These authors suggest the FD diagnosis based on the perception of the children's parents, classifying them as those with "*limited appetite*", with "*selective consumption*" or "*fear of eating*". Kerzner et al.² state that parental misperception is frequent, and estimate that of the 25% of children diagnosed with FD by parents, only 1 to 5% meet the criteria for feeding disorders.

Gibson & Cooke³ consider food selectivity and food neophobia as conditions that affect children's eating patterns, without recognizing the existence of an entity called "feeding difficulties". These authors define food selectivity as a condition characterized by the rejection of a wide variety of foods, including those regularly consumed by other family members, leading the child to select a restrictive diet. Food neophobia, on the other hand, is diagnosed when there is refusal to try new or unfamiliar foods, and is considered an innate predisposition that affects all children, especially the younger ones. For Gibson & Cooke,³ the prevalence of food selectivity varies between studies and the investigated age groups due to the lack of consensus on the definition and the absence of validated instruments for diagnosis. The prevalence of food neophobia is known to be lower in the first year of life, with an increase in the second year of life, reaching a peak between 2 and 6 years old and declining thereafter.³

The authors of the SBP guidelines recognize the wide range of FD prevalence, which can be transient and naturally present in childhood. The proposal by Kerzner et al.² attests that the symptoms usually appear during food introduction or when the child begins to have autonomy to feed himself/herself. Differently from Kerzner et al.,² Gibson & Cooke³ conclude that selectivity and food neophobia are strongly influenced by the environment, hardly lead to malnutrition and are naturally part of the children's development process, requiring strategies that repeatedly expose children to usually rejected foods and the involvement of health professionals. It is also worth mentioning that while Kerzner et al.² declare providing services to Abbott Laboratories® in the area of feeding difficulties, Gibson & Cooke³ declare absence of conflict of interests.

It is noteworthy that the literature on FD is scarce, and publications in which the authors declare conflict of interests due to the provision of services to the food or pharmaceutical industry are frequent in the field.^{2,4-6} The existence of conflict of interests in the production and dissemination of knowledge in food and nutrition, with influence on professional practice and public policies, has been widely discussed.^{7,8} The SBP has already starred in a similar episode, when it published material with the support of Nestlé omitting a series of guidelines from the Ministério da Saúde (Ministry of Health), as disclosed by the page "*O Joio e o Trigo (The Wheat and the Chaff)*".⁹

Nutrient-centered and biological approach for managing FD

In the SBP guidelines, the dietary recommendations ignore the official Brazilian dietary guidelines published by the Ministério da Saúde (Ministry of Health) in 2014 (Guia Alimentar para a População Brasileira /Dietary Guidelines for the Brazilian Population¹⁰) and in 2019 (Guia Alimentar para Crianças Brasileiras Menores de Dois Anos /Dietary Guidelines for Brazilian Children Under Two Years Of Age¹¹). The Ministry of Health dietary guidelines base their recommendations on the NOVA classification, focused on the extent and purpose of industrial food processing, developed by the Universidade de São Paulo (University of São Paulo). NOVA classifies foods into four groups: natural or minimally processed foods, processed culinary ingredients, processed and ultra-processed foods.¹² Thus, the SBP never uses the term "ultra-processed food", ignoring

the golden rule of the Dietary Guidelines for the Brazilian Population¹⁰ and step 6 of the Dietary Guides for Brazilian Children Under Two Years Of Age.¹¹

Disregarding these guidelines, the SBP does not elucidate the reader as to the criteria for assessing the diet of children and their families, building a narrative to encourage the prescription of dietary supplements as an instrument to guarantee food and nutritional safety. Such supplements are not recommended as part of a healthy diet for most children.

Despite the available evidence and the current recognition of the various dimensions of healthy eating (social, economic, cultural and environmental),¹⁰ the SBP publication proposes a focus on the FD biological consequences, on restricted management to ensure adequate energy/nutritional intake, on monitoring the child's growth / development and in the discussion of solutions for FD related to the collaborating company's food products: ultra-processed dairy products, such as dairy compounds, infant cereals and foods for special purposes, such as infant formula, among others. However, neither the criteria nor the theoretical references for the health professional to conclude that a diet has inadequate quality and variety are clarified. The use of terms such as "age-appropriate foods" and "junk food" makes it difficult to understand the proper composition of meals, according to the dietary guidelines from the Ministry of Health.

