


Feeding Difficulties in  
ASD and ADHD:  
A Dietitian's Approach  
to Assessment and  
Management

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Abbott Nutrition  
have kindly  
sponsored this  
presentation



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Key learning objectives

- To understand ASD and ADHD and how these conditions can impact nutrition and mealtimes
- To understand key dietetic assessment strategies to support people with ASD and ADHD
- To learn more about developing a dietetic intervention to support people with ASD and ADHD



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## What is ADHD?

- 6% prevalence in children (282, 000 children in Australia)
- Characterised by:
  - Inattention
  - Impulsivity
  - Overactivity
- Functional impact: learning, social, substance abuse, premature death from unnatural causes (e.g. accidents)
- More common in males than females
- Comorbidities: Learning difficulties, depression, anxiety, bipolar, sleep disorders, sensory processing disorder, communication difficulties



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## Nutritional challenges and opportunities in ADHD

- Body size and growth impacts
- Impact of medications
- Appetite regulation
- Difficulties with focus and attention (including when eating and drinking)
- Constipation – not responding to cues to go to the toilet
- Bone health

| Medication       | Short-acting (SA) or long-acting (LA)         |
|------------------|---|
| Methylphenidate  | Ritalin – SA<br>Ritalin – LA<br>Concerta - LA |
| Lisdexamfetamine | Vyvance - LA                                  |
| Dexamphetamine   | SA  |



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## Nutrition interventions in ADHD: Practical applications

- Maximise hunger opportunities, respect satiety
- HPHE (make every bite count) – via food and/or oral nutrition support
- Improving mealtimes and preserve the feeding relationship
- Micronutrient supplementation for symptom reduction
- Food chemical intolerance
- Traditional diets and “Western” style diets
- Advocacy regarding importance of nutrition



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Case study:  
Miranda

**Assessment**

- 6 yo female with ADHD
- Medication was commenced – Concerta 20mg daily (long acting)
- Weight loss of 2kg over past 6 months
- Was very active, fidgets a lot and has difficulties attending to tasks for more than about 3 minutes at a time, but is now able to get through most lessons at school with some sensory breaks in between
- Loss of appetite, mum reports that she is having meltdowns regularly at home-based mealtimes and lunchbox comes home from school mostly untouched



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Case study:  
Miranda

**Intervention**

- Nutritional pathology
- Interoception cues
- HPHE dietary strategies
- Oral nutrition supplement
- Mealtime goals at home
- Medication reduction



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Autism Spectrum  
Disorder (ASD)



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**What is ASD?**

- Prevalence: 1 in 70 people in Australia

**Social**

- Social skills
- Social cues
- Communication
- Perspectives and nuances

**Behavioural**

- Repetitive behaviours
- Set interests in topics or objects
- Routines
- Changes
- Sensory sensitivities

HATCH DIETETICS

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**Comorbidities in ASD**

- Seizures
- Language delays and disorders
- Cognitive impairments
- ADHD
- Gross motor delays
- Gastrointestinal disorders
- Auditory disorders and infections
- Psychiatric disorders (depression)
- Differences in interoception and pain perception
- Sensory processing disorder

HATCH DIETETICS

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**Feeding difficulties and dietary considerations in ASD**

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| <ul style="list-style-type: none"> <li>• Core food groups missing from diet</li> <li>• Limited food variety from core food groups</li> <li>• Limited number of foods eaten overall</li> <li>• Food jaggging</li> <li>• Only accepting a food in a specific presentation (shape, packaging, not touching other food)</li> <li>• Nutrient deficiency (vitamin D, B12, folate)</li> <li>• Taking only 1-2 mouthfuls at a meal, then refusal to eat</li> <li>• Eating a 'white food' diet</li> <li>• Falling asleep during mealtimes</li> <li>• Pocketing food in cheeks/oral residue after mealtimes</li> <li>• Only eating in a specific environment or with a specific distraction</li> <li>• Grazing-style eating behaviours</li> <li>• Significant undigested food in stools</li> </ul> | <ul style="list-style-type: none"> <li>• Lack of or loss of appetite</li> <li>• Fluid-based diet</li> <li>• Growth faltering</li> <li>• 'Failed' tube weaning attempts</li> <li>• No interest in eating or drinking</li> <li>• Meltdowns before, during or after mealtimes</li> <li>• Eating only at separate times to other family members</li> <li>• Specific sensory preferences</li> <li>• Significant meltdowns or protests when presented with a new or unfamiliar food (neophobia)</li> <li>• Parents feeding a child beyond developmentally age appropriate</li> <li>• Fluid refusal</li> <li>• Only choosing sweet, carbonated or v hot/v cold fluids</li> <li>• Reports of feeling sick</li> <li>• Fussy eating</li> </ul> |
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HATCH DIETETICS

