

FEBRUARY 2019

# WALLA WALLA COUNTY CHILD HEALTH NOTES

Promoting early identification and partnerships between families, primary health care providers & the community

Distributed by: Walla Walla County Department of Community Health - Children & Youth with Special Health Care Needs  
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## Health Management of Children with Autism Spectrum Disorder: Co-Occurring Gastrointestinal Problems and Sleep Disorders

Primary care providers have an important role in the management of health problems associated with autism spectrum disorder (ASD). GI and sleep issues are two of the most common health concerns reported by parents of children with ASD, and they often co-occur together. Children with ASD are 3 times more likely to suffer one or more chronic gastrointestinal (GI) problems and over 50% have one or more chronic sleep disturbances. It is recommended that GI and sleep problems be included in the review of systems at each primary care appointment.

### Gastrointestinal Problems and ASD



**Problem:** Gastrointestinal (GI) disorders rank among the most common medical conditions associated with autism. The relationship between GI problems and ASD is not fully clear at this time, however, recent research found higher levels of *Clostridia* in children with ASD compared to children without ASD. There is a higher incidence of GI issues in children with ASD compared to other children. They also appear to be associated with increased psychiatric co-morbidity and greater intensity of behavioral symptoms among children with ASD. Many children with ASD (including those who are verbal) cannot clearly communicate their symptoms or discomfort and may express their distress in exaggerated behaviors and irritability. This causes stress for the entire family.

**Common Presenting Concerns:** Chronic constipation is the most commonly reported GI concern, followed by chronic diarrhea, painful stooling, gastroesophageal reflux, vomiting, bloating, and abdominal pain.

#### Management Considerations:

- Evaluate as any other child with a targeted history, physical examination, and further work-up as needed.
- Elicit toilet training history and dietary intake to detect toilet training resistance or feeding problems. (These issues may trigger GI problems *and/or* be exacerbated by them.)
- Chronic constipation may require aggressive treatment including home-based “clean-outs.”
- Signs that a non- or minimally verbal child may have GI discomfort are bruxism, back arching, and pressing on the abdomen. There may also be an increase of self-soothing repetitive behaviors or more aggressive or challenging behaviors.

#### Consider Referral:

- To a pediatric gastroenterologist for consultation or evaluation for unresponsive chronic GI symptoms.
- To a pediatric nutritionist and/or feeding therapist for consultation regarding the child's diet, nutrition, and eating behavior.

#### Practice Pearls:

- Some families choose a gluten- and casein-free (or “GF/CF”) diet as a complementary or alternative autism treatment for their child. Current research studies have found little evidence supporting this treatment as efficacious for reducing the symptoms of ASD. Testing can be helpful to clarify whether a true food intolerance is present.
- Some psychotropic medications are associated with GI side effects and/or weight gain.

## Sleep Problems and ASD



**Problem:** Sleep disorders are prevalent among children with ASD and are associated with poorer behavioral and functional outcomes in this population. Recent research suggests that there is a biological component to the sleep difficulties including gene mutations in genes that regulate circadian rhythms, possible decreased REM sleep cycle duration compared to peers without ASD, and possible lower levels of melatonin production compared to peers without ASD. Secondary consequences of poor child sleep include parental exhaustion, disruption of family life, and reduced daytime functional and behavioral performance of all family members.

**Common Presenting Concerns:** Difficulty with sleep onset and/or maintenance are frequently reported. Other concerns include irregular sleep-wake patterns, early morning awakenings, and poor sleep routines.

### Management Considerations:

- Inquire about the adequacy of sleep for all family members at each primary health care appointment.
- Take a complete history of bedtime routine, sleep latency, nighttime awakenings, and caregiver responses. Consider asking family to keep a 1- to 2-week sleep diary.
- Rule out medical contributors to poor sleep, including obstructive sleep apnea, gastroesophageal reflux, and medication side effects.
- Behavioral interventions should always be considered for addressing child sleep disturbances. Discuss good sleep hygiene practices: consistent bedtime, soothing and predictable bedtime routines, bedroom conducive to sleep, avoiding screen time prior to bed, and bed not used for non-sleep activity such as play or time-out. Help the family establish strategies for responding to child's bedtime and nighttime waking behavior and monitor implementation.
- Medication for sleep may also need to be considered.

### Consider Referral:

- To appropriate pediatric specialists for consultation or evaluation if medical contributions are suspected.
- To a developmental pediatrician, developmental pediatric advanced practice provider, or pediatric psychologist experienced in working with children with ASD and implementation of practical behavioral strategies.

### Practice Pearl:

- Consider screening for other conditions that commonly co-occur with ASD and may play a role in sleep problems: seizures, atopic conditions, anxiety, inattention/impulsivity, and sensory processing difficulties.

## References

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- McElhanon, B. O., McCracken, C., Karpen, S., & Sharp, W. G. (2014). [Gastrointestinal Symptoms in Autism Spectrum Disorder: A Meta-analysis](#). *Pediatrics*, 133(5), 872-883. doi:10.1542/pedS.2013-3995
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## WALLA WALLA COUNTY SPECIAL NEEDS INFORMATION AND RESOURCES

- For children birth through age 18:** Contact: Amanda Hinrichs, RN , CYSHCN Coordinator  
Walla Walla County Department of Community Health  
Phone # 509-524-2658
- For children under age three:** Contact: ESD 123 Birth to Three Early Intervention Program  
Phone # 509-544-5745  
(Serves Walla Walla county, Columbia county, Richland, West Richland, Benton City & Prosser)
- For children age three and older:** Contact: Local school district –
- |                               |                      |
|-------------------------------|----------------------|
| College Place School District | Phone # 509-525-4827 |
| Columbia School District      | Phone # 509-547-2136 |
| Dixie School District         | Phone # 509-525-5339 |
| Prescott School District      | Phone # 509-849-2217 |
| Touchet School District       | Phone # 509-394-2352 |
| Waitsburg School District     | Phone # 509-337-6301 |
| Walla Walla School District   | Phone # 509-527-3000 |
- For family to family support:** Contact: Parent to Parent Program -
- Angie Witt P2P Coordinator  
Phone # 509-540-9880  
E-mail [p2p@wwvdn.org](mailto:p2p@wwvdn.org)
- Ysabel Fuentes, Hispanic Outreach P2P Coordinator  
Phone # 509-525-9435  
E-mail [p2pespanol@wwvdn.org](mailto:p2pespanol@wwvdn.org)
- Other Local Support:** Contact: Walla Walla Valley Disability Network  
Phone# 509-386-2356 (office hours Mon-Fri 10 am – noon)  
<http://www.wwvdn.org/> - local resources & events,  
information by diagnosis & more

## ASD RESOURCES

### **Regional**

- ◆ WA State Nutrition Network for CSHCN ..... <http://depts.washington.edu/cshcnnut/>
- ◆ Families for Effective Autism Treatment (FEAT) of Washington.....[www.featwa.org](http://www.featwa.org)
- ◆ Washington Autism Alliance & Advocacy..... <http://www.washingtonautismadvocacy.org>

### **National**

- ◆ AAP Autism Management Guidelines .....<http://pediatrics.aappublications.org/content/120/5/1162.full>
- ◆ Autism Society of America.....[www.autism-society.org](http://www.autism-society.org)
- ◆ Autism Speaks.....[www.autismspeaks.org](http://www.autismspeaks.org)