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# The Nutrition Practitioner

## Nutritional Support for Children with Autism

by **Kate Neil** MSc RN RM FRSA

According to BBC Radio 4 – File on 4, autism rates in Britain and internationally have risen significantly. Experts believe that the most severe forms of the disorder are now diagnosed in 1 in 500 UK children, a fivefold rise over 20 years.

More than 50% of my current practice is supporting parents with children with learning disorders. and mainly those diagnosed within the autistic spectrum. Over the last few years, I have been working closely with The Speech Language and Hearing Centre for 2-5 year olds in Euston, who refer parents to me for nutritional intervention.

For many parents referred to me, it is their first encounter with the concept that nutrition may benefit their child. Invariably the family history is complex, with allergies, migraines, depression and IBS commonly presenting in one or both parents. There are many theories linked with autism including:

- Reactions to MMR and DPT;
- Early use of antibiotics;
- Gluten and casein intolerance (Opioid Excess Theory); Poor sulphation;
- EFA deficiency; Candidiasis;
- Raised homocysteine;
- Nutrient deficiencies;
- Allergies; 'Leaky' gut;
- Deficiency of digestive enzymes;
- Exposure to pollutants *in utero* and/or after birth.

To help me identify areas to target for the individual child, I ask the parents to complete a detailed eight page children's health check questionnaire. I will then spend one and half hours in consultation with parents to explore fully the health background.

A common pattern that appears to be emerging in the children that I see is:

- A diet high in gluten (wheat, rye, oats and barley) and dairy products in the mother's diet during pregnancy and breastfeeding;
- 3 or more courses of antibiotics given to the child before receiving the MMR vaccine;
- Relatively normal development until 18 months; thereafter language and/or behaviour are regressing;
- Family history of atopic allergy: asthma, eczema, hayfever, migraines;
- Asthma and/or eczema in the child;
- A fixation on foods high in sugar and/or starch; Little quality protein;
- Dry skin and excessive thirst;
- Digestive problems;
- Poor bowel and bladder control;
- A high pain threshold.

### Case Study: Gerry

Gerry's diet is high in wheat from shreddies, digestive biscuits, crackers, toast and sausage. It is high in dairy from milk and some yogurt. It is high in sugar and starch from added sugar, cereal, biscuits, bread, crackers, fruit, ribena and sweetened yogurt.

His diet is devoid of vegetables and has very little fruit. Protein appeared adequate from milk products. However, I suspected that Gerry might not be digesting milk products properly and not getting good access to the nutrients from this food. His diet was low in quality sources of iron and many other nutrients.

In Gerry's case, allergies were prevalent on both sides of his family and he had an early history of antibiotic therapy for infections. He was constantly hungry, craving carbohydrates, thin for his height and age, had a high pain threshold and was prone to diarrhoea. His skin was dry and prone to eczema. He was prone to being disruptive, self-centred, repetitive and ritualistic.

Whilst it is easy to construct a new nutrient-rich diet for Gerry, it is often impossible for parents to persuade their child to eat it. Gerry was no exception. My usual initial strategy is to recommend well-formulated liquid vitamins, minerals and essential oils to add to drinks and food for a month or two. This intervention alone appears to bring about significant benefits including: calmer behaviour, better skin, improved concentration and eye contact, improvement in language and sensory perception. In addition, it seems to help make it easier for parents to start making dietary changes.

When parents can justify the cost of laboratory investigations, or can access them on private health insurance, then I recommend the following tests:

- Urinary Peptides;
- Urinary Organic Acids.

Both are non-invasive and can help target a diet and nutritional programme for the longer term. There are many tests that are potentially useful. However, they are often costly and invasive. I will recommend certain blood tests, if really necessary.

In Gerry's case, the result of his urinary peptide test showed positive to gluten and dairy sensitivity. The recognition of excessive peptides in the urine relating to gluten and dairy products in children with autism is increasing. I recommended that Gerry exclude gluten and dairy products from his diet and replace with suitable alternatives. Fortunately, there are a number of suitable alternatives, and supermarkets, health stores and mail-order services make this type of diet manageable. Gerry's parents found that he would eat some of the alternatives. This was a surprise as Gerry had not changed his eating pattern for the last two years! As mentioned previously, it is my experience that support with nutritional products like liquid nutrients and oils can help make dietary change easier.

The Urinary Organic Acid test is complex and looks at more than 40 markers in the urine which can give an indication on specific nutrients that are likely to be deficient and needed for many processes in the body, including brain function, energy production and liver detoxification. This test also indicates the likelihood of yeast and bacterial overgrowth in the gut. Gerry showed several abnormal markers on this test and I was able, as a result, to give a targeted nutritional support programme to address these problems.

There is no doubt that a nutritional approach is challenging for parents. The effort involved and limitations placed on the child socially have an ethical slant. However, working closely with The Speech, Language and Hearing Centre they are able, as well as the parents, to see quite profound changes in the children given nutritional support. One of the therapists at the Centre says that she would like all parents to see a nutritional therapist. Gerry is making positive progress.