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Food selectivity in children with Autism Spectrum Disorder (ASD): repercussions on nutritional status and implications for primary health care: a literature review

Seletividade alimentar em crianças com Transtorno do Espectro Autista (TEA): repercussões no estado nutricional e implicações para a atenção primária à saúde: uma revisão de literatura

Selectividad alimentaria en niños con Trastorno del Espectro Autista (TEA): repercusiones en el estado nutricional e implicaciones para la atención primaria de salud: una revisión de la literatura

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Abstract:
Autism Spectrum Disorder (ASD) is characterized by neurodevelopmental alterations, frequently associated with difficulties in eating behavior, especially food selectivity. In this context, the present integrative review aimed to analyze the relationship between food selectivity and the nutritional status of children with ASD, as well as to discuss the implications of this phenomenon for Primary Health Care (PHC). The literature search was conducted in the Scientific Electronic Library Online (SciELO) and PubMed databases, using the descriptors "autism spectrum disorder", "food selectivity", "nutritional status", and "primary health care". Primary studies published between 2022 and 2026 in Portuguese, English, and Spanish were included. At the end of the selection process, five studies composed the review sample. The results showed that children with ASD present a higher frequency of food selectivity, low dietary variety, and nutritional inadequacies, frequently associated with sensory processing alterations. A higher risk of nutritional imbalances was also observed, including deficiencies in vitamins, minerals, and fiber, as well as changes in nutritional status, such as underweight, overweight, and obesity. Regarding Primary Health Care, weaknesses were identified in professional training and in the nutritional management of this population, which may compromise early identification and appropriate follow-up. It is concluded that food selectivity significantly impacts the nutritional status of children with ASD, highlighting the importance of multidisciplinary care, early nutritional monitoring, and the strengthening of Primary Health Care.

Keywords:
Autism Spectrum Disorder; Food selectivity; Nutritional status; Primary Health Care; Child nutrition.

Resumo:
O Transtorno do Espectro Autista (TEA) caracteriza-se por alterações no desenvolvimento neuropsicomotor, frequentemente associadas a dificuldades no comportamento alimentar, especialmente à seletividade alimentar. Nesse contexto, a presente revisão integrativa teve como objetivo analisar a relação entre a seletividade alimentar e o estado nutricional de crianças com TEA, bem como discutir as implicações desse fenômeno para a Atenção Primária à Saúde (APS). A busca bibliográfica foi realizada nas bases de dados Scientific Electronic Library Online (SciELO) e Public/Publisher MEDLINE (PubMed), utilizando os descritores "autism spectrum disorder", "food selectivity", "nutritional status" e "primary health care". Foram incluídos estudos primários publicados entre 2022 e 2026, nos idiomas português, inglês e espanhol. Ao final da seleção, cinco estudos compuseram a amostra da revisão. Os resultados evidenciaram que crianças com TEA apresentam maior frequência de seletividade alimentar,

baixa variedade da dieta e inadequações nutricionais, frequentemente associadas a alterações no processamento sensorial. Observou-se também maior risco de desequilíbrios nutricionais, incluindo deficiência de vitaminas, minerais e fibras, além de alterações no estado nutricional, como baixo peso, sobrepeso e obesidade. No que se refere à Atenção Primária à Saúde, foram identificadas fragilidades na capacitação dos profissionais e no manejo nutricional dessa população, o que pode comprometer a identificação precoce e o acompanhamento adequado. Conclui-se que a seletividade alimentar impacta significativamente o estado nutricional de crianças com TEA, reforçando a importância da atuação multiprofissional, do acompanhamento nutricional precoce e do fortalecimento da Atenção Primária à Saúde.

Palavras-chave:
Atenção Primária à Saúde; Estado nutricional; Nutrição infantil; Seletividade alimentar; Transtorno do Espectro Autista.

Resumen:
El Trastorno del Espectro Autista (TEA) se caracteriza por alteraciones del neurodesarrollo, frecuentemente asociadas con dificultades en el comportamiento alimentario, especialmente la selectividad alimentaria. En este contexto, la presente revisión integradora tuvo como objetivo analizar la relación entre la selectividad alimentaria y el estado nutricional de niños con TEA, así como discutir las implicaciones de este fenómeno para la Atención Primaria de Salud (APS). La búsqueda bibliográfica se realizó en las bases de datos Scientific Electronic Library Online (SciELO) y PubMed, utilizando los descriptores “autism spectrum disorder”, “food selectivity”, “nutritional status” y “primary health care”. Se incluyeron estudios primarios publicados entre 2022 y 2026 en portugués, inglés y español. Al final del proceso de selección, cinco estudios compusieron la muestra de la revisión. Los resultados evidenciaron que los niños con TEA presentan una mayor frecuencia de selectividad alimentaria, baja variedad dietética e inadecuaciones nutricionales, frecuentemente asociadas con alteraciones en el procesamiento sensorial. También se observó un mayor riesgo de desequilibrios nutricionales, incluyendo deficiencias de vitaminas, minerales y fibra, además de alteraciones en el estado nutricional, como bajo peso, sobrepeso y obesidad. En relación con la Atención Primaria de Salud, se identificaron debilidades en la capacitación de los profesionales y en el manejo nutricional de esta población, lo que puede comprometer la identificación temprana y el seguimiento adecuado. Se concluye que la selectividad alimentaria impacta significativamente el estado nutricional de los niños con TEA, reforzando la importancia de la atención multidisciplinaria, el seguimiento nutricional temprano y el fortalecimiento de la Atención Primaria de Salud.

Palabras clave:
Atención Primaria de Salud; Estado nutricional; Nutrición infantil; Selectividad alimentaria; Trastorno del Espectro Autista.