The use of food consumption markers proposed by the Sistema de Vigilância Alimentar e Nutricional (SISVAN) (Food and Nutrition Surveillance System)¹³ is known to be a practical diagnostic tool to guide Primary Health Care professionals in interventions based on the dietary guidelines from the Ministry of Health. However, the assessment of habitual food consumption is recommended in the SBP guidelines only to analyze the adequacy of macro and micronutrient intake aiming at individualized supplementation.

It is worth mentioning that it is admittedly difficult to identify FD adverse outcomes, such as impaired growth, when there is no consensus definition and specific evaluation method.⁴ Even so, the SBP guidelines employs a narrative that relates FD to nutritional deficiencies.

The omission of important theoretical references in the SBP guidelines contributes to a purely biological and nutrient-centered approach to a multicausal problem. As an example of this limited approach, there is a lack of contextualization regarding the current food and nutritional scenario and the influence of the food system on FD. It is known that food preferences are determined by the complex interaction between intrinsic and extrinsic factors, including genetic and environmental aspects.^{3,14} Thus, the sensory experience in intrauterine life, maternal nutrition, the postnatal period (breastfeeding, use of infant formula and weaning), parental eating patterns and the environment (social, economic and the presence of siblings at home) are examples of factors that influence children's food preferences.^{3,15} It is important to highlight that taste development is greatly influenced by constant exposure to different flavors.^{16,17}

Additionally, it is known that the food environment around the school, exposure to advertising focusing on the benefits of fortified foods, better family socioeconomic conditions and enrollment in private schools are factors that contribute to the higher consumption of ultra-processed foods among children.¹⁸ Therefore, it is expected that a publication on infant feeding highlights the influence of social, environmental and current food system aspects on the eating patterns of children and families, instead of blaming them for their difficulties.

In recent years, national surveys with representative samples of the pediatric population have been carried out, such as the Estudo Nacional de Alimentação e Nutrição Infantil (ENANI 2019)¹⁹ (Brazilian National Survey on Child Nutrition) and the Pesquisa Nacional de Saúde (PNS, 2019 and PNS, 2013),²⁰ (Brazilian National Survey of Health) demonstrating high prevalence of early introduction of ultra-processed foods among children under two years old, associated with low prevalence of breastfeeding. The ENANI (2019)¹⁹

identified that the diet of Brazilian children has been characterized by the low variety of natural and minimally processed foods and by early exposure to ultra-processed foods, negatively impacting the food eating quality.

The hegemonic model of the Brazilian food system, with the predominance of access to ultra-processed foods,²¹ creates particularly worrying challenges for the most socially vulnerable populations, as many have difficulty accessing healthy food, based on natural and minimally processed foods.²² It is also worth mentioning the evidence accumulated after the beginning of the COVID-19 pandemic, which demonstrates a worsening in infant feeding, with low diversity that can make it difficult for children to be introduced to new foods without resistance.²²

The SBP guidelines mention the importance of healthy eating for child nutrition, but it does not provide a clear definition that allows the reader to properly assess food consumption and the need for intervention in this context. The document emphasizes that managing FD requires a holistic approach that involves all the actors responsible for the child's care, but it does not elucidate the responsibilities of these actors and the State in guaranteeing the food and nutritional safety of this population. Likewise, although the SBP recognizes the importance of integration between health professionals for managing FD, the presentation section of the publication is aimed at pediatricians.

It should be noted that, in Brazil, the *Política Nacional de Atenção Integral à Saúde da Criança*²³ (National Policy for Integral Child Health Care) highlights healthy eating as a strategic axis in the promotion and protection of children's health, supporting the qualification of strategies and actions aimed at children's comprehensive health.

