



LUND  
UNIVERSITY

# Practical Approaches for Obesity Management in Children with ASD

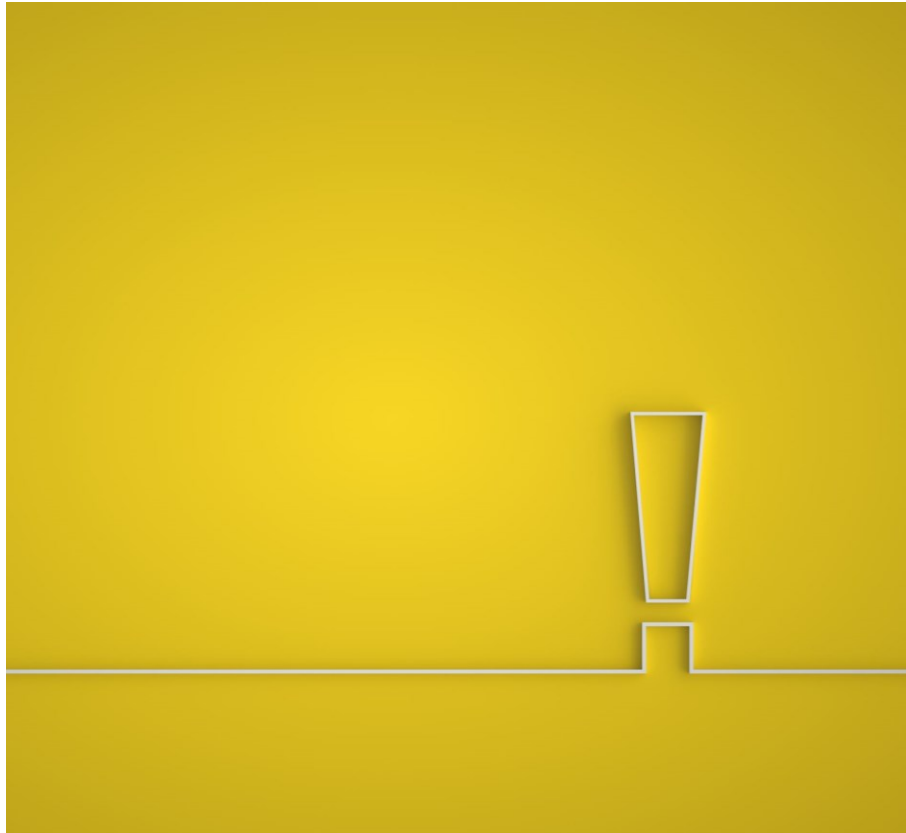
---

KAJSA JÄRVHOLM, CLINICAL PSYCHOLOGIST, ASSOCIATE PROFESSOR



# A diagnose can be helpful, but...

- Great variation in how autism is presented. It is a **spectrum** disorder.
- Do not assume anything.
- Intellectual impairment?  
Language impairment? Other co-existing neurodevelopmental disorders?



# General approach when meeting children with autism

- Use questions like:
  - Is there anything specific we should keep in mind when meeting Sam?
  - How can we tailor this visit to make it as good as possible for Sam?
- Be calm and friendly.
- Avoid metaphors and irony.
- Use statements/prompts (Please step on the scale) instead of questions (Would you mind stepping on the scale?)

# A diagnose can be helpful, but...



- Can make professionals feel insecure and doubt their abilities to care for the patient. Few has had any formal training in treating people with autism.
- Insecurity makes us less open and less flexible.
- Make a general plan at the clinic?





# Prepare in advance

- Autism is rather common. Obesity is more common among children with autism. ➡ We will meet many children with obesity and autism.
- Is it possible to make the clinic more autism friendly in general?
- Adaptations are beneficial for children without autism too.

# How can an obesity clinic be made more autism friendly?

- Use visual support.
- Preparation is beneficial. Send out information about the visit.
- Present a clear structure of the visit.
- Adapt to sensory sensitivity. Visual, noise.
- Does the child need to be present at all visits?

# Structure and personalization

- A corner stone in obesity treatment is to personalize the treatment.
- Even more important when we meet children with autism.
- Listen more, talk less



# In children with autism...

- ...sensory information may be processed differently.
- ...there is often a preference for what is already known.
- ...there is often a preference for what is perceived as secure.
- ...stress and unpredictable situations can cause meltdowns.





# SPECIFIC AREAS TO COVER WHEN MEETING CHILDREN WITH AUTISM IN THE OBESITY CLINIC

# Picky/selective eating?

- More likely to have challenges around eating compared to typically developing children. *Ask about mealtime challenges.*
- Processed food often seem more secure than raw food. *Can this understanding be used to help try new food?*
- Neophobia. *Approach new food step by step. Food changing.*
- Preferences can change. *Have a plan B.*



# Satiety cues

- Children with autism can be both over and under sensitive.
- How about satiety? Does the child feel hungry? Full?
- Eating in absence of hunger?





# The Hunger-Satiety Scale

Use this Hunger-Satiety Scale to get in touch with your hunger and satiety cues. Aim to stay within the blue zone, 4-7, as much as possible.

- 10 -- Extremely stuffed, nauseous**
- 9 -- Stuffed, very uncomfortable**
- 8 -- Overfull, somewhat uncomfortable**
- 7 -- Full but not uncomfortable**
- 6 -- Satisfied, but could eat a little more**
- 5 -- Starting to feel hungry**
- 4 -- Hungry, stomach growling**
- 3 -- Uncomfortably hungry, distracted, irritable**
- 2 -- Very hungry, low energy, weak and dizzy**
- 1 -- Starving, no energy, very weak**

# Behavioral problems

- What happens when the parents restrict their child and set boundaries around food? Meltdowns?
- Are food and snacks used to avoid behavioral problems?
- Food and sedentary behaviors can be the only reinforcers with real value for the child.

