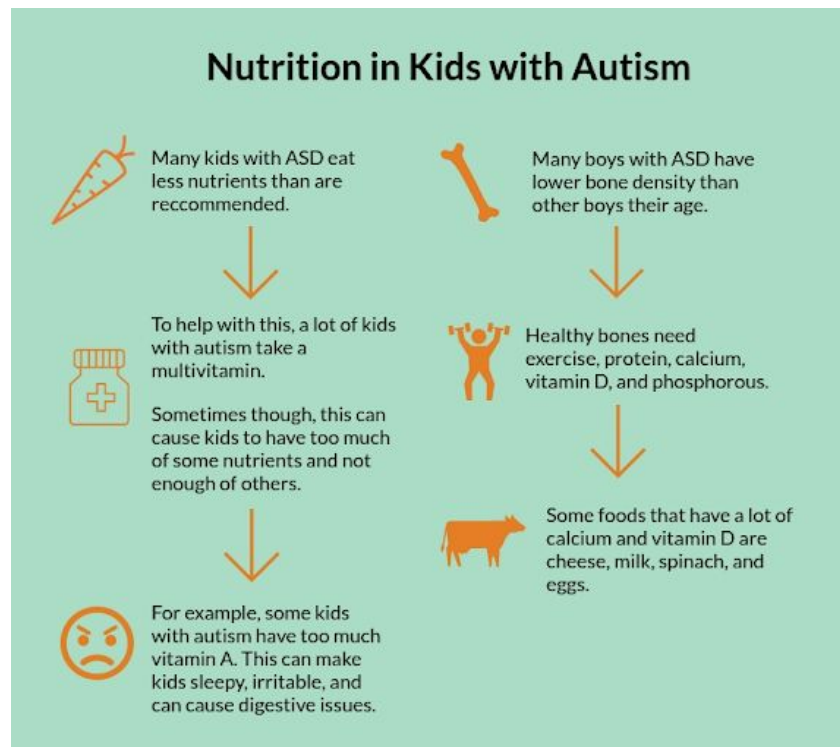


Nutrition



Like many kids in the US, those with ASD often eat less healthy food than they should¹. Over half of children with ASD (56%) take vitamins to make up for this. Unfortunately, the multivitamins often have the vitamins and minerals that kids are already getting enough of². This leads to kids having too much of some vitamins and not enough of others. Even when kids take multivitamins, parents should watch how much vitamin D and calcium their child eats because both vitamins are important for bone health^{3; 4}.

The strength and thickness of the bone (bone density) at the hip and lower back of boys with ASD is lower than in boys without ASD. Boys with autism and boys without autism are about the same size and weight, but boys with autism get less exercise than boys without autism. To help make bones stronger all kids with ASD need more exercise and need more protein (meats), calcium (milk products and leafy greens), and phosphorus (meats, milk, beans, and nuts).

Another important nutrient for children is iron because iron helps the body use oxygen and grow properly. Children with ASD are not more likely to be iron deficient than those without ASD⁵, but it is still important to look for signs of iron deficiency. Signs include being more tired than usual, feeling dizzy and having skin that is paler and drier than usual.

**Disclaimer: This summary is based on research conducted by Autism Treatment Network (ATN) members. It is not a summary of the entire body of research literature available on this subject*

Frequently Asked Questions

1. WHAT HAPPENS TO THE CHILD/TEENAGER?

- Many can be physically aggressive – hitting, kicking, biting, etc.
- Others can be hyperactive, anxious, worried, or hurt themselves³

2. WHEN DO WE SEE THIS HAPPENING?

Behavior problems happen more often:

- If the child or teen has trouble sleeping or communicating^{1,2,3,4}
- Younger kids are more likely to hurt others
- Older kids and teens are more likely to hurt themselves, especially if they have weak language skills^{3,4}

3. WHAT CAN HEALTH CARE PROVIDERS OFFER?

Medications that can help children or teenagers with behavioral issues:

- Risperidone
- Aripiprazole

4. WHAT SIDE EFFECTS ARE THERE?

- Risperidone and Aripiprazole are good at making kids and teens less irritable (less tantrums and meltdowns) and aggressive.
- Other drugs may also help with behavior problems and have fewer side effects⁵
- Medications that help kids and teens with behavior problems often make them gain weight
- Metformin can help kids and teens stay at a healthy weight⁷

5. WHAT SHOULD PARENTS DO?

- Talk with your health care provider or therapist to learn about behavior issues.
- If you are not sure, ask them what to look for. What information do they need from you to help your child/teen with their behavior problems?
- Talk with your health care provider to learn about what medications can help with behavior issues and what side effects are common.

Take your findings to your next appointment. All children and teens with ASD should be checked for behavior problems. Health care providers may prescribe medications to help children and teens with autism feel less irritable and be less aggressive⁵. Treatments that help with behavior problems may help the whole family feel better⁶.

Disclaimer: This summary is based on research conducted by Autism Treatment Network (ATN) members. It is not a summary of the entire body of research literature available on this subject.

References

1. Hyman, S.L., Stewart, P.A., Schmidt, B., et al. 2012. Nutrient Intake from Food in Children with Autism. *Pediatrics*. 130 Suppl 2: S145-153.

2. Stewart, P.A., Hyman, S.L., Schmidt, B.L., et al. 2015. Dietary Supplementation in Children with Autism Spectrum Disorders: Common, Insufficient, and Excessive. *Journal of the Academy of Nutrition and Dietetics*. 115:1237-1248.
3. Neumeyer, A.M., Cano Sokoloff, N., McDonnell, E., et al. 2017. Bone Accrual in Males with Autism Spectrum Disorder. *The Journal of Pediatrics*. 181: 195-201.
4. Neumeyer, A.M., Gates, A., Ferrone, C., et al. 2013. Bone density in peripubertal boys with autism spectrum disorders. *Journal of Autism and Developmental Disorders*. 43:1623–1629.
5. Reynolds A., Krebs, N.F., Stewart, P.A., et al. 2012. Iron Status in Children with Autism Spectrum Disorder. *Pediatrics*. 130 Suppl 2: S154-159.