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Social, sensory, motor and behavioural characteristics in relation to feeding

- Difficulties with early feeding practices
- Lower social motivation
- Modelling less powerful
- Less responsive to verbal praise
- Communication
- Rituals and repetitive behaviours



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Holistic considerations that can impact nutritional intake in ASD

- Special diets
- Gross and fine motor skills
- Gut microbiome
- Micronutrient supplementation



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Dietary intervention considerations in ASD

- Nutritional adequacy and restoration
- Responsive feeding practices
- Hobbies and interests of the child
- Sensory responsiveness and preferences
- Mealtime interventions
- Small changes, small goals, **BIG** wins



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## Case study: John

**Assessment**

- 6yo male
- Diagnosed with ASD at aged 5
- Significant growth faltering (stunting and wasting)
- Egg allergy (still comes out in hives upon contact with egg)
- Hiding to do a poo in a nappy
- Communication, gross motor and social delays
- Oral aversion – past dental trauma around 18 months with a fall at day care
- Very chubby cheeks
- Breastfeeding provided a majority of nutrition until age 5
- Food range: KFC chips, roll ups, Pepsi, juice, water (via encouragement at school)
- Mealtimes – eats in front of 2 screens, mum goes to KFC twice daily every day,
- Significant Behavioural escalations if presented with a non-preferred food (hitting, kicking, biting, stomping, head banging on floor)
- Likely history of pressured feeding due to caregiver exacerbation and desperation
- Floor attention at school, very fatigued (sometimes sat under a tree at lunch instead of playing with other kids)



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### Case study: John – Growth assessment

| Age                        | Weight (kg) | WHO weight centile (%) | CDC weight centile (%) | Weight Z score | Height (cm) | WHO height centile (%) | CDC height centile (%) | Height Z score |
|----------------------------|-------------|------------------------|------------------------|----------------|-------------|------------------------|------------------------|----------------|
| 0 Years, 0 Months, 0 Days  | 3.63        | 71                     |                        | 0.6            | 51          | 72                     |                        | 0.6            |
| 3 Years, 8 Months, 15 Days | 14.8        |                        | 31                     | -0.5           |             |                        | 58                     | 0.2            |
| 4 Years, 2 Months, 25 Days | 15.2        |                        | 21                     | -0.8           |             |                        | 33                     | -0.4           |
| 5 Years, 8 Months, 11 Days | 16.65       |                        | 7                      | -1.5           |             |                        | 10                     | -1.3           |



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## Case study: John - intervention

1. Nutritional restoration
  - a) Micronutrient testing and micronutrient supplementation
  - b) Oral nutrition support for caloric density and micronutrient supplementation
  - c) Investigation for nutritional rickets
2. Feeding therapy
  - a) Graded exposure (systematic desensitisation strategies)
  - b) John's pace
3. Mealtime therapy
  - a) Responsive feeding practices
  - b) Removal of devices



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Summary

- The role of the Dietitian in nutrition (and feeding/mealtime) therapy – we are vital!
- Focus on nutrition restoration first
- Consider all options – preferred food, new food, micronutrient supplementation, oral nutrition support products, tube feeding
- Responsive feeding practices are key
- Work within your multidisciplinary team



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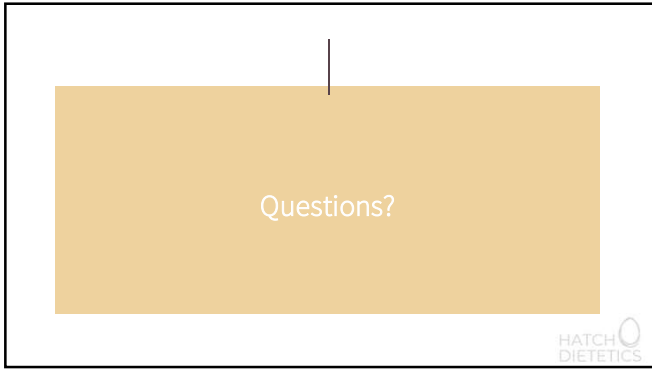
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