Infantile Depression, Nonorganic Failure to Thrive, and DSM-III-R: A Different Perspective

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ABSTRACT: A controversy exists regarding the classification of nonorganic failure to thrive within the psychiatric nomenclature. There are a number of DSM-III-R diagnoses that may be applied to NOFTT, including Reactive Attachment Disorder of Infancy (RADI) and Major Depressive Disorder (MDD). The behaviors characteristic of NOFTT are symptomatic of depression, and are similar to those exhibited by infants with anaclitic depression as well as those of the adult with depression. The correspondence of the behaviors of NOFTT and the DSM-III-R criteria for Major Depression are reviewed, as are the conceptual and therapeutic reasons to view NOFTT infants as suffering from Depression.

KEY WORDS: Depression; infancy; failure to thrive

Can infants be depressed? For theoretical, nosologic, and clinical reasons, controversy exists over whether depression occurs in infants. As late as 1966 the concept of infantile depression was not accepted (1). Trad (2), in 1987, generally restricted cases of depression in infancy to anaclitic depression and hospitalism. Shaffii and Shaffii (3) distinguished four types of depression in infancy; anaclitic depression, hospitalism, failure to thrive, and sensory deprivation. Although not included in DSM-III-R, anaclitic depression is, at present, the only generally accepted instance of depression in infancy. Spitz (4,5) considered anaclitic depression and hospitalism as qualitative variants or transitions from one to the other, and to result from disruptions in the infant's relationships with other human beings, specifically the
mother. Sensory deprivation, although a separate entity in some instances, probably occurs to some degree with the emotional deprivation pathognomonic of anaclitic depression, hospitalism and failure to thrive.

Nonorganic Failure to Thrive (NOFTT) is a syndrome of infancy that involves abnormalities in growth, development, and behavior secondary to environmental causes (6). NOFTT is distinguished from organically based failure to thrive by a number of behavioral phenomena as well as by an identifiable medical etiology in organic failure to thrive. The designation “nonorganic” refers only to the underlying cause of the syndrome, not to the condition itself. In most cases, anthropometric data indicate a nutritional component to the poor weight gain; the undernutrition may be physiologically organic, but is not secondary to organic disease. Inadequate stimulation is thought to be a major causative factor in the developmental delay observed in NOFTT. Yet, just as the primary reasons for the undernutrition are not clearly understood, the reasons for developmental delay and abnormal behavior and their relation to undernutrition are not understood.

The purpose of this paper is to examine the value of defining NOFTT as a psychiatric disorder, and to compare the utility of other diagnostic categories that may be applied to NOFTT. The main question is, what are the implications regarding our understanding and treatment of NOFTT if the syndrome is considered an instance of major depression that occurs in infancy? Basic to the argument is a comparison of the behaviors of infants with anaclitic depression and those of infants with NOFTT, and the demonstration that the behaviors symptomatic of both conditions are equivalent to the DSM-III-R criteria for Major Depressive Disorder (7). The utility of applying DSM-III-R criteria for major depression in NOFTT will be considered in light of treatment implications and will be contrasted with the validity of employing the category of Reactive Attachment Disorder of Infancy (RADI) to infants who fail to thrive.

Infantile anorexia (8), a subtype of NOFTT, will not be considered in this discussion, as the behaviors in this subtype differ from those seen in the more common forms of NOFTT. Psychosocial Dwarfism (PSD), (an Axis III disorder), is the term used to designate older children comparable to NOFTT in infancy. The abnormal behaviors in these older children are more readily accepted as indicating depression (9-10). The recognition of a growth hormone deficiency in PSD