

Autism Dietary Intervention Recommendations

These are general recommendations to clean up the diet. Often ASD children have cravings to the very foods that they have sensitivities to. Once the diet has been "cleaned up" and there is improvement in behaviour, other more subtle food sensitivities become more obvious, and easier to identify. For example after removing gluten and dairy, sensitivities to other foods like soy, corn, apples or bananas may be more obvious to see.

As a practitioner, convincing a parent to make changes to a child's diet is the most difficult step in the child's recovery. There are many obstacles to changing a child's diet.

- The child often has a limited diet, surviving on a limited number of foods
- Any change to the diet will be met with strong opposition from the child
- Withdrawal symptoms can be quite severe, leading to major regression in behaviour
- Lack of support from the mother's partner, and extended family ("just a little bit can't hurt")
- Lack of support from the school
- The child's paediatrician, behavioural specialist, speech pathologist, etc. trying to convince you that there is no evidence that diet is of any use. Worst case scenario, accusing you of child abuse if you attempt a gluten/casein free diet. Best case scenario, when you return to the specialist after being on the diet for a while and the change in the child is obvious, it's not unusual for parents to be told at this point "Just keep doing what you are doing, it seems to be working".

One of the most respected doctors in America specialising in the treatment of ASD children, the late Dr Jacqueline McCandless (author of "Children with Starving Brains"), refused to see any child in her clinic, unless they had been gluten and dairy free (GFCF) for at least 6 months! Unless this is done any other treatment will not be as effective.

For those that say that there is no evidence that dietary intervention is effective, I refer to [Supporting Research That Dietary Modification Can Benefit The Majority Of Children on the Autism Spectrum](#). No, not EVERY child will respond to a GFCF diet however there are sub groups of children that respond dramatically, others show moderate improvement, and some show no improvement. The only way you will know if your child will benefit is to trial it. I have had a number of parents that were very resistant initially, now they are the most ardent advocates.

The difficulty in changing a child's diet short-term is considerably less than having to deal with a difficult child long-term.

A word before getting started

If your child is a picky eater and restricted their choice of foods, it may be worthwhile to have their zinc and iron levels assessed. A deficiency in either of these two minerals can cause a child to have a lack of appetite. Supplementing one or both may help with increasing appetite and possibly their range of foods. Also many parents, who have been down this path, find that keeping a food **and behaviour diary** is beneficial to track intolerances to certain foods, especially if children have good and bad days.

No more needs to be said, except to go ahead and do it!



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Helping children
achieve their full
potential

Where to start?

I usually encourage to begin with removing all highly processed foods from the diet before removing gluten and dairy. I like to start here so that parents know what to look for on packets on supermarket shelves. Just because a product is in the health food section of a supermarket, does not mean that it is necessarily healthy. Many gluten free foods on supermarket shelves contain a lot of artificial additives, to make the product taste good so you buy more.

Eliminate all artificial colours and flavours from the child's diet as they can often upset sensitive children. I would highly recommend a 'low' chemical diet for any child with behavioural problems, for at least two weeks, based on the [Failsafe Food Intolerance](#) website and the [Royal Prince Alfred Hospital – Allergy Unit](#) recommendations. The majority of children show a marked improvement in behaviour with the elimination of artificial colours, flavours and preservatives. Natural food chemicals (salicylates, amines, glutamates, phenols, oxalates, etc.) can also present problems in these children. Please note that the Failsafe diet is not fully compatible with the ASD introductory diet as it does allow **sugar**, which can be a problem for our children.

Common food additives that children are sensitive to:

Colours

Artificial: 102, 107, 110, 122-129, 132, 133, 142, 151, 155

Natural: 160B (annatto)

Preservatives

Sorbates: 200-203

Benzoates: 210-218

Sulphites: 220-228

Nitrates, nitrites: 249-252

Propionates: 280-283

Antioxidants: 310-312, 319-321

Flavour Enhancers

Glutamate (e.g. MSG): 620-625

Other flavour enhancers and modifiers: 627-637, 640-641

Hydrolysed vegetable protein: HVP

Textures vegetable protein: TVP

Food Additives Code Lists

For a full list of [food additive codes](#) and what they mean click on the link to the Fed Up With Food Additives website.

Foods commonly found to be a problem:

- Dairy products
- Wheat products
- Chocolate
- Soy
- Sugar
- Yeast
- Additives
- Citrus
- Corn
- Peanuts and tree nuts

Consider following a strict gluten free and casein free diet for a trial period of at least 6 months.

Parents consistently report improvement in their child's symptoms when dairy and gluten are removed from the child's diet. I have highlighted that if you are going to do the diet, it needs to be strictly gluten and casein free. I often hear parents say that their child was mostly gluten free or 90% gluten free and did not see any benefit from the diet. Children can still have problems with these low levels of gluten in the diet.

It is an absolute pity that parents have put in this much effort and just haven't done that little bit extra, for a relatively short time, to see how much of a difference the gluten and dairy free diet can make for their child.