Several studies and literature review articles have been published recently regarding the increased obesity rate among children and teens with Autism Spectrum Disorder (ASD) and developmental disabilities (DD).

A CDC study looked at data from more than 9,600 adolescents collected between 2008 and 2010 through the National Health Interview Survey (completed by parents). Approximately 13 percent of adolescents with no developmental disabilities are obese; almost 20 percent of those with intellectual disability, and over 31 percent with autism are severely overweight. (Phillips et al. 2014)

A second study at Massachusetts General Hospital for Children looked at medical records of patients ages 2 to 20 treated at the hospital and its affiliates between 2008 and 2011. Researchers stated that more than 23 percent of children with autism and 25 percent of those with Asperger’s syndrome were obese, and another 15 percent of kids with autism and 11 percent with Asperger’s were overweight. In this study, children with co-occurring sleep disorders, public insurance, and older children were more likely to be obese or overweight. This study did not associate psychiatric medications with obesity, perhaps because there was not enough data regarding this issue in the medical records. (Broder-Fingert et al. 2014)

A third study analyzed data from 376 children ages 2-18 years who are registered with Oregon’s Autism Treatment Network (ATN). In this population, over 35% of children were at an unhealthy weight. This study also identified sleep problems as a significant factor co-occurring with the diagnosis of ASD and obesity/overweight conditions. (Zuckerman et al. 2014)

Curtin et al. (2014) undertook a literature review in order to summarize research on the prevalence and risk factors involved in obesity in children with ASD. Some of the risk factors they looked at included potential genetic issues, medications (especially antipsychotics), sleep problems, food selectivity, delayed or impaired motor development (lower physical activity), and family functioning (including mealtimes routines, parental food habits, and family stress). For the most part, the authors found that all of these factors are involved in obesity among typically developing children, but very little research has been done to associate the same factors with obesity in children with ASD.

Finally, Must et al. (2014) published a review looking at factors involved in obesity for children with DD in general, not just ASD. Many of the same factors examined in the Curtin et al. article were studied in this article as well. The authors noted that research and prevention guidelines specific to children with DD is limited, and are based on guidelines established by experts for all children in general.

The overall conclusion of authors of all above articles is that more research is needed to identify the causes of obesity in ASD, so that effective prevention and intervention strategies can be developed that target the unique needs of this specialized, but growing need. In light of these calls for more research and intervention, there is some good news! Must et al. (2014) mention an important new initiative from
the Maternal and Child Health Bureau called the MCH Research Network on Promoting Healthy Weight among Children with ASD and Developmental Disabilities, or Healthy Weight Research Network, for short. The website can be found here: http://hwrn.org/. This project is just beginning, so there is very little information on the website so far. Visitors to the site are encouraged to become subscribers, so there may be helpful updates as the research and information dissemination get underway.

This is a case of scientists calling for something to be done and policymakers creating a way to help them do just that. We will be very interested to see more from this exciting project.

REFERENCES


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