IMPACTO CIENTÍFICO EDITORA

FOOD SELECTIVITY AND WEIGHT PROFILE IN PRESCHOOL CHILDREN WITH AUTISM SPECTRUM DISORDER USING RISPERIDONE: A DESCRIPTIVE STUDY

SELETIVIDADE ALIMENTAR E PERFIL DE PESO EM PRÉ-ESCOLARES COM TRANSTORNO DO ESPECTRO AUTISTA EM USO DE RISPERIDONA: UM ESTUDO DESCRITIVO

SELECTIVIDAD ALIMENTARIA Y PERFIL DE PESO EN NIÑOS PREESCOLARES CON TRASTORNO DEL ESPECTRO AUTISTA QUE UTILIZAN RISPERIDONA: UN ESTUDIO DESCRIPTIVO

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ABSTRACT

Introduction: Food selectivity is a behavior commonly found in individuals with Autism Spectrum Disorder (ASD). It manifests as the refusal or restricted acceptance of certain foods, driven by sensory hypersensitivities to characteristics such as color, texture, appearance, odor, and consistency. This eating pattern can compromise the individual's nutritional status. The use of risperidone can aggravate this condition, as the medication can cause metabolic side effects such as weight gain and increased appetite.

Objective: To analyze the frequency of food selectivity and the weight profile of preschoolers with ASD using risperidone, enrolled in a group in the city of Macaé, Rio de Janeiro.

Materials and Methods: This is an exploratory, descriptive, quantitative, primary-based study. The research was carried out between March and June 2020, with preschoolers with ASD (2 to 6 years old) using risperidone, and their respective mothers, linked to the association. The study was approved by the Research Ethics Committee. Results: In the study, 35 children were using risperidone, of which 51.4% (n = 18) were preschoolers, with a mean age of 4.78 years (± 1.22), current weight of 26.3 kg (± 10.39), height of 107.9 cm (± 27.27), and BMI-for-age of 19.4 kg/m² (± 5.77). Regarding food selectivity, the frequency of refusal was high for legumes (21.1%), cookies (21.1%), cereals (21.1%), and meat (21.1%), followed by pasta (16.6%), sugary drinks (15.7%), and milk (15.7%). According to BMI-for-age, 61.1% of preschoolers were obese, 5.6% were overweight, and 33.3% were at a healthy weight.

Conclusion: Legumes, followed by cookies, cereals, and meat, were the food groups most frequently refused by preschoolers with food selectivity. Excess weight (overweight and obesity) was high, which represents a highly relevant finding for the health of this population.

Keywords: Child. Food Selectivity. Autism Spectrum Disorder.

RESUMO

Introdução: A seletividade alimentar é um comportamento comumente encontrado em pessoas com Transtorno do Espectro Autista (TEA). Ela se manifesta pela recusa ou por uma aceitação restrita de certos alimentos, impulsionada por hipersensibilidades sensoriais a características como cor, textura, aparência, odor e consistência. Esse padrão alimentar pode comprometer o estado nutricional do indivíduo. O uso da risperidona pode agravar essa condição, pois o medicamento pode causar efeitos colaterais metabólicos como, por exemplo, o ganho de peso e aumento do apetite.

Objetivo: Analisar a frequência da seletividade alimentar e o perfil de peso em pré-escolares com TEA em uso de risperidona, inscritos em uma associação no município de Macaé/RJ.

Materiais e Métodos: Trata-se de um estudo do tipo exploratório, descritivo, quantitativo, de base primária. A pesquisa foi realizada no período entre março e junho de 2020, com pré-escolares com TEA (2 a 6 anos) em uso de risperidona, e suas respectivas mães, vinculadas à associação. O estudo foi aprovado pelo Comitê de Ética em Pesquisa. Resultados: No estudo, 35 crianças estavam em uso de risperidona, das quais 51,4% (n=18) eram pré-escolares, apresentando a média de idade de 4,78 anos (±1,22), peso atual de 26,3 kg (±10,39), estatura de 107,9 cm (±27,27), e IMC por idade de 19,4 kg/m² (±5,77). Quanto à seletividade alimentar, a frequência de recusa foi elevada para leguminosas (21,1%), biscoito (21,1%), cereais (21,1%) e carne (21,1%), seguidos por macarrão (16,6%), bebidas açucaradas (15,7%) e leite (15,7%). Segundo o IMC para idade, 61,1% dos pré-escolares apresentaram obesidade, 5,6% sobrepeso e 33,3% peso adequado.

