**OF INTEREST IN AUTISM...**

“Is there a link between autism and GI problems and dysfunction?” A new study indicates when we study all children with autism (ASD) and compare them to normal age matched children, their GI symptoms and diagnoses may not be that different. This is an important message for parents of children with ASD. Ibrahim et al (2009) entitled “Incidence of Gastrointestinal Symptoms in Children with Autism: A Population-Based Study,” (Pediatrics 124: 680-686) completed the first population based study of GI symptoms versus clinic based studies of GI symptoms. Medical care (>95%) in Olmstead County, Minnesota is provided by the Mayo Clinic. From all of the children and adolescents under 21 years of age for whom service was provided between 1976 and 1997, 121 children were identified who met criteria for a research diagnosis of autism and agreed to be in the study. Two control children matched on gender, age, year of first registration as a patient, and duration of follow-up were identified for each autism case. The mean age of research diagnosis for autism was 6.1 years, with symptoms for most children with an ASD documented between age 2-3 years. Both children with ASD and controls were followed to age 18.

All of the GI diagnoses and symptoms recorded for both children with ASD and their controls were grouped into 5 categories: (1) constipation, (2) diarrhea, (3) abdominal bloating, discomfort, or irritability, (4) gastroesophageal reflux or vomiting, and (5) feeding issues or food selectivity. The frequency of GI symptoms in both children with ASD and control subjects was high (77.2% versus 72.2%). Only 3 children with ASD had a GI diagnosis, one with Crohn Disease, one with pancreatitis, and one with intestinal disaccharide deficiency. No child with ASD had a history of intestinal fungal overgrowth. In contrast, several control children had lactose intolerance or milk allergy. Significant differences were found between children with autism and controls in the cumulative incidence of constipation (33.9% versus 17.6%) and for feeding issues/food selectivity (24.5% versus 16.1%). There were no significant associations with children diagnosed with ASD and the overall incidence of GI symptoms or any other GI symptom category, i.e. diarrhea, abdominal bloating, discomfort or irritability and gastroesophageal reflux or vomiting. The cumulative incidence for children with ASD and their controls was not significantly different. The authors conclude that differences observed in constipation and feeding issues/food selectivity often have a behavioral etiology as opposed to a primary organic GI etiology which may be a better explanation of the higher incidence of these GI symptoms in children with autism.