Feeding problems are commonly thought of as problems of early development, but individuals with ASD may experience feeding and eating problems across their lifespan. Although some feeding difficulties can appear early on, others may emerge over time. Some individuals with ASD experience such severe feeding and eating problems that they face nutritional deficiencies that can lead to weight problems and malnutrition, which then affect brain development and immune functioning. As individuals with ASD transition to adulthood and are expected to manage their needs with greater independence, pre-existing feeding and eating challenges can become more problematic.

Individuals with ASD experience significantly more feeding and eating problems compared to peers.

Common Food-Related Problems

- Refusing most foods
- Requiring specific utensils
- Requiring a particular food presentation
- Accepting only pureed foods
- Eating a narrow variety of foods
- Difficulty swallowing (dysphagia)

- Increased repetitive/ritualistic behaviors, sensory sensitivities, and challenging behaviors tend to co-occur with poor feeding habits.
- Individuals with more mealtime problem behaviors also tend to have poorer diets and nutrition.
Changes Over Time

Although overall food refusal appears to improve with increasing age, food selectivity appears to persist unless appropriate intervention is provided early in childhood.

What help is available?

The first step to treating any feeding or eating problem should be to seek consultation from a medical provider. It is critical to rule out problems with the body’s structures and functions involved in feeding and digestion before beginning other intervention.

Once medical conditions are assessed and treated, research suggests that behavioral interventions are the most effective treatment for improving feeding and eating behavior. Usually, such interventions are delivered by a multidisciplinary team (i.e., psychologists, speech-language pathologists, behavior analysts, physicians, occupational therapists) and can include praise or access to desired items contingent on positive feeding responses, ignoring or preventing maladaptive feeding responses, rewarding desired feeding responses with a favorite or preferred food, and fading in different textures, tastes, or colors using novel foods or currently accepted foods.

Select References