Conclusão: Conclui-se que as leguminosas, seguidas de biscoito, cereais e carne, foram os grupos alimentares mais frequentemente recusados pelos pré-escolares com seletividade alimentar. O excesso de peso (sobrepeso e obesidade) foi elevado, o que representa um achado de grande relevância para a saúde dessa população.

Palavras-chave: Criança. Seletividade Alimentar. Transtorno do Espectro Autista.

RESUMEN

Introducción: La selectividad alimentaria es un comportamiento común en personas con Trastorno del Espectro Autista (TEA). Se manifiesta como el rechazo o la aceptación restringida de ciertos alimentos, impulsado por hipersensibilidades sensoriales a características como el color, la textura, la apariencia, el olor y la consistencia. Este patrón de alimentación puede comprometer el estado nutricional del individuo. El uso de risperidona puede agravar esta condición, ya que el medicamento puede causar efectos secundarios metabólicos como aumento de peso y apetito.

Objetivo: Analizar la frecuencia de la selectividad alimentaria y el perfil ponderal de preescolares con TEA que usan risperidona, inscritos en un grupo en la ciudad de Macaé, Río de Janeiro.

Materiales y Métodos: Estudio exploratorio, descriptivo, cuantitativo y de base primaria. La investigación se llevó a cabo entre marzo y junio de 2020 con preescolares con TEA (de 2 a 6 años) que usan risperidona, y sus respectivas madres, vinculadas a la asociación. El estudio fue aprobado por el Comité de Ética de la Investigación. Resultados: En el estudio, 35 niños utilizaban risperidona, de los cuales el 51,4 % (n = 18) eran preescolares, con una edad media de 4,78 años (± 1,22), un peso actual de 26,3 kg (± 10,39), una altura de 107,9 cm (± 27,27) y un IMC para la edad de 19,4 kg/m² (± 5,77). En cuanto a la selectividad alimentaria, la frecuencia de rechazo fue alta para las legumbres (21,1 %), las galletas (21,1 %), los cereales (21,1 %) y la carne (21,1 %), seguida de la pasta (16,6 %), las bebidas azucaradas (15,7 %) y la leche (15,7 %). Según el IMC para la edad, el 61,1 % de los preescolares presentaba obesidad, el 5,6 % sobrepeso y el 33,3 % un peso saludable.

Conclusión: Las legumbres, seguidas de las galletas, los cereales y la carne, fueron los grupos de alimentos que los preescolares con selectividad alimentaria rechazaron con mayor frecuencia. El sobrepeso y la obesidad fueron elevados, lo cual representa un hallazgo muy relevante para la salud de esta población.

Palabras clave: Niño. Selectividad Alimentaria. Trastorno del Espectro Autista.

1 INTRODUCTION

Food selectivity can be understood as a set of behaviors related to food, which can manifest themselves in three main aspects: refusal to consume certain foods, disinterest in some types of food, and decreased appetite. Additionally, it is common for people with this condition to develop a sensory aversion to certain specific attributes of food, such as taste, color, or texture, which can develop into a food phobia. These characteristics are striking and commonly described in the conduct of children and adolescents with autism spectrum disorder (ASD) (MORAES, 2021).

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by persistent difficulties in communication and social interaction. In addition, it presents restricted and repetitive patterns of behavior, interests, and activities, which can extend to eating habits (PASSOS, 2020). The *Centers for Disease Control and Prevention* reported that 1 in 31 8-year-old children had a diagnosis of ASD in the United States of America, which represents a significant increase in the prevalence of this condition in that country (SHAW *et al*., 2025).

The World Health Organization (WHO) estimates that two million Brazilians have ASD (SETTA *et al*., 2021). Regarding neuroatypical children, Paula et al. (2020) observed that about 80.0% tend to have eating behavior problems. However there are still few studies in Brazil on the frequency and determining factors of ASD at different stages of life, as well as on the impacts of this condition on people's diet and health.

