



Autism: BHN Nutrition Fact Sheet

Ninety percent of children with autism are considered "picky eaters", often eating just a few different foods. Preferred foods are often crunchy snack food, foods with certain texture, packaging or color or foods with specific flavors such as sweet or salty. Limited diets, especially those high in sugar, refined grains and salt contribute to a greater risk of developing gastrointestinal disorders, dental caries, high blood pressure, diabetes and obesity.

Common Characteristics Of Autism	Effect on Eating
Difficulty interacting with other people	<ul style="list-style-type: none"> Children learn to eat by watching others. When interactions are difficult, children have a harder time learning eating skills.
Challenges in language use and communication	<ul style="list-style-type: none"> May have difficulty expressing pain, hunger or fullness May have difficulty understanding mealtime expectations and directions
Behaviors may be restricted and repetitive	<p>May only want the same food in the same way. Examples:</p> <ul style="list-style-type: none"> Will only eat one kind of food Will only eat in only certain places, Will only eating foods with specific characteristics (one color of food) Will only use one certain cup or spoon
Sensory processing challenges; difficulties, receiving and responding to information that comes in through the senses both from the body and outside of the body	<ul style="list-style-type: none"> May seek out or avoid strong flavors or textures May only want one type of texture of food (for example: dry/crunchy foods) May refuse foods based on how it looks or smells May not feel the sensation of hunger or fullness May not have atypical response to pain
Difficulty with Motor planning: Not able to understand, plan or carryout the action of eating, from the thought to self-feeding, chewing or swallowing	<ul style="list-style-type: none"> May present as difficulty in chewing or swallowing The ability to feed self may be impaired May only want to eat crunchy or soft foods.
Gastrointestinal problems such as constipation, loose stools, and reflux	<ul style="list-style-type: none"> No appetite due to constipation or pain More difficult behavior and food refusal as a result of stomach pain
Immune system differences which may be from food allergies and intolerances	<ul style="list-style-type: none"> May limit the variety of foods consumed Can reduce interest in food due to discomfort

Nutrition Treatment

Adding new foods can be a slow and anxiety producing process for people with ASD. Forcing a person to eat, hiding non-preferred foods in favorite foods or punishing for refusing foods can cause even more food refusal. A dietitian, working with a child's medical or educational team, can help in these ways:

Provide specialized diets:

Avoiding certain foods will not cure ASD but for some children with food allergies, stomach pain, constipation or loose bowel movements, diet changes can make them feel better. A commonly used diet is Gluten free-Casein Free (GF-CF). This diet requires complete avoidance of wheat, rye and barley which is found in bread, cookies, cakes, crackers, breakfast cereals and noodles unless labeled as gluten free; and avoidance of cow's and goat's milk and all products made with milk. A GF-CF diet can be difficult since many preferred foods contain wheat or dairy. Since many people with ASD eat just a handful of different foods, limiting the diet more with a special diet can increase the risk of nutritional deficiencies and make it very hard to be able to join in with others at mealtime.

Address constipation:

Constipation is common in ASD. Treatment with probiotics and medications may be needed if a child is unable to make dietary changes like drinking more water or eating more fiber rich fruits and vegetables that can relieve constipation.

Improve diet:

Children are more willing to accept new foods if the food is similar to foods they like and offered within a predictable mealtime routine. A registered dietitian nutritionist (RDN) can help select what foods are most needed to provide a balanced diet. Diet management is essential when a child's weight is at risk due to sensory processing issues leading to low weight or use of antipsychotic medications causing excessive weight gain.

Address dietary deficiencies:

Individuals with limited diets are at risk for vitamin and mineral deficiencies. Although supplements are often recommended with ASD, evidence for their success is lacking. Reviewing supplement use with a dietitian assures appropriate balance of vitamin and minerals and the safety of the supplement formulation.

It is difficult to make dietary changes with ASD. With supportive treatment addressing gastrointestinal issues, sensory, motor and behavioral challenges clients can eat a health-promoting diet while enjoying eating with others at home and in the community.



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