GASTROINTESTINAL HABITS ANALYSIS IN CHILDREN WITH AUTISM SPECTRUM DISORDER ASSISTED IN ANÁPOLIS, GOIÁS

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ABSTRACT
Autism or Autism Spectrum Disorder (ASD) is characterized by impairments in motor and psychoneurological development, resulting in qualitative deficits in cognition, communication, and social interaction. Among the manifestations observed in autistic children, gastrointestinal dysfunctions are prominent, compromising the absorption of nutrients essential for growth and development. This study aims to characterize the intestinal habits of children with ASD assisted by the Association of Parents and Friends of Exceptional Children (APAE) in Anápolis, correlating them with anthropometric growth data. A cross-sectional, quantitative, descriptive, and observational study was conducted, involving children attending APAE in Anápolis. Data were collected using the "Assessment Scale of Eating Behavior and Intestinal Alterations in ASD Patients" questionnaire. Anthropometric data were obtained, and descriptive statistics were performed. It was found that children with ASD frequently present gastrointestinal issues, with constipation being the most common symptom. Although most children were within physiological anthropometric parameters for their age, approximately 25% were classified as short or very short, and 21.7% had elevated weight for their age. Gastrointestinal habits in children with ASD may therefore trigger clinical manifestations with potential impact on the quality of life of children and their families. Additionally, there is a higher tendency toward overweight and obesity in children aged 0–5 years.

Keywords: Growth; Gastrointestinal Disease; Autism Spectrum Disorder.

INTRODUCTION

Autism Spectrum Disorder (ASD) is a common syndrome in early childhood, affecting 2% of the global population and approximately 2 million children in Brazil (HIROTA; KING, 2023). ASD is characterized by impairments in motor and psychoneurological development, resulting in deficits in cognition, communication, and social interaction, along with restricted interests, repetitive behaviors, and stereotyped mannerisms (ANDRADE; BRITTO, 2022).

Children with ASD frequently present gastrointestinal dysfunctions, including constipation, diarrhea, intestinal dysbiosis, gastroesophageal reflux, gastritis, inflammatory bowel disease, irritable bowel syndrome, and food allergies (GOMES et al., 2017; LEADER et al., 2020). Literature shows a significantly higher prevalence of gastrointestinal disorders in autistic children compared to typically developing children, with 79.3% reporting at least one gastrointestinal symptom (LÁZARO;

SIQUARA; PONDÉ, 2019; LEADER et al., 2020). The most reported symptoms include abdominal pain (53.7%), constipation (47.1%), and diarrhea (40%), which directly affect the absorption of essential nutrients such as vitamins, minerals, and fatty acids (LEADER et al., 2020; MAGAGNIN et al., 2021).

A correlation is suggested between autism and gastrointestinal dysfunctions, potentially affecting anthropometric outcomes and increasing the risk of future comorbidities such as diabetes, hypertension, dyslipidemia, cardiovascular disease, and metabolic syndrome (LÁZARO; SIQUARA; PONDÉ, 2019; SAULNIER; KLAIMAN; MCQUEEN, 2022). This study thus aims to characterize the intestinal habits of children with ASD assisted by APAE in Anápolis, correlating them with anthropometric growth data.

METHODOLOGY

A cross-sectional, quantitative, descriptive, and observational study was conducted at APAE in Anápolis. The study population was of convenience, including children with confirmed ASD diagnosis and regular follow-up at the institution. Data were collected using the “Assessment Scale of Eating Behavior and Intestinal Alterations in ASD Patients” questionnaire, completed by the children’s caregivers. Anthropometric measurements were taken and compared with age-appropriate growth charts. Prevalence of responses was calculated, and statistical analysis was performed using the Statistical Package for Social Science (SPSS). The study was approved by the Research Ethics Committee of UniEVANGÉLICA, in accordance with Resolution 466/12 of the National Health Council/Ministry of Health.

RESULTS

The main gastrointestinal complaints in children with ASD were constipation (23%), abdominal pain (19.2%), and gas (19.2%). Vomiting and blood in stool were less frequent (3.8%).

Regarding stool patterns, assessed using the Bristol scale, most children had a physiological stool pattern (26.9%), followed by mild constipation (19.2%) and severe constipation (15.4%). The majority had 2–3 bowel movements per week (23.1%).

Anthropometric analysis revealed that 15.4% had very short stature (Z-score < -3) and 11.5% had short stature (Z-score between -2 and -3), while most children had adequate height (Z-score > -2). For weight-for-age, 34.8% were at the extremes of the evaluation, with 21.7% classified as overweight, 4.3% as underweight, and 8.7% as very underweight.

BMI classification showed that children aged 0–5 years had a higher tendency for overweight (22.2%) and obesity (33.3%), whereas children aged 5–20 years had 17.6% overweight and 5.9% obese.

CONCLUSION

Children with ASD present significant gastrointestinal dysfunctions, with one in four experiencing frequent constipation. Less common symptoms included vomiting and blood in stool. Although most children were within normal anthropometric parameters, approximately 25% were short or very short, and 21.7% had elevated weight for age, with higher tendencies for overweight and obesity in children aged 0–5 years.

Limitations included low caregiver participation, reducing the comprehensiveness of the evaluation. Nonetheless, the findings underscore the clinical importance of gastrointestinal issues in children with ASD, highlighting the need for multidisciplinary interventions to support both children and their families and improve quality of life.

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