In the municipality of Macaé, the study by Alves *et al*. (2023) cross-sectional, descriptive, quantitative and primary-based study, carried out with children diagnosed with ASD, enrolled in an association aimed at autistic subjects, revealed that food selectivity was more frequent in children in the preschool phase than in school. Attention to the preschool phase, from 2 to 6 years of age, is especially relevant, as it is when eating habits are formed and developed, thus impacting food tastes and preferences (BRAZILIAN SOCIETY OF PEDIATRICS, 2018). Also noteworthy is the study by Souza *et al*. (2023), which analyzed children from the same Macanese association and identified a high prevalence of overweight in the group of preschoolers using risperidone.

Risperidone is an antipsychotic usually used in the treatment of children with ASD, which acts as an antagonist of dopamine and serotonin receptors. It is used to control behaviors associated with autism, such as irritability, anxiety, and aggressiveness. Risperidone has active registration with the National Health Surveillance Agency (Anvisa) and indication in the package insert for the symptoms mentioned. In addition, it is one of the only drugs with an indication from *the Food and Drug Administration* for symptoms related

to ASD (Santa Catarina, 2015). Although the adverse effects of risperidone are varied, increased appetite and, consequently, weight gain are frequent (NEVES, 2021).

Given the relevance of the theme and the scarcity of studies in the literature, the present study aims to analyze the frequency of food selectivity and the weight profile in preschool children with ASD using risperidone, enrolled in an association in the city of Macaé/RJ.

2 MATERIALS AND METHODS

This is an exploratory, descriptive, quantitative, primary-based study, carried out between March and June 2020, with children (2 and 9 years, 11 months and 29 days) with ASD, using risperidone, and their respective mothers, linked to the association Motivated by Autism Macaé – MOPAM, located in the municipality of Macaé, Rio de Janeiro.

In this study, all children living in Macaé and registered in the MOPAM association, of preschool age (2 to 6 years, 11 months and 29 days), were considered eligible, provided that there was the consent of their mothers, family members or legal guardians.

As study instruments, two virtual questionnaires were prepared for the research, due to the impossibility of conducting face-to-face interviews, using the survey management application "*Google Forms*", free and freely accessible.

The first questionnaire was semi-structured with socioeconomic and demographic variables, clinical characteristics, nutritional status, and eating behavior. It was sent via messaging app to parents and guardians by the association's coordinator at the end of March. Initially, when opening the form, the participant had access to the Informed Consent Form, and, upon accepting, could fill it out. In case of "not acceptance", the form did not allow the participant to start filling it out, that is, to answer the questions.

It should be noted that one of the researchers was inserted in the association's messaging application groups to help fill out the questionnaires and to clarify doubts that could arise. In addition, the researcher was previously introduced, in the respective messaging application groups, by the coordinator of MOPAM.

The second questionnaire used, structured, containing data on food consumption, was the "Food Consumption Markers", proposed by the General Coordination of Food and Nutrition (CGAN) in contribution to the Food and Nutrition Surveillance System (Sisvan). It proposes to recognize foods or behaviors that are related to healthy or unhealthy eating. The part of the form used was specific for children aged two years or older (BRASIL, 2015).

The following variables were selected for the present study:

1. Sociodemographic: sex (female and male), child's age (in years), average family income [in minimum wages (MW): less than 1; 1 – 2; 3 – 4; 5 or more].
2. Anthropometric data of the child: weight, height, BMI by age.
3. Medications: use or not of medication (Risperidone).
4. Food selectivity: yes or no; types of food.

In data collection, the following steps were followed: (1) Contact with the coordination of the MOPAM association to identify the children and their parents or guardians. (2) Sending the *link* to the first virtual questionnaire in the messaging app groups with the researcher to clarify doubts. (3) Sending the *link* to the second virtual questionnaire (Food Consumption) to all participants who answered the first questionnaire, in the messaging application groups. This strategy was defined in order to ensure the minimum number of participants defined in the sample calculation.

BMI (kg/m²) was calculated by age using the variables weight (kg) and height (m), dividing weight by height squared. The classification of nutritional status followed the criterion proposed by the growth curves of the World Health Organization (BRASIL, 2011). Anthropometric variables were those obtained in the pediatric consultation or with another health professional and that were described in the health booklet or informed by the mother.

The data were consolidated in an *Excel® spreadsheet. A descriptive analysis of the variables (continuous, dichotomous and categorical) studied was performed through absolute and relative frequency distributions; and mean values and standard deviation (mean±SD). The variables age, income and BMI* by age were categorized to verify the significance of the differences found in the answers according to weight profile and food selectivity, using Fisher's chi-square test. The level of statistical significance used in all analyses was 5%. The data were analyzed using *the Statistical Package for the Social Sciences* (SPSS) software, version 19.0.

