



Gastrointestinal Problems

What should we know about gastrointestinal (GI) problems?

Gastrointestinal problems include constipation, diarrhea, reflux, vomiting, belly pain, and feeding problems. Some families of children with autism spectrum disorders (ASDs) report GI problems. These symptoms can add stress to the child and family.

Do GI problems cause ASDs?

As of this printing, there is no scientific evidence that GI problems directly cause ASDs. It is certainly possible that genetic and other causes of ASDs may result in other medical symptoms in the intestinal tract. It is still controversial whether children with ASDs have GI problems more frequently than other children. There is no evidence at this point that children with ASDs have unique microscopic abnormalities in their intestines or overgrowth of yeast or other organisms that worsen behavior.

Should we be concerned if our child with an ASD has GI problems?

A child with an ASD who has GI problems should be evaluated for his symptoms as any other child would. Constipation and diarrhea may be related to diet, so children who are picky eaters may be at greater risk for these symptoms depending on their food and drink choices. Also, children with ASDs with and without language may not be able to report or pinpoint GI pain and therefore may show it through other behaviors. For example, if they have stomach pain, they may act out as a way to let parents know because they cannot talk. Children who are resistant to toilet training may develop constipation.

How will the pediatrician confirm if our child has GI problems?

The pediatrician will take a history and do a physical examination. Evaluation of the child's nutrition may involve diet history and evaluation of weight gain. The doctor may request an evaluation by a pediatric gastroenterologist (a doctor with additional training in diseases of the intestines) or

nutritionist, or order laboratory tests. Presently, children who do not have symptoms or behaviors indicating GI distress are not recommended for GI testing. The pediatrician might consider specialized evaluations if a child does have symptoms of GI problems. For example, the doctor might obtain an x-ray film to find out more about severe constipation. Some children do not digest milk properly and benefit from a trial of a milk-free diet or enzyme replacement to help digest milk sugar (lactose). This is a common problem. Rarely, children will have an immune response to gluten and need to avoid wheat and other grain products. There is a blood test your pediatrician can do to determine if your child needs to see a specialist to evaluate for celiac disease. For ongoing GI symptoms, the doctor might refer to a gastroenterologist to get a more in-depth evaluation of the child.

How will the pediatrician treat our child?

If medical testing shows that your child has a GI problem, the pediatrician will recommend treatment specific to that problem. Treatments may include extra fiber in the diet, stool lubrication or stool softener for constipation issues, further evaluation for gastroesophageal reflux, and management with medications. Sometimes families eliminate milk or wheat from the child's diet on a trial basis for relief of GI symptoms with the hope that other behaviors of ASDs will improve. Although this gluten-free/casein-free (GF/CF) dietary treatment is popular, little scientific data support its general use at this time. Some children might have symptoms of lactose intolerance (common intolerance of milk sugars). Elimination of milk will decrease irritability and loose stools in affected children. Celiac disease (an autoimmune response to gluten proteins in barley, rye, and wheat) is found in 1 in 100 people. Children with ASDs, especially if there is a family history of celiac disease, should be screened if there are any symptoms related to stomach pain, bowel movements, slow growth, or poor appetite.

With ongoing research, more information will become available to guide GI management of children with ASDs.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Autism: Caring for Children With Autism Spectrum Disorders: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2013 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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