

# HEALTHY HABIT CHALLENGES

for Children with Specific Disabilities

## Recommendations to help families and caregivers meet special dietary needs:

- Consult a health care provider or dietician to help plan meals and snacks that reflect a child's specific dietary needs.
- Ensure teachers and service providers understand a child's dietary needs.
- Limit portion sizes at lunch and snack times as appropriate.
- Use a hunger scale to help a child identify when they are hungry or full.
- Avoid food rewards, which add unnecessary calories to a child's diet.

Children with disabilities face different challenges to adopting healthy eating habits depending on their specific disabilities. Understanding a child's unique challenges will help you plan healthy mealtimes and activities that meet their needs. Here are some of the health challenges faced by children with specific disabilities.



## Children with Down Syndrome

- **Decreased resting metabolic rate** may cause children with Down syndrome to burn fewer calories when they are not moving compared to their typically developing peers.
- **Low muscle tone** can lead to more fat mass and less muscle mass in the body.
- **Hypothyroidism** affects 30-50% of children with Down syndrome and can cause increased hunger, decreased metabolism, and a higher risk of obesity.
- **Weak oral-motor skills** make it difficult to chew raw fruits and vegetables and to eat other hard foods.<sup>1</sup>

Children with Down syndrome are at a high risk of developing obesity. It's important to make accommodations to ensure these children develop healthy habits from a young age to prevent excess weight gain.

## Children with Cerebral Palsy

- **Feeding difficulties** can place a child with cerebral palsy at risk of malnutrition. For example, if the facial muscles are affected, a child's ability to suck, chew, and swallow will be compromised.

Concerns about malnutrition may lead families to feed their children foods that are high in calories, but are not nutritious. It is important to help families select foods that are both nutritious and meet their child's needs.<sup>2</sup>

## Children with Prader-Willi Syndrome (PWS)

- **Chronic hunger and an inability to feel full** can lead to constant food seeking and binge eating.
- **Slower metabolism and short stature** suggest a need for fewer calories.
- **Genetic predisposition to obesity** makes PWS the most common genetic cause of life-threatening obesity.

Despite their many risk factors, a properly managed diet and regular physical activity can help children with PWS maintain a healthy weight.<sup>3</sup>

## Children with Spina Bifida

- **Neurological impairments** can limit mobility which means these children are often sedentary and at an increased risk for obesity.
- **Slower metabolism and short stature** suggest a need for fewer calories.

A modified diet and inclusion in physical activity can reduce the obesity risks for children with spina bifida.<sup>4</sup>

1 Murray J, Ryan-Krause P. Obesity in Children with Down syndrome: Background and Recommendations for Management. *Pediatric Nurs.* 2010; Vol.36 (Issue 6): 314-319.

2 Ferluga ED, Archer KR, Sathe NA, et al. Interventions for Feeding and Nutrition in Cerebral Palsy, Comparative Effectiveness Reviews, No. 94. 2013 March. National Center for Biotechnology Information. [www.ncbi.nlm.nih.gov/books/NBK132431/#introduction.s1](http://www.ncbi.nlm.nih.gov/books/NBK132431/#introduction.s1). Accessed on June 16, 2016.

3 Pradi-Willi Syndrome Basic Facts. Pradi-Willi Syndrome Association. [www.pwsausa.org/basic-facts](http://www.pwsausa.org/basic-facts). Accessed on June 16, 2016.

4 National Center on Health, Disability, Physical Activity and Disability (NCHPAD): Spina Bifida. [www.nchpad.org/222/1443/Spina~Bifida](http://www.nchpad.org/222/1443/Spina~Bifida). Accessed on June 16, 2016.