This work is in compliance with Resolution No. 466/2012, which provides for research and testing on human beings. It is also part of the matrix project linked to the Center for Actions and Studies in Maternal and Child Care (Naemi), submitted and approved by the Research Ethics Committee of the Faculty of Medicine of Campos dos Goytacazes under CAEE: 30178620.0.0000.5244.

3 FINDINGS

Of the 35 children with ASD being treated with the drug risperidone, 51.4% (n=18) were preschoolers, with minimum and maximum age values of 3 and 6 years, respectively. Regarding gender, it was highlighted that 73.3% were male and had an average family income between 1 and 2 minimum wages (44.4%), followed by ≤1 minimum wage (33.3%) (Table 1).

Table 1

Absolute and relative distribution of sociodemographic characteristics of preschool children with autism spectrum disorder in use and non-use, enrolled in an association aimed at autistic people in Macaé, March-June, 2020

Features	Preschool children using risperidone (n=18)	
	n	%
Gender		
Female	5	27,7
Male	13	73,3
Average Family Income (Minimum Wage)		
≤1	6	33,3
1-2	8	44,4
3-4	1	5,6
≥5	3	16,7

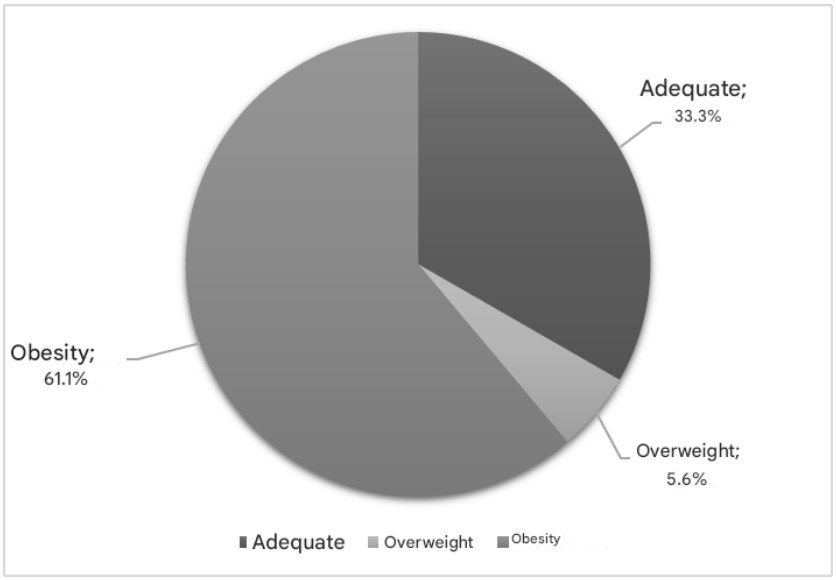
Source: Prepared by the authors.

Regarding the mean values (±SD) of preschool children with ASD using risperidone, the mean age was 4.78 years (±1.22), current weight of 26.3 kg (±10.39), height of 107.9 cm (±27.27), and BMI for age of 19.4 kg/m2 (±5.77) (data not shown in the table).

According to the weight profile, according to BMI-for-age, 61.1% of the preschool children with ASD using risperidone were obese, 5.6% were overweight, and 33.3% were of adequate weight (Figure 1).

Figure 1

Percentage distribution of Body Mass Index according to age of preschool children with autism spectrum disorder using the drug risperidone, participants of an association aimed at autistic people in Macaé, March-June, 2020. (n=18)