# Parents can be exhausted

- What does the family look like?
- Are there siblings? Do they have special needs too?
- What does the support look like?
- Pre-school? School? Can they help?
- What are the greatest struggles at the moment?
- Parents need can be worried about the child's nutritional status.



# Medications?

- Medications that increase the appetite.



# Physical activity

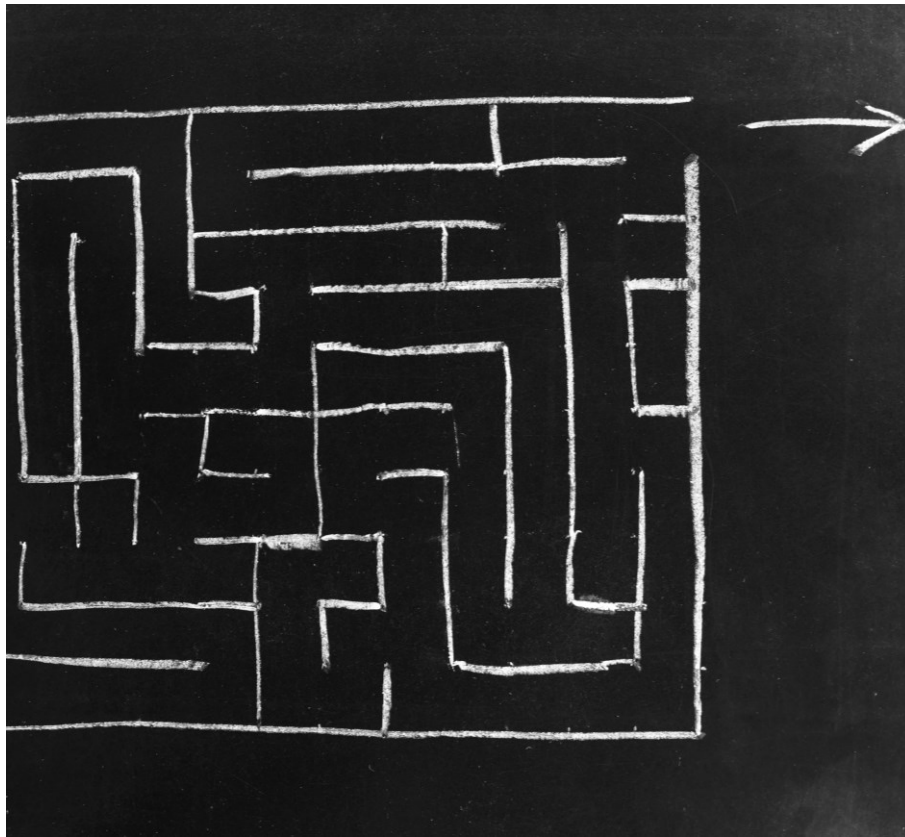
- Many activities for children are social, loud, and unpredictable. They also require motor skills.
- Start with everyday activities? Make them a routine.
- Find an activity tailored for children with autism
  - Knowledge about autism
  - Routine rather than novelty
  - Visual support



[illegible]

-

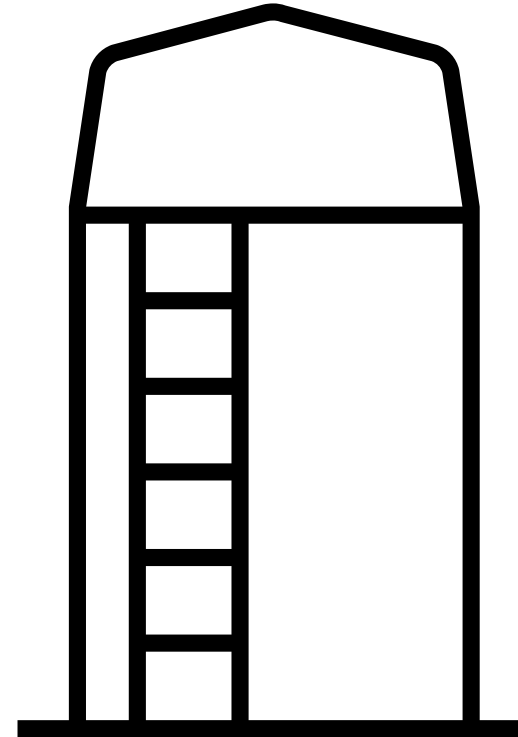
# Most important



- Try your best to understand the child's perspective.
- Do realistic plans based on the current situation and not the preferred situation. Small steps.
- Validated the caregivers in their struggles.
- Involve the extended family and school.

# Cooperation with other specialists

- Does the family need more overall support?
- Cooperation with the habilitation clinic?
- Offer mental health assessment.
- Has the child been offered applied behavior analysis?



# Sources

While preparing this presentation, I used and/or was inspired by the following sources:

[Autism support, resources & advocacy | Autism Speaks](#)  
[wellness-hungersatiety scale.pdf](#)

Coricelli et al. Appetite (2022), 175, 106062

[Att möta barn med autism i sjukvården](#) [To meet children with autism in health care]  
Youtube

[Därför äter inte barnen 17 oktober 2024 - Meny | Sveriges Radio](#) [Why children don't eat]





LUND  
UNIVERSITY