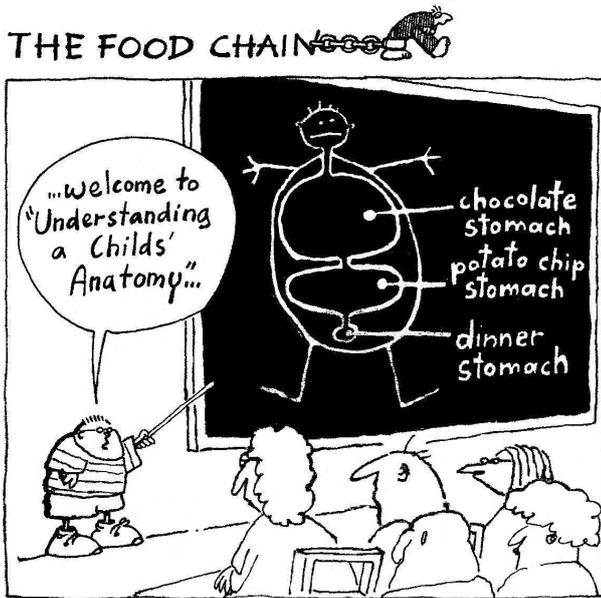


“Picky Eating” in Autistic Children

What may be the cause? What can help?



The rates of feeding concerns with consequent long-term medical issues in autism spectrum disorder (ASD) are high. Children with ASD have a **five fold** elevated risk of developing a feeding problem compared with peers. Severe food selectivity (ie, eating only a narrow variety of foods) is the most common feeding concern documented among children with ASD, predominantly in the form of strong preferences for starches, snack foods, and processed foods and minimal fruits, vegetables, and proteins. However, **feeding concerns in ASD are often overlooked in relation to other areas of clinical conditions, probably because selective eating patterns are not necessarily associated with greater risk for compromised growth (eg, failure to thrive, declining growth velocity) which triggers clinical attention in paediatric settings.**

Evidence suggests that atypical patterns of intake in ASD place this population at risk for long-term nutritional and/or medical complications not captured by general growth milestones or analysis of overall energy intake. The more severe the feeding behaviour, the higher the predictor of the severity of nutritional deficiencies. Food selectivity in ASD may also explain emerging evidence of a higher incidence of obesity, based on dietary patterns involving excessive consumption of processed snacks and calorie-dense foods.

Gastrointestinal Symptoms in Autism Spectrum Disorder: A Meta-analysis. Barbara O. McElhanon, Courtney McCracken, Saul Karpen and William G. Sharp. Pediatrics 2014;133:872–883

A recent research paper in the July-August 2014 issue of Academic Pediatrics, has found, in a survey of nearly 3,000 individuals, that at least one in every three children and adolescents with autism is overweight or obese. The lead investigator Sarabeth Broder-Fingert, a pediatrician at Massachusetts General Hospital for Children and research fellow with Harvard Pediatric Health Services, has concerns that if a child has autism and goes to the doctor, weight issues might not be addressed because other “autistic” issues are the primary focus.

The study found that **23 % of the children with autism and 25 % of the children with Asperger syndrome were obese, compared with 16.9 % of the controls.** Another 15 % of those with autism and 11 % of those with Asperger syndrome were overweight. These differences were apparent **even in the youngest age category of 2 to 5 years.**

Prevalence of Overweight and Obesity in a Large Clinical Sample of Children With Autism. Sarabeth Broder-Fingert, et al. Academic Pediatrics. Volume 14, Issue 4, July–August 2014, Pages 408–414.

Whether there are issues of failure to thrive, or obesity and overweight issues, we need to take note that there **are long term consequences of poor nutrition due to selective eating habits.** The earlier we address these issues the healthier these children will be. **Shouldn't this be a priority for the children we care so much about?**

Changing the
way we think
about treating
autism.

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What may be some of the possible causes for “picky-eating.”

- ◆ Children should be evaluated for organic factors that result in difficult or painful eating, such as reflux, gastroenteritis, and food allergies, which often precipitate or play a role in the development of chronic feeding concerns in other paediatric populations.
GI dysfunction was significantly associated with sleep disorders and food intolerance. Gastrointestinal Dysfunction in Children With Autism Spectrum Disorders. Kang V, Wagner GC, Ming X. Autism Res. 2014 Apr 21.
- ◆ Constipation, loose stools, enzyme deficiencies in the gut (disaccharidases)
- ◆ Gastrointestinal inflammation
- ◆ Addictions to opiates (gluten/ casein) cause consumption of primarily wheat and dairy containing foods
- ◆ Addictions to chemicals (MSG, artificial additives), causes restriction to one brand or a large preference for processed foods
- ◆ Nutrient deficiencies - low zinc makes everything taste bland or bad, low iron can also decrease appetite
- ◆ Insufficient good quality protein - essential for growth and repair, vitamin B12 (a deficiency in B12 for 6 months leads to neurological damage that may lead to permanent neurological deficits)
- ◆ Yeast and microbial overgrowth in the gut may cause preference for mainly high carbohydrate and sugar foods
- ◆ Medications - can cause an increase or decrease in appetite (e.g. Ritalin, Risperidone)
- ◆ Sensory sensitivities can restrict the consumption of certain textures - here there is a need to enlist the help of a feeding therapist

Frequent reporting of gastrointestinal symptoms in ASD children has been associated with a fivefold increase in the odds of developing a feeding problem compared to age equivalent peers.

Gastrointestinal Concerns in Children with Autism: What do we know? Barbara McElhanon, and William G. Sharp. <http://autismsciencefoundation.wordpress.com/2013/07/23/gastrointestinal-concerns-in-children-with-autism-what-do-we-know/>

Ideas for Picky Eaters



- ◆ Address any gastrointestinal issues
- ◆ Check for compacted stool in the bowel even if they have daily bowel motions or loose stools
- ◆ Check for nutritional deficiencies, especially zinc, iron, iodine and protein
- ◆ Check for other health issues like mitochondrial dysfunction affecting ability to chew and swallow
- ◆ Remove addictive foods
- ◆ Get creative with food textures
- ◆ Chicken pancakes, meatballs or egg yolk in milk or smoothies for protein
- ◆ Carrot and kale chips for vegetables
- ◆ Incorporate (“hide”) vegetables in muffins, pancakes, meat balls, pasta sauce
- ◆ Make bone broths for maximum nutrition, cook pasta in broth for added nutrients
- ◆ Work with a Nutritionist that specialises in treating ASD children (Kris Barrett. Nourish Me. www.nourishmehealth.com.au/)

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