



SEND Supported

Embracing difference

## Dietary management for children and adolescents with ASCs: over-eating

Some individuals with an autism spectrum condition (ASC) can have problems relating to eating and difficulties surrounding their diet. These dietary problems can relate to both over- and under-eating.

Please note that all the following points are general and therefore we would always advise individuals or their carers to consult with the child's GP or paediatrician to rule out underlying medical conditions.

The first step if you are concerned about your child's diet (specifically over-eating) should be to create a food diary. A food diary will hopefully be able to show possible reasons for the over-eating or weight gain. By regularly recording the child's eating habits you will be provided with useful information about their eating pattern. Everyone has their own individual eating pattern. The food diary will help you to establish the times of the day your child is eating and the volume of food being eaten at these times. For some, it could be little and often whilst others may have large portions at regular meal times or lots of snacks.

Possible sample questions for the food diary could be:

- What time of the day did s/he eat?
- What did s/he eat?
- Where did s/he eat?
- What was s/he doing before and at the time of eating? E.g. watching TV, alone in her/his bedroom?
- How much did s/he eat?
- Who else was present? Were they alone?
- Were there any environmental / social emotional factors? E.g. elevated noise, people visiting, a difficult day at school, disagreement with her/his brother / parent, birthday celebration, change to expected routine, any change to their environment, being in a new environment such as a restaurant, etc.

It is important to identify whether it is the volume or type of food being eaten which is the core dietary issue. In addition, the following reasons may be affecting the individual's eating pattern;

- Physical - Sometimes an individual may over-eat because of lack of control and the ability to know when they are full. It has been suggested that the hypothalamus, the part of the brain that tells us when we are full and regulates food intake, does not function correctly for some individuals with an ASC. Many parents report that their child never seems to satisfy their hunger and s/he will often ask to eat immediately after a meal.

- **Obsession** - One feature of ASCs can be obsessive behaviours; this is where an activity or interest is extreme in one or all of the following factors: its intensity, frequency and/or duration. For some individuals with an ASC, food and the consumption of it may have turned into their obsession or area of special interest, possibly leading to over-eating and weight gain. This may have become a behaviour that the child cannot control.
- **Coping Strategy** - Naturally we all have in-built ways of dealing with stress and difficult periods of our lives. Some individuals may over-eat because of low self-esteem and food becomes a source of comfort. If an individual is turning to food as a source of comfort then it is important they have an opportunity to identify their sources of stress and are supported in understanding and managing their emotions. Hopefully, this will help them to improve their self-esteem and self-confidence.
- **Sensory** – Some individuals may experience sensory integration dysfunction, which could influence the volume of food intake. An individual may have a craving for a specific food, because it may be providing them with sensory satisfaction, e.g. cold food, crunchy food etc. Eating particular foods could be having a soothing and calming effect on your child's central nervous system.

### **Strategies and approaches that should be avoided?**

- Getting into battles.
- Rewards and sanctions involving food.
- Commenting negatively on their weight gain or speak critically about his or her eating, making them the focus of attention.
- Hiding or disguising 'healthy' food. This is likely to result in distrusting the adults in relation to the food they prepare.
- Responding with lots of emotion and attention – avoid praising or criticising what the child is eating.
- Insisting the child eats a 'healthy' diet.
- Star and reward charts as this is not a behavioural problem.
- Expecting the child to be influenced by or imitate others.

### **Strategies and approaches that may be helpful?**

It is important to stress that the following ideas are suggestions and what works for one individual may not work for another. With any approach, it is important that instructions to the individual are clear, consistent and are delivered in a calm manner. Many children with an ASC do best within a structured daily schedule.

