Panel Finds Poor Evidence for Autism Diets

VITALS

Major Finding: Children with autism spectrum disorders need careful GI evaluations, but there's no good evidence that they have unique gastrointestinal problems or benefit from restricted diets.

Data Source: Literature review and the consensus of an interdisciplinary expert panel

Disclosures: The Autism Forum convened the panel and provided honoraria to its 14 members. One panel member reported relationships with a number of pharmaceutical companies. Another chairs an academic department that derives revenue from genetic laboratory testing.

BY ROBERT FINN

There's no good evidence that children with autism have unique gastrointestinal disorders, nor is there convincing evidence that gluten-free or casein-free diets help these children, according to an expert panel.

The panel, which was convened by the Autism Forum, reached consensus on 23 statements regarding the evaluation, diagnosis, and treatment of gastrointestinal disorders in children with autism spectrum disorders (ASDs) (Pediatrics 2010;125:S1-S18).

One key recommendation was that children with ASDs need to be evaluated carefully for GI problems because many such children are nonverbal, and even those who are verbal may have difficulty describing their symptoms, such as abdominal pain.

In particular, the panel noted that children with ASDs often respond to GI symptoms by exhibiting problem behaviors such as agitation, aggression, and sleep disturbances.

The panel included experts in child psychiatry, developmental pediatrics, epidemiology, medical genetics, immunology, nursing, pediatric allergy, pediatric gastroenterology, pediatric pain, pediatric neurology, pediatric nutrition, and psychology. Dr. Timothy Buie of Harvard Medical School, Boston, was the paper's lead author.

The recommendations were based on a literature review, but without a formal meta-analysis.

"Because of the absence, in general, of high-quality clinical research data, evidence-based recommendations are not possible at the present time," the panelists wrote. "However, the panel agreed on a number of statements based on expert opinion that arose from a review of existing evidence. It is acknowledged that, in many areas, evidence is generally confined to case reports, observational or descriptive studies, and poorly controlled or uncontrolled studies."

Among the other conclusions were:

► Children with ASDs are subject to the same common GI disorders as neurotypical children and should be evaluated thoroughly. In particular, clinicians should be sure that these children receive a complete medical evaluation for GI disorders when they present with problem behaviors. Behavioral treatment may complement medical treatment in children with both ASDs and GI disorders, but behavioral treatment alone is not enough.

► The existence of "autistic enterocolitis" or other gastrointestinal disturbances unique to children with ASDs has not been established, and the evidence for abnormal gastrointestinal permeability ("leaky gut") is limited. More research is needed in these areas, the panel said.

► Pediatricians and other primary care providers should be alert to nutritional problems in children with ASDs. Some of these children have narrow food preferences, and some parents may put their children on highly restrictive diets that are intended to be therapeutic but result in malnutrition.

In particular, pediatricians should evaluate the child's anthropometry, looking for evidence of wasting, stunting, or changes in growth rate. Children with ASDs should also be evaluated for food intolerance and food allergy, although there is no compelling evidence that these disorders are more prevalent in children with ASDs than in neurotypical children, the panelists reported. ■