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Phagophobia: A Case Report of a 5-Year-Old Girl

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Abstract **Case Report**

Phagophobia, the irrational fear of swallowing, is a rare but potentially life-threatening disorder, often underdiagnosed and poorly understood. This case study presents a 5-year-old girl who developed phagophobia following a traumatic choking incident. She exhibited severe separation anxiety and refusal to eat, resulting in a referral to child psychiatry. Through a series of consultations, we implemented parental guidance and behavioral therapy, including gradual exposure, which led to favorable outcomes. Phagophobia is a specific phobia with no organic cause, making differential diagnosis essential to exclude physiological or eating disorders. Effective treatment typically involves cognitive behavioral therapy (CBT) techniques, such as graded exposure and, in some cases, Eye Movement Desensitization and Reprocessing (EMDR), particularly when trauma is involved. Nutritional management is also critical to prevent malnutrition and growth issues. Early intervention and a multidisciplinary approach, involving psychologists, psychiatrists, and dietitians, are vital for improving the child's quality of life and addressing both the psychological and physical complications of the disorder.

Keywords: Phobias; Swallowing; Children; Behavioral therapy.

INTRODUCTION

Phagophobia, or the fear of swallowing, is a rare but serious disorder as it can be life-threatening. This condition remains largely unknown and underdiagnosed, and as a result, there is limited literature on this disorder, with only a few case series reported. Phagophobia is defined as an irrational and intense fear of swallowing, ingesting food, or choking. In the past, many authors used the term "choking phobia" to describe these patients. It is a psychological form of dysphagia characterized by significant complaints related to swallowing, with normal results from physical examinations and investigations [1].

Phagophobia in children can be triggered by a traumatic event, such as a choking incident, as is the case of a 4-year-old girl presented in this article. We describe here a successfully treated case of phagophobia using cognitive-behavioral therapy (CBT) techniques.

The effects of phagophobia can have a significant impact on nutrition, growth, and development.

CASE REPORT

A 5-year-old girl, A., was referred to our child psychiatry clinic by the pediatric service for psychological management due to a refusal to eat. This behavior emerged after a choking incident that led the child to the emergency room, an event that generated a fear of choking again while eating.

The patient had no personal medical history. She was born to a desired, well-monitored pregnancy, delivered at term via vaginal birth, well adapted to extrauterine life, and had normal psychomotor and psychoaffective development.

Regarding family history, her mother was followed in psychiatry for depressive disorder and had taken antidepressants during pregnancy.

At the first consultation, the patient exhibited marked separation anxiety: she refused to stay alone, did not want to sit without her father's presence, clung to him, cried frequently, and refused to communicate with medical staff.

During three consultations, we provided parental guidance to the child's parents, aiming to reduce this fear using gradual techniques.

In parental guidance, we suggested several techniques for the father to help the child overcome her fear and regain the confidence necessary to eat. Here are additional details about these techniques:

- ✓ Gradual Desensitization:** We recommended reintroducing foods progressively, starting with easy-to-handle textures, like purees or compotes.
- ✓ Gradual Exposure:** We advised exposing the child to food situations progressively. For example, starting with allowing her to play with food without any obligation to eat, then progressing to foods she could put in her mouth without the obligation to swallow. This approach aims to reduce avoidance and normalize the eating experience.
- ✓ Positive Reinforcement:** Every small victory should be praised and encouraged.

The child's progress was generally favorable.

DISCUSSION

Phagophobia, or the fear of swallowing, is a form of psychogenic dysphagia. It is a rare disorder, classified in the ICD-11 as a specific phobia, characterized by excessive and irrational fear related to swallowing without any identified organic cause (World Health Organization, 2019). The DSM-5-TR, although it does not specifically mention phagophobia, classifies this type of fear under specific phobias as "phobia not otherwise specified" (APA 2022).

Swallowing phobia, as it was initially defined, refers to a fear of swallowing, choking, or strangling on solid or liquid foods in the absence of physiological or anatomical abnormalities. Differential diagnosis is crucial in these cases. It is important to distinguish phagophobia from organic dysphagia, which is caused by physiological swallowing problems [2]. The patient we describe underwent several examinations, and an organic cause was excluded by her pediatrician before referral. Additionally, this disorder requires differential diagnosis with some eating disorders, such as anorexia nervosa and bulimia [3].

