Autism and Nutrition

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There are many concerns related to nutrition that caregivers may experience. We want to feel that we are providing adequate nutrition, but children with Autism have different feeding experiences. Below are common feeding concerns, further discussion, and meal time strategies for helping children with Autism. There may be individual strategies that may be better suited for different children. It is important to choose a plan that works best for your child.

Common feeding concerns:

- Self-limit
- Eat small amounts of food
- Food intolerances, allergies, and nutritional deficiencies
- Difficulty with transition to textures, especially during infancy
- Increased sensory sensitivity
- Restricted intake due to color, texture, and/or temperature
- Decreased variety of foods selected over time
- Difficulty accepting new foods
- Difficulty with administration of multivitamin/mineral supplement
- Difficulty with changes in mealtime environment

Discussion of concerns:

- Increased sensitivity first noted in infancy
  - May skip soft foods and go straight to dry, crunchy textures
  - Example: may refuse to drink milk if it is given by a cup, though it is well accepted by bottle

- More selective
  - The foods they used to eat, they begin to refuse
  - Child can be eating as few as 5-8 foods
  - Foods selected tend to be high in carbohydrates, not fruits and vegetables
  - Limited milk and meat products selected
  - May need to supplement with a multi-vitamin
  - White or beige foods may be more accepted like potatoes, rice, milk, chicken nuggets, & French fries.

- Heightened sensitivity
  - Sensitive to change in new sensory input like new textures and taste

- Mealtime environment
  - Change in environment may result in refusal to eat altogether
  - Important to keep a routine in place that the child is comfortable with.
-Growth
  • May be normally adequate growth without any concerns
  • Poor weight gain with transition of foods (baby to solids)
  • Poor weight gain can resurface at other times of transition not related to food, such as starting a new school

-Health/Medication concerns
  • Good general health
  • Ritalin, if prescribed, can decrease appetite, cause nausea, and/or stomach pain

-Multivitamin supplementation
  • Normally recommended, but administration can be difficult
  • May have to crush vitamins into food, use liquid vitamins, or chewables
  • Use powered formulas like carnation instant breakfast or Ensure

Helpful mealtime strategies:

  • Behavior management techniques (consult with a behavioral psychologist)
  • Adjustment of the child’s environment
  • Most children do best when mealtimes are the same time/place/situation every day.
  • While children shouldn’t be restrained, seating that supports staying at the table can be helpful.
  • Establish as calm and comfortable an environment as possible
  • Some children are able to eat more easily when they have video or music on, while for others this may be too distracting.
  • Some children do better sitting with others who are eating, while other children with Autism concentrate better when they are not being watched or monitored.

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