Absence of relevant conceptual discussions on infant feeding

Another example of a limited approach to FD determinants is the presentation of recommendations to favor responsive parenting styles (capable of improving children's eating patterns). The authors of the SBP guidelines restrict these recommendations to the behavioral dimension, without any orientation on the composition of meals according to the Ministry of Health dietary guidelines.^{10,11}

The nutrient-centered approach adopted by the SBP, disregarding the NOVA food classification, makes it strategically confusing for the reader to understand dietary patterns that require intervention. The best example of this strategy is the explanation of dairy products as markers of healthy food consumption among children. This resource is identified by the association that the authors of the publication make between higher consumption of dairy products and the responsive feeder. Although the authors mention that children with FD may present excessive milk consumption, they do not detail the situations that suggest the need for intervention and guidance by the health professional. Likewise, the SBP publication also does not mention the use of infant cereals. It is noteworthy that there is evidence of a preference for beverages as a common symptom among children with FD and of an association between excessive milk consumption and reduced appetite.²⁴

At the same time, the SBP recommends the use of a "nutritionally complete children's supplement", and there is no regulated product on the market with this term by the Agência Nacional de Vigilância Sanitária (ANVISA) (Brazilian Health Regulatory Agency). This omission of terms used by official bodies makes it difficult for the reader to understand the recommendations for managing FD.

The SBP guidelines presents a table (erroneously titled as "*Anthropometric indices for children and adolescents*") listing the dietary sources of A, D and C vitamins and the iron, calcium and zinc minerals. In this context, milk and dairy products are listed as food sources of vitamin A and calcium without any distinction

between natural or minimally processed milk, processed cheese/yogurts, ultra-processed cheese/dairy beverages and dairy compounds. It should be noted that dairy compounds, widely marketed in Brazil by the company that collaborates with the preparation of the SBP material, are ultra-processed foods and, therefore, not indicated for children under two years old and that should be avoided by children over 2 years old.^{10,11} Publication by Brand-Miller et al.²⁵ shows that dairy compounds, due to the presence of added sugars, such as maltodextrin, glucose and corn syrup, produce higher glucose and insulin responses when compared to milk.

A Brazilian study²⁶ observed differences between the eating patterns of low-income children diagnosed with high food neophobia and those with low/medium food neophobia. The former showed less adherence to traditional dietary patterns of Brazilian culture, greater consumption of ultra-processed foods and dairy products such as yogurt and cheese.²⁶ It is noteworthy that early experiences with nutritious foods and variety of flavors can maximize the likelihood that, as children grow, they will choose a healthier diet.¹⁶ Other evidence points out that unhealthy eating patterns, characterized by the presence of ultra-processed foods, practiced at two years old, tend to remain when children reach three and five years old.¹⁵ Thus, it is to be expected that early exposure to ultra-processed foods, considered hyperpalatable and extremely attractive, hinders the acceptance of a diet based on natural and minimally processed foods, as recommended by Brazilian dietary guidelines.^{10,11}

Finally, the publication still presents other theoretical inconsistencies, such as when mentioning that children are *"extremely manipulated"*, but without defining or explaining the cause and impact of such manipulation. It is known that the advertising of ultra-processed foods is recognized as an important obstacle to healthy eating, with children being the main target audience.^{10,11}

FINAL CONSIDERATIONS

It can be concluded, therefore, that the lack of a robust theoretical framework free of conflict of interests being used in the construction of the proposed recommendations prevents an orientation guideline from effectively fulfilling its essential mission: to support the qualification of the comprehensive health care for children. Additionally, the publication of the SBP induces behaviors that may endanger the health of children by promoting a medicalized approach to food, in disagreement with the official dietary guidelines of the Ministry of Health and permeated by conflict of interests. This approach favors the misdiagnosis of FD by pediatricians and the consequent recommendation of consumption of ultra-processed foods to the detriment of natural and minimally processed foods

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Contributors

Reis LC participated in the design of the study, wrote the article, revised and approved the final version. Vieira VL revised the article, contributed to the critical analysis and approved the final version. Neri D revised the article, contributed to the critical analysis and approved the final version.

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Conflict of interests: The authors declare that there is no conflict of interest.

Received: July 14, 2022

Accepted: November 27, 2022