



ASD and fussy eating

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What is fussy eating?

Fussy eating is a common problem in toddlers and pre-school aged children, so common in fact that it is accepted as a normal part of early childhood development and growing up. Some children are “grazers” and eat small amounts of food throughout the day rather than at specific meal times; others eat a limited number of foods and in small amounts but continue to grow and develop normally. Parents usually notice that the amount of food their child takes might even seem to decrease as the child moves from infancy to toddler hood. This is because children are not growing so rapidly from 18 months to 3 years and do not need as much food relatively, as when they were younger.

For most children these eating habits are transient and normal eating habits develop as the child becomes older. It is worth remembering that a limited diet with a narrow range of foods does not necessarily mean that the child is failing to thrive. In many countries, children develop satisfactorily on a diet that includes only a narrow range of foods. As long as children receive a balance of food groups and essential vitamins and minerals, they will thrive.

What about children with autism?

Children with autism frequently have problems with eating including:

- Eating a limited range of foods
- Selective eating by type - e.g. eat only certain foods or food groups; by texture - e.g. only soft foods without lumps or by colour - e.g. only white foods or rejecting all green food
- Food refusal

Parents often report that it is the behaviour associated with meal times and eating that causes the most problems. Difficult behaviour at meal times may include any or all of the following:

- Not wanting to sit for meals (no social eating experiences)

- Sniffing and inspecting food (their own and others')
- Taking food from others' plates
- Gorging food, hoarding food in their mouth
- Gagging on food or vomiting food they don't like
- Obsessive placing of food on their plates, e.g. no different types of food touching
- Specific cutlery, crockery or position at the table
- Eating only using fingers
- Refusal of new foods

These difficulties with eating are usually not as transitory as with normally developing children, and may last into adolescence or even adulthood.

Making sense of eating problems

All children who are experiencing eating difficulties should undergo a medical examination to rule out a specific medical problem such as constipation, diarrhoea or malabsorption problems, oral motor problems for example difficulty with coordinating chewing and swallowing, food allergy, for example to milk or gluten and to check for inadequate intake of essential food groups, vitamins and minerals.

Eating problems and behavioural problems associated with food and eating can often be understood in light of each child's developmental level and profile of autistic symptoms, particularly those affecting social skills and rituals, routines and preoccupations. Sensory sensitivities also play a part for some children.

Developmental level

The majority of children with autism have problems with development, with an uneven profile of abilities. For example a child may be 4 years of age but have an overall developmental level of only 2 years. In this case, the eating habits, skills and behaviour of a 2 year old toddler are to be expected. The parents should therefore not expect this child to manage cutlery for example.

Impaired social skills

One of the key features of autism is abnormality in interpersonal relationships, such as reduced responsiveness to or interest in people, an appearance of aloofness and a limited or impaired ability to relate to others. When we consider eating as a social activity, with the family gathered at the table for meals and conversation, for the child with autism who is socially aloof or is distressed by social contact, meal time can be stressful. Such a child may want to leave the table or even the room when the family is all together, because the social demands of the situation are overwhelming. The mealtime behaviour in this case is not about food and eating but rather it is the social situation in which food is offered.

Play and Imagination

Children with autism usually have rigid and limited play patterns with a noticeable lack of imagination and creativity. They may repetitively line up toys, sort by colour, or collect various objects such as pieces of string or objects of a certain colour or shape. Intense attachment to these objects can occur with the child showing great distress if these objects are taken away or patterns disrupted. Children with autism may develop play patterns with their food, such as lining up food on the plate or table rather than eating it, sort food by shape or colour or even want to keep food with them as play objects, particularly if it is an interesting shape or texture such as triangular shaped biscuits or biscuits with numbers on them.

Ritualistic and Stereotyped Interests or Behaviours

Ritualistic and compulsive phenomena are common, such as touching compulsions and rigid routines for daily activities. There is often resistance to change in routine or the environment so that the child may become extremely distressed if, for example, a new route is taken going to pre-school, the furniture in the house is rearranged, or the child is given new clothes to wear. Resistance to change can account for the rejection of new foods, wanting to eat in only certain places, eating foods in a particular order that cannot change, or eating only one brand of a certain type of food from a particular container. Fascination with movement and close visual scrutiny of objects such as spinning the wheels on toys or examining the edge of a book, or pattern of spokes on a wheel is also common. Fascination with movement can account for plate spinning rather than the plate being there to place food on, or rapidly moving a fork or other cutlery in front of the eyes. Close visual scrutiny can account for preoccupied looking at the food, for example examining closely the grains in a slice of bread, the table edge, or pattern on a plate. These preoccupations can be so intense that the child actually forgets to eat the food on the plate he is studying or refuses to eat the food because of the pattern that has been made with it.

