

## Diet and Nutritional Support

Efficacy Rating  
NA

### Diet and Nutritional Support

Often the behavior patterns of children with autism include rigid and inflexible food preferences these preferences can relate to color (e.g., preference for white or yellow foods), taste (e.g., preference for salty or sweet foods), and/or texture (e.g., crunchy or soft foods). Further, children with ASD can become more selective over time regarding their food preferences (e.g., refusing food that they had previously eaten).

Children who exhibit highly rigid food preferences may have a diet deficient in the major nutrient groups such as proteins, carbohydrates, fats, or fibers, or in vitamins and micronutrients (i.e., calcium, iron, zinc or selenium).

Referral to a registered dietician who can perform a dietary recall and analysis can be helpful. This analysis may lead to a need for nutritional adjustments such as the addition of vitamins and minerals. Changing the diet and nutritional intake of children with ASD requires a coordinated effort among families and interdisciplinary professionals who provide services.

An OT can address sensory needs for example gradually introducing different food types and textures. An SLP can develop social stories to encourage exploration of new foods. In severe cases of rigid food and nutritional intake, a behavioral psychologist with experience in shaping the behavior of children with ASD may be needed to support the introduction of a varied diet.

### **Helpful mealtime strategies have been described for children with ASD (Quinn & Levine, 1995). Some of these include:**

- Scheduling routine mealtimes and environments
- Providing supportive seating at the table
- Creating a comfortable, calm environment for eating
- Determining whether or not a child would be more or less calm with the presence of music or a video
- Determining whether or not a child's ability to sit at mealtime is influenced by the presence or absence of others.

Volkmar, F. R., & Wiesner, L. A. (2004). *Healthcare for children on the autism spectrum: A guide to medical, nutritional, and behavioral issues*. Bethesda, MD: Woodbine House.

## Diet and Nutritional Support Resources & Information

### Websites:

**Separating Fact from Fiction in the Etiology and Treatment of Autism: A Scientific Review of the Evidence**  
*The Scientific Review of Mental Health Practice*, vol. 1, no. 1  
Found at <http://www.srmhp.org/0101/autism.html>

American Dietetic Association [http://www.eatright.org/](http://www.eatright.org)  
<http://healthvermont.gov/family/cshn/cshn.aspx>

### Tools, Materials, Curriculum:

Jackson, L. (2002). *A user guide to the GF/CF diet for autism Asperger syndrome and AD/HD*. Philadelphia, PA: Jessica Kingsley Publishers.

Tamborlane, W. V. (1997). *The Yale guide to children's nutrition*. New Haven, CT: Yale University Press.

### Books:

Legge, B. (2002). *Can't eat, won't eat: Dietary difficulties and autistic spectrum disorders*. Philadelphia, PA: Jessica Kingsley Publishers.

Volkmar, F. R., & Wiesner, L. A. (2004). *Healthcare for children on the autism spectrum: A guide to medical, nutritional, and behavioral issues*. Bethesda, MD: Woodbine House.

### Articles:

Contompasis, S. H. & Prelock, P. A. (April, 2006). Health care considerations for children with autism. In P. A. Prelock, *Autism Spectrum Disorders: Communication Assessment and Intervention*. Austin, TX: Pro-Ed.

Lucas B., Pechstein S, Ogata B. (2002). Nutrition concerns of children with autism spectrum disorders. *Nutrition Focus*. 17(1)  
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Quinn, H. P., & Levine, K. (1995). Nutrition concerns for children with Pervasive Developmental Disorder/Autism. *Nutrition for Children with Special Health Care Needs Focus*, 10 (5), 1-7.

Raiten, D. J., & Massaro, T. (1986). Perspectives on the nutritional ecology of autistic children. *Journal of Autism and Developmental Disorders*, 16 (2), 133-143.

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