Family-centered nutrition influences diet behaviors for children with autism

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Adapting family-centered nutrition programs can positively influence diet behaviors in children with autism, according to a new study in the *Journal of Nutrition Education and Behavior*.

Autism spectrum disorder (ASD) is one of the most common developmental disabilities in children. Because many children with autism battle with obesity, researchers evaluated the adaptation and implementation of an existing, evidence-based nutrition program for children with autism and their parents.

"Historically, children with autism have been excluded from this type of programming often designed for neurotypical kids. We know that children with autism face greater challenges. One of these challenges is that they often have two to five times the rate of obesity than other kids. So, we wanted to help this population that often lacks these specialized resources," said Brenda Manzanarez, MS, RD, The Diabetes and Obesity Program, Center for Endocrinology, Diabetes and Metabolism, Department of Pediatrics, Children's Hospital Los Angeles, Los Angeles, CA, U.S..

Children aged 7–12 years with autism and their parents participated in six weekly, 90-minute classes attended by the whole family as part of the Kids N Fitness program developed at Children's Hospital Los Angeles. Each class was structured around four core elements: (1) family-centered nutrition education; (2) parent support; (3) physical activity; and (4) goal setting.

"We had trained staff that delivered the curriculum along with applied behavior analyst therapists who provided support and feedback on how we could improve the curriculum. At the end of the sessions, we found it challenging to keep up the retention of families, with about 26% completing the program. Interestingly, we found that those who did complete the entire program did have 100% attendance," Manzanarez continued. "The families voiced that they liked the program and seeing changes in their kids like improving their eating habits, being more positive, and engaging in exercise as a form of movement."

Families reported valuing the opportunity to ask questions and share successful experiences and approaches to increase their child's healthy food repertoire. On completing participation in the pilot, families reported their children to be more willing to try new foods, proactively added colorful foods to their plate during mealtimes, and expressed greater interest in exercise. In addition, the curriculum seemed to resonate with child participants, as documented by both staff and parents, who noted that children recalled main messages from prior weeks' lessons.

The increasing prevalence of ASD and childhood obesity merits innovative interventions involving the whole family. Family-based community programs that address problematic mealtime behaviors and provide family-centered nutrition education may prove an important adjunct or alternative to more time a resource-intensive one-on-one interventions, such as traditional feeding therapies. As children with ASD are often excluded from traditional learning settings, findings from this pilot can contribute to the development of evidence-based practices of community-based nutrition interventions for children with ASD and their families.

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