

What is PICA?

Pica is a type of eating disorder that involves persistent eating of non-food substances/objects which have no nutrition.

Signs and Symptoms of Pica

For a diagnosis of Pica to occur the eating behaviours needs to:

- have been present for at least one month
- be developmentally inappropriate for the individual. Children under 2 years of age should not be diagnosed with pica - infants and babies often place non-food objects in their mouths as part of normal sensory development.
- not be part of a normal cultural or social practice. For example, in some cultures eating non-food substances such as clay is part of traditional medicinal practice (Association 2013).

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: American Psychiatric Press.

The types of substances ingested by individuals with Pica vary. They commonly include soil, raw starch and ice, but may include a range of objects such as hair, plastic, rocks, gum etc.

Pica can be associated with a range of serious physical complications sometimes requiring surgery or resulting in death (Matson, Hattier et al. 2013).

Typically, individuals with Pica are not averse to eating food (i.e. the behaviour is not due to an alternative eating disorder diagnosis such as eating ice or cotton to prevent hunger in Anorexia Nervosa) and will generally also eat normal foods.

Pica often co- occurs with other mental health disorders such as Autism, intellectual disability, Schizophrenia, OCD, Stress/Anxiety, trichotillomania (hair-pulling disorder) and excoriation (skin picking disorder). Where another mental disorder is present the diagnosis of Pica is only given if additional clinical attention is warranted.

The word 'Pica' comes from the Latin word 'pīca', meaning magpie. Magpies collect and ingest non-food items.

Prevalence of Pica

There is limited information about how commonly Pica is experienced and available data suggests presentation rates vary significantly across contexts (Young 2011). In Australia the rate is largely unknown and research is needed in this area.

Causes of Pica

The exact causes of Pica are not well known, and a range of factors may play a role.

Available research suggests Pica more commonly occurs in certain population groups:

1. Pica typically develops in childhood
2. Pica is more common in pregnant women
3. Individuals in developing countries are more likely to experience Pica.
4. Individuals who are institutionalised particularly due to an intellectual disability have an increased risk of developing Pica.
5. Pica commonly presents in individuals suffering from malnutrition, specifically anaemia (iron deficiency) and/or zinc deficiency.

These studies are limited and there is a need for further research into the prevalence and causes of Pica.

Treatment Options

Treatment varies depending on Pica severity and the existence of any comorbid disorders. Research on Pica interventions is limited, and studies present mixed results. However it is clear that proper screening is required to appropriately diagnose the specific medical and psychiatric conditions involved for the individual.

Treatment Options (cont).

The consumption of non-food substances may result in a range of medical conditions including infection, poisoning (lead), abdominal pain, gastrointestinal complications, dental enamel erosion, metal toxicities and various nutritional deficiencies.

Medical treatment may be required even in the first instances and in extreme cases surgical intervention may be required (e.g. to remove objects from digestive system) prior to the focusing on behavioural change (Hartmann, Becker et al. 2012). Nutrition may also need to be restored through dietetic interventions.

Psychological treatment in the form of behavioural interventions may also be appropriate for individuals with Pica – e.g. positive reinforcement training into edible vs. nonedible foods. Emerging research suggests that when applied appropriately behavioural interventions are effective at significantly reducing Pica (Hong and Dixon 2017).

There is no current evidence suggesting psychopharmaceuticals are of benefit in treating Pica.

For any person with Pica, it is important to seek care from an empathetic and skilled GP who can remain involved in care throughout treatment and can monitor physical health.

References:

Association, A. P. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®), American Psychiatric Pub.

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Matson, J. L., et al. (2013). "Pica in persons with developmental disabilities: Approaches to treatment." *Research in developmental disabilities* 34(9): 2564-2571.

Young, S. L. (2011). *Craving earth: understanding pica—the urge to eat clay, starch, ice, and chalk*, Columbia University Press.