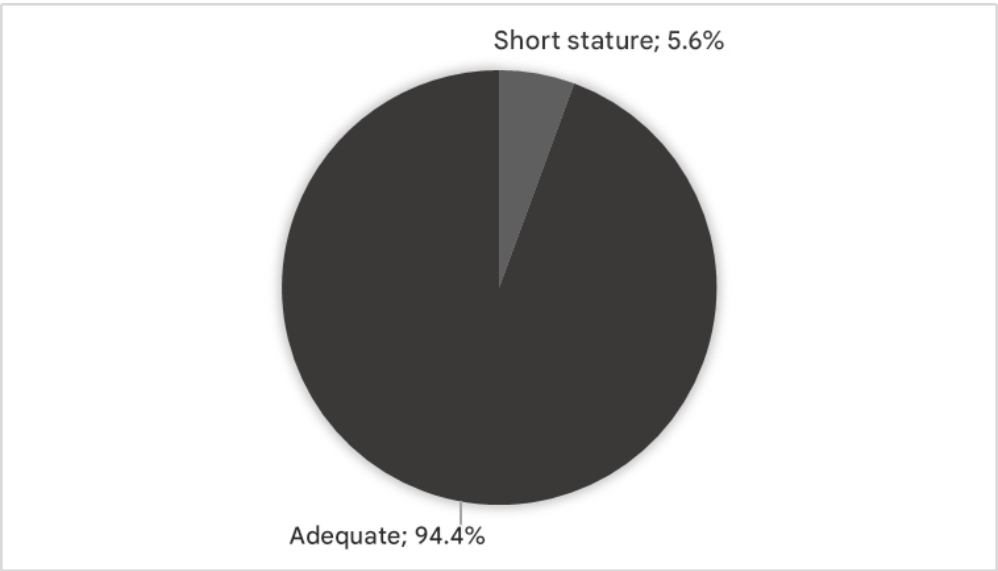


Source: Prepared by the authors.

It was found that the majority (94.4%) of the preschool children with ASD using risperidone had adequate height, while 5.6% had short stature (Figure 2).

Figure 2

Percentage distribution of anthropometric status, according to the Height by Age indicator, of preschool children with autism spectrum disorder using the drug risperidone, participants of an association aimed at autistic people in Macaé, March-June, 2020. (n=18)

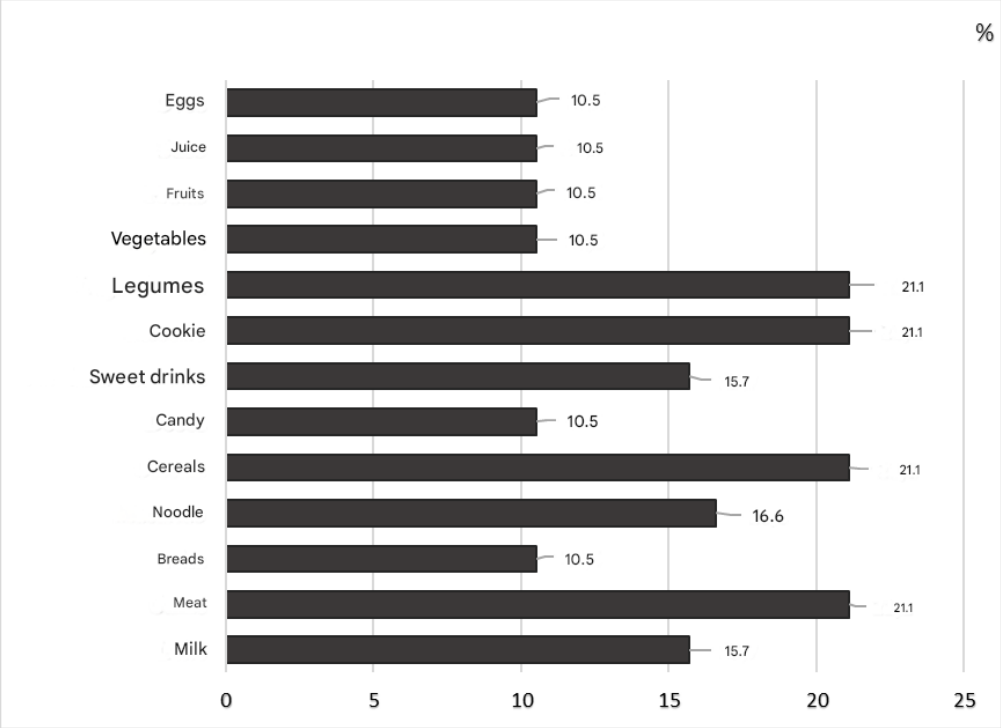


Source: Prepared by the authors.

Figure 3 shows the percentage distribution of the type of food selectivity, with a high frequency for legumes (21.1%), biscuits (21.1%), cereals (21.1%) and meat (21.1%), as well as for pasta (16.6%), sugary drinks (15.7%) and milk (15.7%).

