



# **ECHO IDAHO:**

## **Autism**

### **Nutrition and Autism: Support for children with highly restrictive diets**

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# Learning Objectives

Understand	Understand the RD role in caring for patients with autism spectrum disorder (ASD).
Recall	Recall nutritional concerns that are commonly seen in patients with ASD.
Review	Review evidence-based nutrition interventions for children with ASD.
Identify	Identify alternative resources that can be used in conjunction with a dietitian to improve the nutritional quality of diet of a child with ASD.

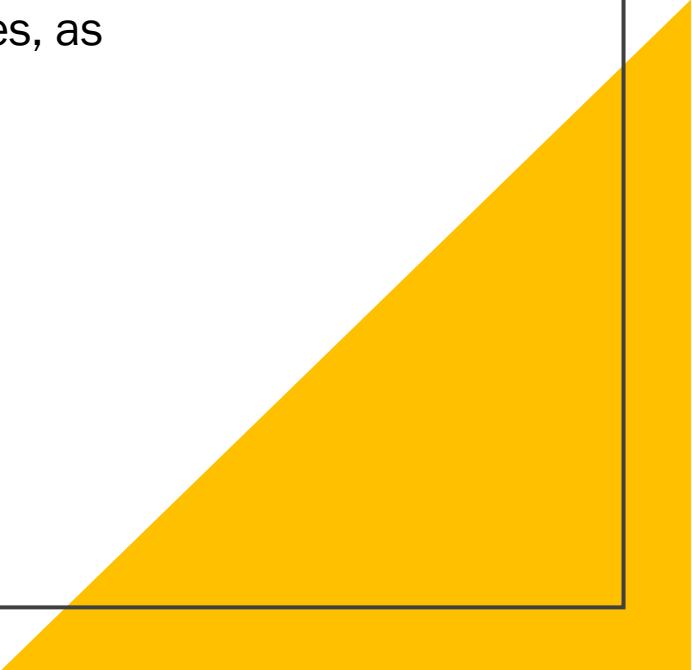
# Our Role as a Dietitian

- Assess patients for any nutrition related problems.
- Diagnose nutrition related problem(s)
- Interventions – Establish interventions that are aimed to either improve or resolve the nutrition diagnoses.
  - Education!!
  - Make a plan for the patient or family
- Monitor (growth, feeding ability, food acceptance, adequacy of nutrient intake, lab results, understanding of nutrition education, ability to implement recommendations, etc).
- Evaluate progress.
  - Is the nutrition diagnosis improving, resolving, worsening?
  - Adjust plan?

# Nutrition Concerns with ASD

- Limited diet & food selectivity
  - Sensory aversions or sensory-related food preferences
  - ARFID
- High intake of calorie-dense, carbohydrate-dense foods that are high in sodium and with lower nutritional value (Doreswamy et al, 2020).
- Suboptimal vitamin/mineral intake
- Suboptimal protein intake
- Suboptimal calorie intake or excessive calorie intake
- Suboptimal fluid intake
- Increased risk for metabolic disease
- GI concerns

# Nutrition Assessment

- What is their weight trend?
  - Preferred foods?
    - Are there ways to add in nonpreferred foods with more nutritional benefit to their preferred foods
    - Using caution when considering changing up preferred foods at times, as you risk losing their preferred foods
    - Quantity of preferred foods
      - Do we need to limit the amount of preferred foods they have?
    - Does their eating environment make a difference on how they eat and what they're willing to try?
    - Are they more willing to eat for specific people?
  - Would they benefit from an NG/gastrostomy tube?
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# Things to Consider

- Cognitive or behavioral issues
  - Receptive and expressive language ability
  - Behavioral regulation
  - Barriers to effective communication
    - Pt being unable to communicate what they are thinking, feeling, etc.
- Limited diets/Picky eating - Sensory limitations vs. PDA
  - "They will eat if they are hungry enough"
- What is evidenced based? Is there enough research to support specific diets?
  - *"Although studies show significant changes in behavior, emotion, and cognitive skills in autistic and ASD children due to small changes in food habits, there is no concrete evidence to prove the same. Most of the studies are done only on a small population of autistic children" (Onal, Sachady-Krol, and Kostecka, 2023).*
- Do we want to further limit the diet?

# Nutrition Interventions

- Picky Eating
  - Sensory exploration
  - Encouraging involvement in shopping, prepping, cooking, serving
  - Neutrality and low pressure
  - Creating a safe environment for child
  - Working with other therapies (ABA, HI, ST, OT)
  - ONS/Vitamin/Mineral supplements
  - NG/Gastrostomy tube
- BMI
  - Increase fruit and vegetable intake
  - Decrease saturated fat intake
  - Decrease sodium intake
  - Decrease sugar sweetened beverages
  - Vitamin/Mineral supplements
- Constipation
  - GI referral
- Implementing changes as a household!

# Key Points

- The role of the RD is to improve the nutritional quality of the child's diet and metabolic health as opposed to implementing dietary-therapy aimed at addressing other behavioral/psychological/other concerns.
- Caring for those with ASD usually requires a multidisciplinary approach to be able to achieve desired goals and outcomes.
- Dietitians often need to weigh the benefits vs. drawbacks of implementing dietary changes that may be restrictive.



# References

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