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Obesity and autism spectrum disorder

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Several contributing factors have led to nearly 20% of American children being obese. Specifically, family meals and physical activity have been shown to decrease the risk of obesity status. Data also show that obesity does not affect all groups the same. For example, hispanic youth are at greater risk for obesity status than their white counterparts. In addition, some studies have found that children with Autism Spectrum Disorders (ASDs) have obesity rates above 30%. The current research project theorizes that a major contributing factor to higher obesity rates among children with ASDs is related to family meals and physical activity. Family meals can be described as meals eaten as a family in the kitchen or dining room. Greater frequency of family meals has been associated with decreased BMIs and obesity rates for both children and adults. Family meals also are positively associated with fruit and vegetable consumption. The current data show children with an ASD are significantly less likely to eat meals as a family. This is especially true for males ($p=.043$). Children with an ASD also were found to be significantly less likely to engage in recommended amounts of physical activity. This was especially true for males ($p<.001$). In order to address these issues, practitioners should focus on efforts to increase autonomy and personalize physical activity goals and nutrition plans. Using self-referenced comparisons or comparison with other ASD status children may assist with motivation to comply with more personalized plans.

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