This disorder can manifest explicitly or through avoidance behaviors or reassurance-seeking, accompanied by crying, anger, or opposition, especially during meals or meal preparation [4, 5].

In our patient, phagophobia emerged after a traumatic choking incident, which is consistent with studies suggesting that specific phobias can be triggered by traumatic events [6]. The patient developed an intense and persistent fear of food, resulting in severe food restriction, although without body image concerns, which differentiates it from anorexia nervosa [7].

Phagophobia can be severe enough to be life-threatening. It can lead to significant weight loss and malnutrition due to food avoidance. Weight loss is progressive, variable, and disproportionate to the duration of the disorder [5]. Initially, a complete history is reviewed, then physical and neurological evaluations are performed, and if necessary, appropriate instrumental studies are conducted [5]. Indeed, our psychiatric intervention for patient A occurred after the exclusion of an organic etiology.

Additionally, patient A. suffered from separation anxiety. Comorbidities with other anxiety disorders, such as separation anxiety, are frequently observed in cases of phagophobia [8]. They may pre-exist or be exacerbated by the traumatic event that triggers the phobia [9]. Some authors find that separation anxiety acts as a facilitating factor, promoting the rapid conditioning of swallowing phobia, which is accompanied by anxiety related to fear of death and separation.

Phagophobia in children can have a significant impact on nutrition, growth, and development: refusal to consume solid or liquid foods can lead to malnutrition, growth retardation, and severe nutritional deficiencies, especially in essential vitamins and minerals. The risk of dehydration is also increased when the child refuses to drink liquids for fear of choking. These complications can compromise the child's long-term somatic and neurocognitive development.

In terms of therapeutic management, behavioral therapies are the most effective. Graduated exposure therapy is often recommended for treating specific phobias, as indicated in studies [10]. Other approaches, such as cognitive-behavioral therapy and relaxation techniques, are also well-established for treating phobias [11], and combining these techniques has led to significant symptom improvement, according to the literature [12].

Solution-focused therapy has also proven effective, especially when the disorder's onset is related to a traumatic or distressing swallowing incident, such as vomiting or choking [13]. Moreover, in 2021, authors demonstrated that age-adapted EMDR techniques could effectively resolve the dysfunctional symptoms of a phagophobia case one month after onset [14].

Regarding pharmacological approaches, we did not prescribe medication due to the age of our patient. Behavioral therapy was sufficient to achieve clinical improvement. Moreover, few studies have demonstrated the effectiveness of pharmacotherapy in treating phagophobia [15].

In addition to psychological therapies, nutritional support is essential, particularly in cases where phagophobia has led to severe food restriction. Dietitians can help design tailored, progressive diets that meet nutritional needs while facilitating a gradual reintroduction of different food types [2].

In summary, managing phagophobia requires a combined therapeutic approach, incorporating appropriate psychotherapeutic interventions and nutritional management. Early intervention and the rigorous application of CBT techniques are essential to achieving favorable clinical outcomes and improving the patient's quality of life.

CONCLUSION

Phagophobia, though a rare disorder, can have significant physical and psychological health consequences in children, as illustrated by the case of the 5-year-old girl presented in this article. This disorder is characterized by an intense and irrational fear of swallowing, often triggered by traumatic food-related experiences. Early recognition and appropriate management are crucial to preventing complications such as malnutrition and growth delay, which can result from severe food restriction.

The most effective therapeutic approaches combine psychotherapeutic interventions, such as cognitive-behavioral therapy (CBT), with appropriate nutritional management. Techniques such as desensitization, gradual exposure, and cognitive therapy are particularly relevant for treating food-related phobias, allowing children to confront their fears in a progressive and controlled manner. Nutritional support is also essential to ensure dietary needs are met while promoting the safe reintroduction of solid foods. Collaboration between psychologists, psychiatrists, and dietitians plays a key role in establishing an effective and holistic treatment plan.

In conclusion, phagophobia, as a specific phobia, requires specialized attention and early intervention. By combining psychotherapeutic approaches with nutritional management, it is possible to effectively treat this disorder and enable children to return to a normal and balanced diet while supporting their psychological well-being.

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