Figure 3

Percentage distribution of food selectivity (food) of preschool children with autism spectrum disorder using the drug risperidone, participants in an association aimed at autistic people in Macaé, March-June, 2020. (n=18)



Source: Prepared by the authors.

4 DISCUSSION

The majority of preschoolers with ASD using risperidone are male, with an average family income between 1 and 2 minimum wages; presents food selectivity for legumes, biscuits, cereals and meat, followed by pasta, sugary drinks and milk; Has overweight (overweight and obesity) and adequate height.

Regarding the predominance of ASD in males, this study confirmed the findings in the literature. George *et al.* (2020) conducted a cross-sectional study with 12 children diagnosed with ASD, in a educational center for people diagnosed with autism spectrum disorder, located in the city of Pelotas, RS, Brazil, in order to characterize the nutritional profile. The authors detected that 75% (n=9; n total=12) were male, and the majority (91.6%) had a mean age of 5.9 years.

Martin *et al*. (2021) in a study This cross-sectional descriptive study was carried out with 73 children and adolescents with ASD, assisted in an educational center in the city of Pelotas/RS, in order to characterize food selectivity, detected 91.8% (n=67) of male children, and 53.5% with food selectivity.

Regarding low income, a study This qualitative descriptive observational study was carried out with 20 patients and their families in a mental health care clinic in the city of Vitória da Conquista/BA, and found that seven families had an income of less than one minimum wage, five families had an income of one minimum wage, and four families had one to two minimum wages. In the study, the authors concluded that most families had low income (MENDES, 2023). Another quantitative, descriptive, exploratory, cross-sectional study, carried out in the parents' association called Diamante Azul, in the municipality of Limoeiro do Norte, Ceará, Brazil, from March to June 2017, with 25 families of children diagnosed with ASD, detected that 50.0% (n=13) had a family income between 1 and 1.5 minimum wages (CAETANO; GURGEL, 2018). The findings of the studies were similar to those of the present study.

Family income can be an obstacle for families, especially those in economic vulnerability, in search of the diagnosis. This condition often results in a late diagnosis, postponing the start of treatment. The lack of financial resources can directly affect adherence to specific therapies and medications to control symptoms, which are usually expensive, as well as restricting access to healthier foods, leading families to opt for more affordable options, such as ultra-processed foods. This choice limits the variety of nutrients important to the nutritional needs of the developing child (ARAÚJO; VERAS; VARELLA, 2019).

The present study detected that preschool children showed food selectivity to cereals, which is a worrying aspect. These foods have fiber, which plays a role in modulating the gut health of children with autism. Its low consumption is associated with constipation, considered a clinical problem in autism, and nutritional intervention would allow guidance on the supply and consumption of food sources of fiber (ROSA; ANDRADE, 2019). Another aspect was the high frequency of cookies and sugary drinks, considered harmful to health because they are ultra-processed, and which impact weight gain due to their high calorie content (ROCHA *et al*., 2019).

Rocha *et al.* (2019) in a descriptive, exploratory field research with a quantitative approach, detected 20 study participants (68.9%) presenting food selectivity. The authors found that the children evaluated showed greater selectivity for vegetables (31.1%), fruits (21.3%), and milk and dairy products (14.7%) (ROCHA *et al*., 2019).

Regarding overweight, the present study revealed a higher frequency of preschool children with autism with obesity and overweight (overweight and obesity), according to BMI-for-age, which is a very worrying data. Bomfim Filho and Goes (2021) conducted a descriptive cross-sectional study, in which 80 children participated, with a mean chronological age of 9.7 years, assisted by the Physical Education Service (SEF) of the Unified Center for the Integration and Development of Autism (CUIDA) in the city of Maceió-Alagoa. The authors found that 53.8% (n=35) of the autistic children were overweight, according to BMI-for-age.

Kummer *et al*. (2015) conducted an exploratory, descriptive and quantitative study with children and adolescents (and their respective guardians) treated at the ASD Outpatient Clinic (n=69) and at the ASD Outpatient Clinic *Deficit* of the Psychiatric Service of the Hospital das Clínicas of the Federal University of Minas Gerais (UFMG), Brazil. In this study, it was evaluated the frequency of overweight and obesity in children and adolescents with ASD. The authors detected a greater predisposition to the development of overweight and obesity in autistic children (21.7%) when compared to those who did not have the disorder (5.3%).

