From parent report, there is a preponderance of gastroenterological problems in children with Autism Spectrum Disorder (ASD). Children are reported to be constipated, have diarrhea, stomach pain, bloating, cramping, etc. Gastrointestinal (GI) issues may also affect toilet training efforts, sleeping schedules, and other daily activities and quality of life issues for the entire family. It has logically been suggested that some behavior problems may actually be a reaction to GI discomfort or pain. From the research, it is not clear that this is true. However, it is clear that many children and adults with ASD are quite uncomfortable, and perhaps this is due to GI disorders.

Many children and adults with ASD restrict their diets; this may be due to allergies, lactose intolerance, sensory preferences (for example, preferring one texture of food over another), as well as personal taste. Some have such limited food choices that they are not able to get the nutrition they need through the foods they eat. Some diets include only “white” foods, or a diet that has very little protein and almost no fruits and vegetables. Still others eat only one type of highly processed chicken nuggets, and still others rotate among 3 – 6 food items of a similar texture. Many do not drink enough liquids and others drink too much. Feeding centers and feeding therapists address texture, habit, and taste preference issues. However, it is possible that more than food choice and allergy contribute to the limited diets and the gastroenterological issues that plague so many individuals and their families; research has yet to verify this.

It may be difficult to diagnose a GI problem in an individual with ASD who has communication deficits. The person may be unable to verbally express his or her discomfort or to describe the pain. Instead of using words, an individual with ASD may express discomfort by actions. These actions may be interpreted as behavior problems, when in reality the child or adult is simply reacting to pain. This theory has not been thoroughly researched, and there is no evidence-based data to
support any recommendations at this time.

If you suspect GI problems, consult with your child’s doctor. He or she may ask you to track your child’s food intake and bowel movements, including their frequency, consistency, size, and shape.

Related Articles:

- Feeding Disorders
- Co-Occurring Conditions and Co-Morbidities

Additional Resources:

- Evaluation, Diagnosis, and Treatment of Gastrointestinal Disorders in Individuals with ASDs: A Consensus Report
- Autism and GI Disorders, from Autism Speaks®