Associated features

Some children also have a range of sensory sensitivities that affect their ability to eat and enjoy new or different foods. For example, some children will reject food because of its texture, consistency, smell, taste, or temperature. Children may prefer to feel their food with their hands (tactile exploration) rather than eat it.

What can you do?

First, try to determine what might be causing the eating problem. Ask yourself these questions:

1. Is there an underlying medical or physical problem?
2. Has your child been experiencing difficulty swallowing food, does he/she have diarrhoea, has he/she been vomiting after eating, has there been a sudden loss of appetite? Go to the **GP** for a check up.
3. Is the eating difficulty part of a social interaction problem? Does the problem only occur when he/she is eating with other people? Is there an obsessive or ritualistic element to the eating of food or rejection of new food?
4. Does your child have any sensory sensitivities that help to explain the eating difficulty?

If you cannot answer these questions then a team approach involving a **Speech Pathologist, OT, Dietician and Educational Advisor** can help to ascertain whether your child:

- is at nutritional risk because of a limited diet
- has a sensory sensitivity
- has oral motor problems
- has a specific behavioural problem
- is reacting to *you* and *your* attitude to mealtimes

Members of the team will probably want to visit you at home to observe your child at mealtimes and talk with you about the eating problems he/she is having. In most cases children with autism are eating an adequate diet even though the range of foods eaten is small.

Depending on the cause of your child's eating problems, the following ideas may be helpful to change fussy eating habits, food refusal or "autistic" approaches to food:

- Limit food/drink which is calorie empty or nutritionally unhealthy (junk food)
- Offer appropriate serving sizes (not too much on the plate)
- Make food attractive (try different shapes, colours; e.g. cut bread into Telly Tubby or Thomas shapes)
- Offer new foods early in the day (not when child is tired or already full)
- Offer different/new foods when child is hungry / thirsty
- Involve child in food preparation if possible
- Grind vitamin and calcium supplements finely then add to food (e.g. can mix into peanut butter, jam or vegemite without altering the taste)
- Make a "super sauce" by putting vegetables in the blender and adding it to preferred foods e.g. spaghetti Bolognese – it disappears and does not change the texture of the food you add it to
- Have a preferred toy at hand so that it is played with rather than the food itself
- If the child persists in wanting to drink formula or milk the child usually grows out of this and in the meantime it remains an excellent food source (but remember

that milk/formula is just a small component of a balanced diet and is not sufficient on its own for a growing child)

To bring about change *you* need to:

- Be persistent and patient
- Be consistent (set time for meals)
- Have a routine (always sit at the table to eat)
- Always offer a non preferred food at each meal alongside what your child prefers to eat
- Make *gradual* changes to taste, texture, flavour, smell and quantity of food
- Social stories about food and mealtimes may be helpful

There are some things that don't work if you want to change your child's eating and behaviour:

- Ignoring the behaviour will not make it go away
- Coaxing and pleading for your child to eat will fall on "deaf ears"
- Threats and punishment usually make things worse
- Force feeding may stop the child eating
- Always making a separate meal or multiple meals for your child with autism (the child quickly learns that he/she will be getting the preferred food and hold out for it)

Diet and eating problems in children are very distressing for many parents. This distress might even aggravate the child's difficult behaviour and contribute to mealtimes becoming a stress for the entire family, including siblings. At all costs, parents should avoid making mealtimes a battle zone. As long as the GP or dietician has confirmed that the child is thriving, then in reality his/her diet is adequate, even though it may be extremely odd or limited. This should reassure parents and give them permission to take a more relaxed approach to this aspect of their son or daughter's autism.

If the dietary problems are severe and are compromising healthy development, more intensive medical intervention might be indicated including the use of medications which lower anxiety and reduce obsessional behaviour.

Useful books:

- ***The art of hiding vegetables: sneaky ways to feed your children healthy food***
Authors: Karen Bali and Sally Childs
- ***Can't eat, Won't eat: dietary difficulties and autistic spectrum disorders***
www.nas.org.uk/nas/jsp/polopoly.jsp?d=424&a=4966
- ***Mealtime and Children on the Autism Spectrum: Beyond Picky, Fussy, and Fads***
www.iidc.indiana.edu/irca/Medical/mealtime.html