The results of this study suggest that excess weight may be associated with the use of risperidone and the dietary pattern of these children, which is characterized by the repetitive consumption of high-calorie-density foods (ROCHA *et al*., 2019). In this context, it is worth considering that the sensory hypersensitivity of individuals with ASD makes it difficult to accept fresh foods , such as fruits, vegetables, and legumes, which have a wide variety of flavor, texture, and smell. On the other hand, ultra-processed foods tend to maintain sensory characteristics, which can generate a feeling of comfort and, consequently, greater acceptance. However, it is important to highlight that these foods are rich in sugars, sodium and fats, contributing to weight gain (PINTO *et al.*, 2016).

It is important to note that risperidone is the antipsychotic popularly prescribed for children with ASD, as it is considered effective and well tolerated in the treatment of aggressiveness, hyperactivity, irritability, and self-injurious behaviors. However, despite being safe, risperidone can cause side effects, with great heterogeneity of adverse reactions, the main ones being: increased appetite and weight gain, drowsiness, hyperprolactinemia, gastrointestinal symptoms, tachycardia and extrapyramidal effects (NEVES *et al.*, 2021).

In addition, the increased appetite and weight gain associated with risperidone use appear to be directly related to the duration of treatment. An average increase of 6 cm in waist circumference suggests an accumulation in visceral adipose tissue. This increase can have serious consequences, such as the onset of metabolic syndrome, type 2 diabetes, high triglycerides, and hypertension, which, in turn, increase the risk of liver and cardiovascular diseases (NEVES *et al*., 2021).

In this sense, multidisciplinary intervention composed of a team of qualified professionals is crucial for the treatment and control of overweight and food selectivity in children diagnosed with ASD, using risperidone, since it involves aspects that go beyond nutritional.

The study had limitations. The form was initially prepared for the face-to-face interview, but with the COVID-19 pandemic, there was a need to adapt it to the virtual format, with objective questions to avoid memory biases and lack of interest of the interviewee in answering the questions, due to the absence of the interviewer. Another aspect was regarding the dosage of the drug, preventing the verification of the amount of risperidone ingested per day and its association with the weight profile. The study data cannot be inferred for the general population, only for the group studied.

5 CONCLUSION

Most preschool children using risperidone showed a high frequency of food selectivity for legumes, followed by biscuits, cereals and meat. Or Overweight, especially obesity, was high in the study group.

It is crucial that new studies are developed to deepen the topic. In addition, the findings reinforce the need for a multidisciplinary approach, which integrates nutritional and therapeutic interventions, aiming to ensure the healthy growth and development of these children.

REFERENCES

Alves, B. G. T., & Others. (2024). Seletividade alimentar e perfil sociodemográfico de crianças com transtorno do espectro autista de um movimento social de Macaé, Rio de Janeiro. Segurança Alimentar e Nutricional, 30, e023035. https://doi.org/10.20396/san.v30i00.8673758

Araújo, J. A. M. R., Veras, A. B., & Varella, A. A. B. (2019). Breves considerações sobre a atenção à pessoa com transtorno do espectro autista na rede pública de saúde. Revista Psicologia e Saúde, 11(1), 89–98. https://doi.org/10.20435/pssa.v11i1.1234

Barros Neto, S. G., Brunoni, D., & Cysneiros, R. M. (2019). Abordagem psicofarmacológica no transtorno do espectro autista: Uma revisão narrativa. Cadernos de Pós-graduação em Distúrbios do Desenvolvimento, 19(2), 38–60. https://doi.org/10.5935/1808-8694.20190002

Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2011). Orientações para a coleta e análise de dados antropométricos em serviços de saúde: Norma Técnica do Sistema de Vigilância Alimentar e Nutricional - SISVAN. Ministério da Saúde.

Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2015). Orientações para avaliação de marcadores de consumo alimentar na atenção básica. Ministério da Saúde.

