

Why Do Children with Autism have Feeding, Swallowing or Picky Eating Issues



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Course Description

Children with Autism are five times more likely to have mealtime challenges than their peers. Learn why these kids struggle, how to identify problems early, and how to recognize the differences between feeding disorders, swallowing disorders and picky eating issues.

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Learning Outcomes

- Identify the difference between picky eating and a feeding disorder
- Understand the relationship between Autism and food refusals
- Recognize the signs of a swallowing disorder

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Increased Risk for Feeding & Nutritional Deficits

- A study showed that kids with ASD are 5 times more at risk for feeding problems than their peers. (Woodruff Health Sciences Center, 2013)
- The estimated prevalence of feeding problems in children with autism is as high as 90% (Kodak & Piazza, 2008), with close to 70% of children described as selective eaters. (Twachtman-Reilly, Amaral, & Zebrowski, 2008)

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Increased Risk for Feeding & Nutritional Deficits

- The diagnosis of Autism usually occurs during the normal developmental period of Food Neophobia.
- "Children are more harmed by poor diet than by exposure to alcohol, drugs & tobacco combined." (Dr. David Katz, Yale University)
- Toomey (2002): 4-6% of the pediatric population who have feeding problems will "starve" themselves.

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Is it a Feeding Disorder?

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Feeding Disorders

- A Feeding Disorder occurs when a child fails to consume an adequate amount of food and liquids to promote growth and development.
- The American Speech Language Hearing Association (ASHA) states:
 - Feeding Disorders include problems gathering food and getting ready to suck, chew, or swallow it.

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Picky Eating vs. Feeding Disorder

Picky Eaters

- Decreased range or variety of foods they will eat = 30 foods or more
- Foods lost due to "bum out" because of a food jag are usually regained after a 2 week break
- Able to tolerate new foods on plate and usually can touch or taste a new food (even if reluctantly)
- Eats at least one food from most all food texture groups
- Will add new foods to repertoire in 15-25 steps on Steps to Eating Hierarchy

Problem Feeders

- Restricted range or variety of foods, usually less than 20 different foods
- Foods lost due to food jags are NOT re-acquired
- Cries and "falls-apart" when presented with new foods
- Refuses entire categories of food textures
- Adds new foods in more than 25 steps

Toomey, 2002 Copyright Dawn Winkelmann, M.S, CCC-SLP 8

Feeding & Swallowing: Developmental Milestones

- 24 MONTHS OF AGE:
 - Can swallow LIQUIDS from an open cup = no spillage
 - Can swallow SOLID FOOD = no spillage
 - Can swallow SALIVA = no spillage
 - Can swallow a COMBINATION of textures
 - Can TRANSFER FOOD from either side of the mouth
 - Can CHEW and swallow with lips closed
 - Can internally STABILIZE their open cup
 - Can GRADE the opening of their jaw when biting
 - Can perform vertical & ROTARY movements

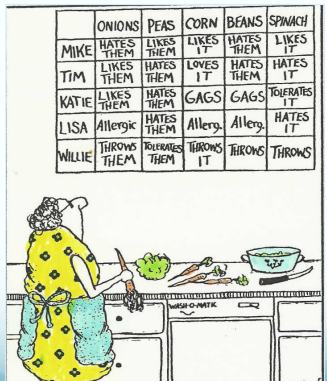
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Feeding & Swallowing: Developmental Milestones

- 24-36 MONTHS
 - Can consume liquids & solids through a STRAW
 - Can eat the SAME food as the rest of the FAMILY!



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	ONIONS	PEAS	CORN	BEANS	SPINACH
MIKE	HATES THEM	LIKES THEM	LIKES IT	HATES THEM	LIKES IT
TIM	LIKES THEM	HATES THEM	LOVES IT	HATES THEM	HATES IT
KATIE	LIKES THEM	HATES THEM	GAGS	GAGS	TOLERATES IT
LISA	Allergic	HATES THEM	Allergy	Allergy	HATES IT
WILLIE	THROWS THEM	TOLERATES THEM	THROWS IT	THROWS THEM	THROWS THEM

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Is it a Swallowing Disorder?

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Swallowing: Oral Phase

- Typical Oral Phase: sucking, chewing, and moving food or liquids into the throat
 - Lips
 - Tongue
 - Cheeks
 - Teeth-biting & chewing
 - Jaw
 - Hard Palate
 - Soft Palate
 - Salvia
 - Taste
 - Smell

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Swallowing: Pharyngeal Phase

- Typical Pharyngeal Phase: squeezes food down the throat, closes off the airway to prevent aspiration.
 - Pharynx to Esophagus by Peristalsis
 - Soft Palate Elevates to Nasopharyngeal Wall
 - Larynx and Hyoid Elevate to close the Epiglottis
 - Vocal Folds are protected, closed airway.

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Swallowing: Esophageal Phase

- Typical Esophageal Phase: relaxing and tightening the throat and squeezing food through the esophagus into the stomach.
- Peristalsis and Relaxation of the Lower Esophageal Sphincter to pass food to Stomach
- It takes 26 Muscles and 6 Cranial Nerves = 1 safe swallow. It is WORK!

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Is it an Oral Motor Disorder?

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Oral Motor Disorder

- An Oral-Motor Disorder is an inability to use the oral mechanism for functional speech or feeding, including chewing, blowing, or making specific sounds.

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Oral Motor Disorder

- Low muscle tone in the face
- Open mouth posture/Trouble keeping lips closed
- Tongue hangs forward
- Drooling
- Speech sounds are unclear
- Food in cheeks after eating/does not chew
- Bites on fork/spoon/straw or horn while blowing

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Oral Motor Disorder

- Teeth grinding
- Oral defensiveness (i.e. Will not let you touch their face or doesn't like food on it)
- Oral Hyposensitivity (i.e. crave sensory input-mouth non-edible objects, toys and clothes etc, to increase awareness in the mouth)
- Difficulty moving tongue
- Head does not move independently of the tongue
- Feeding and eating difficulties

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Why Do Children with Autism have Feeding, Swallowing or Picky Eating Issues?

- Sensory integration disorder
- Diet Changes
- Allergies
- Reflux
- Oral or Verbal Apraxia
- Speech and Language
- Parent Trust Issues
- GI disorders
- Sore throat
- Cavities
- Ear infections
- Malnutrition/Dehydration
- Poor nutrition
- Etc!!!!!!

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WHEN Do You Seek Help?

- If you are at a point where their list of foods is so short it interferes with their daily lives, causing stress on a family, friendships, activities, school etc.
- When your family is ready to make the commitment
- Consider signing up for my Parent Coaching classes
- Join my Facebook Live Events every Tuesday 9pm EST

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Questions?

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