



Healthy Weight Research Network

Children with Autism Spectrum Disorder & Developmental Disabilities



Weight Management in Primary Care for Children with Autism: Expert Recommendations

INTRODUCTION

The prevalence of obesity in children with autism spectrum disorder (ASD) is higher than in typically developing (TD) children. The US Preventive Services Task Force and the American Academy of Pediatrics (AAP) have endorsed screening children for overweight/obesity as part of the standard of care for physicians. However, the pediatric provider community has been inadequately prepared to address this issue in children with ASD.

METHODS

The HWRN developed recommendations for managing overweight and obesity in children with ASD, which includes adaptations to the AAP's 2007 guidance. These recommendations were developed from extant scientific evidence from children with ASD, and where evidence was unavailable, consensus was established on clinical experience.

HWRN WORK GROUP

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RECOMMENDATIONS

Recommendation #1. Children with ASD should be screened routinely for overweight and obesity.

- Universal calculation and classification of body mass index (BMI), based on CDC growth reference criteria, is recommended for all well child visits, including children with ASD.

Recommendation #2. Weight-related concerns should be discussed with parents and children, as appropriate given child age, developmental level, and readiness for discussion.

- Recent research suggests that parents of children with ASD are concerned about their children's weight status; thus providers are encouraged to raise the topic of obesity prevention and intervention during clinical encounters.
- The use of non-judgmental language with children and family members is key. Providers should strive to create a non-stigmatizing, safe, and welcoming office environment.
- Providers should assess the child's willingness to have weight-related discussions, and should provide realistic, concrete examples of short-term goals and strategies related to eating, physical activity, and screen time.

Recommendation #3. Conduct a comprehensive assessment of obesity in children and youth with ASD who present with an elevated BMI.

- Clinical evaluation should include the same elements of the history and physical exam used for TD children.
- The history should explore the child's growth trajectory and the presence of constitutional symptoms that might suggest thyroid dysfunction or depression.
- Family factors should be explored including opportunities for physical activity, mealtime routines, and foods present in the home.

Recommendation #4. Include an assessment of health conditions and risk factors that are associated with both ASD and obesity, including eating and physical activity patterns.

- ASD is associated with a number of health conditions that have independent associations with obesity. These conditions should be monitored and treated as appropriate: Sleep disorders; Gastro-intestinal disorders; Food selectivity; Neurological disorders; Psychiatric and behavioral health disorders

Recommendation #5. Providers should follow the staged approach outlined in the 2007 Expert Committee Recommendations on Childhood Obesity, with additional support and services from the child's school and/or other health professionals..

- Primary care providers are a tremendous source of support to children and their families by identifying weight-related concerns early on, initiating early obesity prevention strategies, and referring to behavioral and other specialists when warranted.
- Providers are encouraged to work in concert with developmental and behavioral specialists who may have autism-related expertise that can assist primary care providers to address lifestyle factors for children with ASD.
- Providers can exert influence on other service systems, such as school systems, by advocating for services and supports to be included in children's Individualized Education Programs (IEPs), as well as including eating and physical activity in the IEP.

CONCLUSIONS

- Little to no research exists on weight management of children with ASD in primary care settings. Primary care providers can adapt the interventions known to prevent and treat obesity in TD children for implementation by the family, school, and other relevant entities on behalf of children and youth with ASD.
- This is the first ASD-specific resource on weight management for providers.
- The recommendations contained herein are based on extant research and clinical consensus but have not been formally tested, and thus represent an emerging area of clinical intervention.
- Future research is needed to identify successful ways that pediatric providers can be most successful/effective in supporting children with ASD and in obesity prevention and intervention efforts.
- Future recommendations and effective strategies will need to be informed by new evidence.

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