Autism/ASD, Obesity

Study: Children with autism may struggle with weight, too
by Melissa Jenco, News Content Editor

Children with autism spectrum disorder (ASD) have higher rates of unhealthy weight than the general population, according to a new study.

Researchers also found links between unhealthy weight in these children and sleep and affective problems.


To examine rates of unhealthy weight and possible factors, researchers studied 5,053 children with ASD who were enrolled in Autism Speaks' Autism Treatment Network at 19 sites in the U.S. and Canada from 2008 to 2013. Children were grouped into age ranges of 2-5, 6-11 and 12-17 years and compared to general population data from the National Health and Nutrition Examination Survey.

They found 33.6% of children with ASD were overweight compared with 31.8% of the general population. In addition, 18% of children with ASD were obese compared to 16.7% of the general population.

Unhealthy weight in children with ASD was significantly higher than the general population in children ages 2-5 except among non-Hispanic black children. Unhealthy weight also was higher for adolescents ages 12-17 in ethnic groups that were large enough to make comparisons.

"Finding those differences among kids ages 2-5 was surprising to me," said lead author Alison Presmanes Hill, Ph.D. "It suggests that there's something happening very early on."

The researchers theorized that the 6-11 age range may be a "stabilizing period" for children with ASD.

The study also found that lower parent education, sleep and affective problems, and psychotropic medications were associated with obesity in children with ASD. However, they could not determine whether sleep and affective troubles were a cause or consequence of obesity.

There were no significant links between weight in children with ASD and other factors like gastrointestinal (GI) problems, attention-deficit/hyperactivity disorder (ADHD), anxiety, melatonin use, dietary interventions, stimulants, non-stimulant ADHD medications and anticonvulsants.

The study listed several limitations, including limited data about GI problems, medications, family history and parental body mass index (BMI). BMI also can be a flawed measurement.

Dr. Hill, an assistant professor in the Department of Pediatrics at Oregon Health and Science University, recommended pediatricians talk with families about the risks of unhealthy weight.

"Maybe the child's physical health or their weight status may fall by the wayside, so I would hope maybe pediatricians can stay in tune with that and talk with parents constructively," she said. "Yes, attention to behavioral problems is certainly a high priority for them but making sure the child has opportunities for physical activity (is also important)."
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Resources

- AAP policy The Role of the Pediatrician in Primary Prevention of Obesity
- AAP Institute for Healthy Childhood Weight
- AAP Council on Children with Disabilities autism page
- Information for families on healthy active living
- Change Talk: Childhood Obesity initiative
- U.S. Department of Agriculture dietary recommendations
- Information for parents about autism symptoms
- Bright Futures health initiative
- AAP clinical report on identifying autism
- AAP toolkit on caring for children with ASD