Consensus: Evidence for Autism Diets Lacking

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, 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 upon 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.”

Children with autism spectrum disorders need to be evaluated carefully for GI problems because many such children are nonverbal.

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.

Indicators and usage

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Importantly, safety information

Levemir® can be withdrawn in patients who are hypersensitive to insulin or Zinc and should be used with caution.

Hypoglycemia is the most common adverse effect of all insulin therapies, including Levemir®. As with other insulins, the timing of hypoglycemic events may differ among various insulin preparations. Glucose monitoring is recommended for all patients with diabetes. Levemir® is not to be used in insulin infusion pumps.

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Whether these observed differences represent true differences in the effects of Levemir® or insulin, results, and insulin response is unknown. Insulin therapy is not known. Since these trials were not blinded and the protocols did not include instructions and monitoring were not specifically directed at exploring hypotheses related to weight effects of the treatments compared. The clinical significance of the observed differences in weight has not been established.

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