AIR-P LEND Seminar Series
Community-Based Lifestyle Interventions
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COMMUNITY-BASED LIFESTYLE INTERVENTION NODE LEADER, AIR-P

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COMMUNITY-BASED LIFESTYLE INTERVENTION NODE LEADER, AIR-P
Learning Objectives

• Describe current knowledge and research gaps around physical health and lifestyle interventions for autistic individuals

• Propose research outcomes of interest when talking about community-based lifestyle interventions for autistic individuals

• Describing “community” and resources as it pertains to autistic individuals/their families, and leveraging them in healthful behaviors
Community-Based Lifestyle Interventions: General Overview
The Issues

Common physical/well-being manifestations in autistic individuals

– Gastrointestinal problems
– Nutrition quality
– Sleep problems
– Weight management issues (i.e., obesity as well as anorexia)
– Physical inactivity
– Social well-being

Social Determinants of Health further compound incidence of these conditions
Health Status of Autistic Adults

- Compared 1507 autistic adults with 15,070 adults without an autism diagnosis

<table>
<thead>
<tr>
<th>Psychiatric conditions</th>
<th>Adults with ASD (N=1507), n (%)</th>
<th>Controls (N=15,070), n (%)</th>
<th>Chi-square p value</th>
<th>OR (99% CI)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>33 (2.19)</td>
<td>591 (3.92)</td>
<td>0.0008</td>
<td>0.49 (0.31–0.78)</td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td>16 (1.06)</td>
<td>296 (1.96)</td>
<td>0.014</td>
<td>0.44 (0.23–0.86)</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>439 (29.13)</td>
<td>1371 (9.10)</td>
<td>&lt;0.0001</td>
<td>3.69 (3.11–4.36)</td>
</tr>
<tr>
<td>Attention deficit disorders</td>
<td>167 (11.08)</td>
<td>294 (1.95)</td>
<td>&lt;0.0001</td>
<td>5.33 (4.08–6.97)</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>159 (10.55)</td>
<td>251 (1.67)</td>
<td>&lt;0.0001</td>
<td>5.82 (4.41–7.68)</td>
</tr>
<tr>
<td>Dementia</td>
<td>34 (2.26)</td>
<td>75 (0.50)</td>
<td>&lt;0.0001</td>
<td>4.40 (2.50–7.71)</td>
</tr>
<tr>
<td>Depression</td>
<td>388 (25.75)</td>
<td>1490 (9.89)</td>
<td>&lt;0.0001</td>
<td>2.86 (2.40–3.40)</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>39 (2.59)</td>
<td>418 (2.77)</td>
<td>0.67</td>
<td>0.75 (0.48–1.17)</td>
</tr>
<tr>
<td>Drug dependence</td>
<td>27 (1.79)</td>
<td>325 (2.16)</td>
<td>0.35</td>
<td>0.66 (0.39–1.12)</td>
</tr>
<tr>
<td>Obsessive–compulsive disorder</td>
<td>115 (7.63)</td>
<td>74 (0.49)</td>
<td>&lt;0.0001</td>
<td>14.63 (9.81–21.82)</td>
</tr>
<tr>
<td>Other psychoses</td>
<td>95 (6.30)</td>
<td>83 (0.55)</td>
<td>&lt;0.0001</td>
<td>11.81 (7.87–17.73)</td>
</tr>
<tr>
<td>Schizophrenic disorders</td>
<td>118 (7.83)</td>
<td>56 (0.37)</td>
<td>&lt;0.0001</td>
<td>22.24 (14.34–34.48)</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>27 (1.79)</td>
<td>48 (0.32)</td>
<td>&lt;0.0001</td>
<td>5.05 (2.67–9.54)</td>
</tr>
</tbody>
</table>

ASD: autism spectrum disorder.
*OR = odds ratio; CI = confidence interval; adjusted for sex, age, and race/ethnicity.


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Health Status of Autistic Adults (contd.)

Edited Reproduction of Table 4: Prevalence of medical conditions among adults with ASD and controls.

<table>
<thead>
<tr>
<th>Physical Health Conditions</th>
<th>Adults with ASD (N=1507), n (%)</th>
<th>Controls (N=15,070), n (%)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dyslipidemia</td>
<td>344 (22.83)</td>
<td>2282 (15.14)</td>
<td>&lt;0.001</td>
<td>2.12 (1.74-2.60)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>386 (25.61)</td>
<td>2356 (15.63)</td>
<td>&lt;0.001</td>
<td>2.19 (1.81-2.64)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>114 (7.56)</td>
<td>653 (4.33)</td>
<td>&lt;0.001</td>
<td>2.18 (1.62-2.93)</td>
</tr>
<tr>
<td>Obesity</td>
<td>511 (33.91)</td>
<td>4070 (27.01)</td>
<td>&lt;0.001</td>
<td>1.41 (1.21-1.64)</td>
</tr>
<tr>
<td>Constipation</td>
<td>67 (4.45)</td>
<td>210 (1.39)</td>
<td>&lt;0.001</td>
<td>3.11 (2.13-4.54)</td>
</tr>
<tr>
<td>GERD</td>
<td>193 (12.81)</td>
<td>1161 (7.70)</td>
<td>&lt;0.001</td>
<td>1.77 (1.42-2.21)</td>
</tr>
<tr>
<td>Sleep Disorders</td>
<td>265 (17.58)</td>
<td>1446 (9.60)</td>
<td>&lt;0.001</td>
<td>1.92 (1.58-2.33)</td>
</tr>
<tr>
<td>Vitamin Deficiency</td>
<td>75 (4.98)</td>
<td>344 (2.28)</td>
<td>&lt;0.001</td>
<td>2.35 (1.65-3.33)</td>
</tr>
</tbody>
</table>

*OR=odds ratio, CI=confidence interval; adjusted for sex, age, and race/ethnicity


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The six pillars of Lifestyle Medicine include:

- Whole Food, Plant-based Nutrition
- Physical Activity
- Stress Management
- Avoidance of Risky Substances
- Restorative Sleep
- Social Connection

What is “Lifestyle Medicine?”
• Social connectedness has been shown to promote longevity
• Public spaces like schools, parks, libraries, etc. have traditionally been used to build “community”
• What does it mean for an autistic individual to be socially connected?
• What does “community” look like for an autistic individual?
Community-Based Lifestyle Interventions: Gaps in the Research
Pressing Needs in Lifestyle Research

- Interventions that work across neurodivergent groups
- Longitudinal studies
- Exploration of which community sites work best
- Expanded scope of focus
- Development of relevant and advocate-driven outcome measures
The node aims to support, develop and evaluate lifestyle interventions that

- Incorporate the six pillars of lifestyle wellness
- Improve social connectedness
- Promote self-determination and self-advocacy
- Engage advocates, families and communities
Community-Based Lifestyle Interventions: Panel Discussion
Connect with folks from this seminar!

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