#### **Adapt the environment**

- Limit accessibility to food by keeping it in secure and in out of reach places.
- Use visual cues as reminders of out of bounds areas - No entry signs on cupboards and fridges.
- No one likes to feel hungry. So be sure to have lots of healthy and relatively low-calorie foods available for when the munchies strike. You can help your child learn about smart choices with a visual system such as the "Red Light, Yellow Light, Green Light".. You can create a visual aid that includes pictures of "green-light foods" such

as fresh fruits and vegetables and lean sources of protein. Let your child know that he can indulge in these freely. “Yellow light foods” are less nutritious and to be eaten in moderate, measured amounts. For example, a packet of crisps or a low-sugar cereal. You might want to restrict these foods to scheduled snack times. “Red light foods” include high fat or sugary foods with little nutritional value. They’re to be eaten in small quantities on special occasions like a birthday party or holiday.

- Replace food with fun! - Are there particular times during the day when your child is most likely to snack mindlessly? Try scheduling some fun activities during these times. Are there favourite games your child enjoys playing with you?

### **Communication**

- Presenting information visually can assist in an individual's understanding and processing of information relating to diet and healthy eating. This can assist in setting clear rules surrounding food intake. For example: Produce clear daily and/or weekly menus of foods - display the time of the next meal in a prominent position.
- Show them the empty saucepan to assist with understanding. Confirm verbally that the food has all gone.
- Set rules relating to restaurants and food shops. “If you have a starter you cannot have a pudding”.
- Use visuals to reinforce and assist with the understanding about a healthy diet.
- Use visual emotional tools - this will provide the individual with the opportunity to express their needs.

### **Managing the obsession**

- Depending upon the level and degree of the obsession, it is important that you focus on trying to manage it without causing the individual any additional distress and/or anxiety. Through the food diary you will hopefully gain a valuable insight into the level of the obsession and hopefully the best possible way of managing it. Below are basic factors, which you may consider.
- Clear and consistent guidelines may need to be set around the times food is eaten (6.00pm), the amount of food eaten (one plate full) and the location (the kitchen table) of where food is eaten.
- It may be appropriate to channel the obsession into something positive such as cooking and producing recipes.
- Avoid rewarding the child with food.

### **Controlling the volume**

- Everyone has their own individual eating pattern. From the food diary, try and establish the times of the day the individual is eating and the volume of food being eaten at these times. For some it could be little and often others may have large portions at regular meal times or lots of snacks. The focus needs to be on ways of managing the food intake. For example:
  - Try to reduce food portions and use a smaller plate
  - Try to do a food timetable. You can have snacks at 11.00am, 3.00pm and 6.00pm (two healthy snacks and one unhealthy snack) reducing the amount of food intake gradually.

## **Social stories**

- Social stories have been found to be an effective approach in providing individuals on the spectrum with factual information. A social story could help the individual to understand why we eat and the function of food. They can also be used to indicate the need to eat a variety of foods, both healthy and unhealthy. Educate the individual about healthy eating by giving clear information. An individual may have difficulty relating good nutrition to what they actually eat. For example: Food provides us with fuel/power, which enables us to do things we enjoy. Healthy food gives us energy and excessive unhealthy foods can make us tired and feel unwell.

## **Encourage exercise**

- If an individual is overweight it is important to try and encourage activities which involve movement and exercise, e.g. trampolining, swimming, walking, cycling. Be creative and engage their interests where you can.

## **Professionals who may be able to help**

- Over-eating and weight gain can lead to medical problems. It is therefore necessary if the problems persist to contact your GP about the situation. The GP may then refer the young person onto one or more of the following professionals.
- Dietician/Nutritionist - they offer advice on healthy eating and produce programmes to assist in both weight gain and loss.
- Eating disorder clinic.
- Clinical psychologist or psychiatrist - if the problem is thought to be psychological they can help implement cognitive and behaviour strategies.
- Paediatricians - are experts in child health issues and can help provide solution to the dietary problems.
- Occupational therapist - may be able to offer advice on the family management of the situation.
- Dentist - an individual's eating difficulties may result in poor dental hygiene management or toothache.

The above recommendations are a starting point in beginning to understand and support the child in developing healthy eating habits. For many children with an ASC, disordered eating behaviours are long-standing, established and complex therefore, it would be appropriate to seek further help and guidance from a specialist via the child's GP.