

# Obesity Risk of Children With Autism Spectrum Disorder: Is The Food Selectivity a Probable Reason?

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Autism spectrum disorder (ASD) is defined as impairments in social interaction and communication and restricted repetitive behaviors, interests, and activities [1]. ASD has higher and increasing prevalence [2,3]. Feeding problems, including food selectivity are quite prevalent among children with ASD [4-6] and are accepted as early diagnostic indicators of ASD [7], but little is known about the relationship between obesity risk and food selectivity in children with ASD. It is contentious whether obesity risk of children with ASD is related to food selectivity, but a scant research reported that children with ASD have significantly higher odds of overweight compared with control group [8,9].

Food selectivity is defined as preferences by type or texture of food [10], which comprises food refusal, limited food repertoire, and high-frequency single food intake [11]. Children with autism mostly prefer energy dense foods, including sweet tastes, crunchy or salty food items [12]. Therefore, it is possible that if there is food selectivity or limited food preferences in line with these eating patterns, the obesity risk may increase in children with ASD [13]. Food selectivity may be correlated with obesity risk of children with ASD even though it is not a sole reason of childhood obesity or adiposity because children with ASD also may experience low levels of physical activity [14] and have some impairments in play skills, including social play [15]. General view of studies examined weight status of children with ASD is that children with ASD have obesity risk as high as typically developing children. Further, children with ASD are more likely to be obese than typically developing children Curtin et al. [13]. But these findings should be confirmed with bigger clinical samples and comparison groups.

Consequently, food selectivity and its probable effect on obesity risk should be clarified because children with ASD and their parents need more different prevention and treatment efforts than typically developing children and their families. Additionally, empirically validated feeding strategies [16] see the both reviews on treatments of feeding problems in children with ASD as well as special diet and exercise programs have to be applied to prevent obesity risk in children with ASD.

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