

Dietary Interventions in Autism Spectrum Disorders: Why they work when they do, why they don't when they don't

K.J. Aitken. (2009). London, UK: Jessica Kingsley Publishers

"Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made and his senses are being developed ..."

This Gabriela Mistral quote from her poem 'His Name is Today' begins Kenneth Aitken's book and illustrates the urgency of the author's recommendation to review and implement dietary interventions in Autism Spectrum Disorders (ASD). However, Aitken's book is not only a call for methodical and thorough research into the possibilities of managing and reducing ASD symptomatology with diet. Its primary focus is to explore the advantages and disadvantages of current well-known dietary approaches and to propose the author's own dietary approach, the Simple Restriction Diet (SRD). The book is intended to assist families, individuals and professionals to further their understanding of dietary interventions in ASD.

The book begins with a history of diets and the way our diet has changed over the centuries with the introduction of energy-dense food such as sugar, potatoes, tomatoes and chocolate. Aitken then reviews and outlines the evidence for a link between ASD and gastrointestinal issues and concludes that gastrointestinal issues are significantly more common in those with ASD. The next chapter describes some behavioural and physical features that may be indicative of dietary deficiencies and would be a very helpful starting point for parents, clinicians or an individual contemplating dietary management of symptoms. For example, distress at loud noises can be associated with problems metabolising calcium and symptoms such as dry skin, brittle hair and nails, dandruff and excessive fluid intake can all be indicators of a fatty acid deficiency. These symptoms are all overly represented in ASD.

Aitken's examination of toxic reactions outlines the ever-increasing environmental burden of substances such as mercury and phthalates (found in blood bags, PVC materials and most disturbingly, children's toys) and recommends identifying and limiting exposure to these substances. Information is also given about substances that are known to be protective and reduce the body's toxic load, such as selenium.

In the book's second section, Aitken outlines the pros and cons of some prominent diets currently employed in the management of ASD including the Mackarness diet (low carbohydrate, high-protein), Feingold diet,

gluten- and casein-free diet and the Glutamate-Aspartate Restricted Diet. For each diet, Aitken describes what the diet is, what it claims to do and most importantly, the evidence for the claims. Further, any potential hazards with the various dietary approaches are identified and resources such as journal articles, books, websites and special interest groups are given for those wanting more information.

Aitken's own approach, the SRD, is a low oxalate, phenol, glutamate, gluten, aspartate, tyramine, casein and specific carbohydrate diet. Whilst this list may seem overwhelming, by the time this dietary approach is introduced, Aitken has readied the reader by explaining the rationale behind all of the restrictions and gives some common sense approaches for implementing the SRD. It is important to note that the SRD is not intended to be a lifelong dietary strategy; it is a methodical approach of identifying and eliminating any problematic dietary components. Aitken's view is that a one-size-fits-all approach is unrealistic given that individuals differ vastly both in their metabolic requirements and reactions to foods. The SRD is actually a systematic way of restricting and reintroducing foods whilst keeping accurate records to tailor the maintenance diet that works most effectively.

The final section of the book has a number of valuable resources that would be adaptable for use in a family or professional setting. The resources include a table of potentially reactive foods and some simple and practical methods of implementing and charting results or changes during the SRD. There is even a chronological flow chart for the SRD that includes the individual's history, their dietary baseline, food reintroduction schedules and the maintenance diet.

At the beginning of the book, Aitken states that his book is not intended as a resource to address the management of food avoidance in ASD. However, the book still seems a little limited by the lack of strategies given to assist with the implementation of a new dietary approach. Parents and professionals are well acquainted with the self-restricted diets and oral sensitivities in children and adults with ASD and Aitken does not provide enormous guidance in this regard. He does suggest that a high level of organisation can avoid problems when certain foods are not going to be available, but not what to do if your child or client is highly resistant to dietary change. Aitken's main view seems to be that a lot of the dietary management issues will be rectified when the metabolic and nutritional

status are normalised. Whilst this may be true, the effective introduction of the diet needs to occur for metabolic and nutritional status to be given the opportunity to normalise. However, many helpful contacts and websites are listed in the resources section and the reader is certainly not bereft of options for further assistance in this regard.

Overall, this book provides an excellent overview of dietary interventions and would be a valuable resource for families, individuals and practitioners. Aitken's approach is thorough and balances technical and practical information skillfully. There are interesting and varied quotes throughout the book that highlight the author's wide reading and broad understanding of the context of food and food management. There is also a useful summary section at the end of each chapter for those that prefer their information in a more attenuated form. Complex concepts are presented in plain English and a reference list is provided at the end of each chapter for those who wish to follow up on the information in more detail.

Whilst many parents and professionals are well aware of the positive effects that dietary intervention can have in ASD, the scientific and research community has a long way to go to provide a solid evidence base for these types of treatments. Perhaps in addition to being a valuable resource, this book may encourage more research into the area of biological and dietary management of ASD symptomatology. In the words of Gabriela Mistral, the child cannot wait.

Reviewed by: Christine M. Brown

Christine is a PhD student with the Swinburne Autism Bio-Research Initiative (SABRI) exploring the relationship between autism, early infant feeding and fatty acids.

This book can be purchased in Australia and New Zealand from Footprint Books www.footprint.com.au