Bomfim Filho, M. B., & Goes, T. T. M. (2021). Perfil de sintomas, sociodemográfico, antropométrico e uso fármacos de crianças e adolescentes com transtorno do espectro autismo da cidade de Maceió [Undergraduate thesis, Universidade Federal de Alagoas]. Repositório Institucional da UFAL. http://www.repositorio.ufal.br/handle/123456789/1234

Caetano, M. V., & Gurgel, D. C. (2018). Perfil nutricional de crianças portadoras do transtorno do espectro autista. Revista Brasileira em Promoção da Saúde, 31(1), 1–11. https://doi.org/10.5020/18061230.2018.1234

Goulart, M. L., & Others. (2020). Transtorno do Espectro Autista (TEA) e hipersensibilidade alimentar: Perfil nutricional e de sintomas gastrointestinais. Revista da Associação Brasileira de Nutrição – RASBRAN, 11(1), 1–10.

Kummer, A., & Others. (2015). Frequência de sobrepeso e obesidade em crianças e adolescentes com autismo e transtorno do déficit de atenção/hiperatividade. Revista Paulista de Pediatria, 34(1), 71–77. https://doi.org/10.1016/j.rpped.2015.06.003

Mendes, K. C. G. (2023). Qual a percepção da família no diagnóstico de TEA – Um estudo transversal [Undergraduate thesis, Escola Bahiana de Medicina e Saúde Pública]. Repositório Institucional da Bahiana. http://www.repositorio.bahiana.edu.br/handle/123456789/1234

Moraes, L. S., & Others. (2021). Seletividade alimentar em crianças e adolescentes com transtorno do espectro autista. Revista da Associação Brasileira de Nutrição - RASBRAN, 12(2), 42–58.

Neves, K. R. T., & Others. (2021). Segurança da risperidona em crianças e adolescentes com transtorno do espectro autista. Infarma Ciências Farmacêuticas, 33(2), 138–148. https://doi.org/10.14450/2318-9312.v33.e2.a2021

Passos, H. (2020). Funções executivas em pré-escolares com Transtorno do Espectro do Autismo [Master's dissertation, Universidade Federal de Santa Catarina]. Repositório Institucional da UFSC. http://repositorio.ufsc.br/handle/123456789/1234

Paula, F. M., & Others. (2020). Transtorno do Espectro do Autismo: Impacto no comportamento alimentar. Brazilian Journal Health Review, 3(3), 5009–5023. https://doi.org/10.34119/bjhrv3n3-123

Pinto, R. N. M., & Others. (2016). Autismo infantil: Impacto do diagnóstico e repercussões nas relações familiares. Revista Gaúcha de Enfermagem, 37(3), e61580. https://doi.org/10.1590/1983-1447.2016.03.61580

Rosa, M. S., & Andrade, A. H. G. (2019). Perfil nutricional e dietético de crianças com transtorno espectro autista no município de Arapongas, Paraná. Revista Terra e Cultura: Cadernos de Ensino e Pesquisa, 35(69), 123–136.

Rocha, G. S. S., & Others. (2019). Análise da seletividade alimentar de pessoas com Transtorno do Espectro Autista. Revista Eletrônica Acervo Saúde, 24, e538. https://doi.org/10.25248/reas.e538.2019

Santa Catarina. (2015). Espectro Autista (Transtornos Invasivos ou Globais do Desenvolvimento): Protocolo clínico e de acolhimento. Rede de Atenção Psicossocial, Sistema Único de Saúde, Estado de Santa Catarina.

Setta, B. R. S., & Others. (2021). Sobrepeso e obesidade em portadores do transtorno do espectro autista (TEA). Cadernos UniFOA, 16(46), 1–9. https://doi.org/10.47385/cadunifoa.v16.n46.1234

Shaw, K. A., & Others. (2025). Prevalência e identificação precoce do transtorno do espectro autista entre crianças de 4 e 8 anos — Rede de Monitoramento do Autismo e Deficiências do Desenvolvimento, 16 locais, Estados Unidos, 2022. MMWR Surveillance Summaries, 74(SS-2), 1–22. https://doi.org/10.15585/mmwr.ss7402a1

Sociedade Brasileira de Pediatria, Departamento de Nutrologia. (2018). Manual de orientação para a alimentação do lactente, do pré-escolar, do escolar, do adolescente e na escola (4th ed.). Sociedade Brasileira de Pediatria.

Souza, S. T. P., & Others. (2023). Perfil antropométrico e recusa alimentar de crianças com transtorno do espectro autista em uso de risperidona de um movimento social. Saúde em Redes, 9(3), 4218. https://doi.org/10.18310/2446-4813.2023v9n3p4218