INTRODUCTION

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), Autism Spectrum Disorder (ASD) is a neurodevelopmental condition with increasing prevalence worldwide, significantly impacting individuals' communication and social interaction. It is a disorder that originates in brain development, with early manifestations in childhood and persisting throughout life (AMERICAN PSYCHIATRIC ASSOCIATION,

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2023). It is characterized by persistent deficits in communication and social interaction in various contexts, including social reciprocity, nonverbal communicative behaviors, and the ability to develop, maintain, and understand relationships, as well as restricted and repetitive patterns of behavior, interests, or activities (AMERICAN PSYCHIATRIC ASSOCIATION, 2023). The variability of the spectrum is also noteworthy, with different levels of support and clinical manifestations among individuals.

(AMERICAN PSYCHIATRIC ASSOCIATION, 2023).

Early childhood, roughly between birth and six years of age, is considered a fundamental phase for the child's overall development, encompassing physical, cognitive, emotional, and social aspects (Papalia ; Martorell , 2022). During this period, the formation and consolidation of eating habits also occur, which can have repercussions throughout life (Papalia ; Martorell , 2022). In the context of Autism Spectrum Disorder (ASD), this phase acquires even greater relevance, since children with the disorder frequently present alterations in eating behavior, such as food selectivity, which can directly impact nutritional status and development (Papalia ; Martorell , 2022).

During this period, the child is in the pre-operative stage, as described by Schirmann *et al.* (2019) Characterized by symbolic thinking, egocentrism, and greater cognitive rigidity, which can hinder the acceptance of new foods. Simultaneously, social and behavioral development, intensified by integration into the school environment, exposes the child to new food experiences; however, in ASD, difficulties in social interaction, repetitive patterns of behavior, and sensory alterations (such as hypersensitivity to textures, flavors, and odors) can compromise this process, favoring food selectivity and negatively impacting nutritional status (AMERICAN PSYCHIATRIC ASSOCIATION, 2023).

In the context of food, selective eating can be understood as the refusal or limitation in the consumption of certain foods, resulting in a diet that is not very varied and is restricted, often associated with sensory and behavioral factors (Esposito, M. *et al.* , 2023). In this sense, this dietary limitation can directly impact nutritional status, since low dietary variety can lead to both deficiencies and excesses of nutrients (WORLD HEALTH ORGANIZATION, 2003). Nutritional status, in turn, refers to an individual's health condition determined by the intake, absorption, and utilization of nutrients, reflecting the balance between food consumption and the body's needs (BRAZIL, 2012).

Nutrition develops differently throughout childhood and adolescence, being influenced by the individual's stages of physical, cognitive, social, and emotional development (Papalia ; Feldman, 2013). In this context, nutritional care aimed at this population seeks to promote

growth and development appropriate to genetic potential, prevent nutritional deficiencies, reduce the risk of health problems, and encourage the formation of healthy eating habits and attitudes (Alvarenga *et al* ., 2024).

Children with ASD present significantly more feeding difficulties when compared to their peers, manifesting dysfunctional behaviors during meals, such as food refusal, low variety in diet, preference for a single food, or predominant intake of liquid diet, frequently related to sensory and behavioral factors (Esposito, M. *et al.* , 2023). In this sense, such alterations can directly impact nutritional status, highlighting the relationship between food selectivity and nutrition in this population (Esposito, M. *et al.* , 2023).

Studies show that children with Autism Spectrum Disorder exhibit a higher frequency of alterations in eating behavior when compared to typically developing children, including less dietary variety and a greater risk of nutritional inadequacies (LEDFORD *et al* ., 2018). A high prevalence of exclusion of food groups is observed, with reports of vegetable omission in approximately 67% of cases and fruit omission in approximately [percentage missing].

27% (SHARP *et al* ., 2013). Furthermore, approximately 78% of children with selective eating are at risk of multiple nutritional inadequacies, notably vitamin D deficiency (97%), fiber (91%), vitamin E (83%), and calcium (71%), highlighting the magnitude of the problem and its potential impacts on nutritional status (Esposito, M. *et al.* , 2023).

Epidemiological data reinforce the relevance of the topic, since the prevalence of ASD has increased significantly in recent decades, rising from about 1 in 150 children in 2000 to approximately 1 in 31 children in 2022, according to the Centers for Disease Control and Prevention . Control and Prevention (CDC, 2023) . Globally, it is estimated that approximately 1 in 127 people are on the autism spectrum (WORLD HEALTH ORGANIZATION, 2025), while in Brazil, recent data from the Brazilian Institute of Geography and Statistics (IBGE) indicate that approximately 2.4 million people have been diagnosed with ASD, corresponding to about 1.2% of the population, with a higher prevalence among children (IBGE, 2022). These data highlight not only the increase in diagnoses over time, but also the importance of studies investigating the impacts of ASD, especially regarding eating behavior and the nutritional status of this population. (IBGE, 2022).

In this context, Primary Health Care (PHC) plays a fundamental role as the gateway to the health system, being responsible for monitoring child growth and development, as well as for the early identification of dietary and nutritional disorders (Starfield , 2002); Furthermore, primary health care (PHC) promotes multidisciplinary action and the provision of comprehensive care to children with ASD, including actions to promote health, prevent

complications, and provide nutritional interventions (Starfield , 2002). In this context, the nutritionist plays an essential role in assessing nutritional status, providing dietary guidance, and supporting families, contributing to improving the quality of life of these children (Federal Council of Nutritionists, 2018).

Despite the relevance of the topic, significant challenges persist regarding the management of selective eating and nutritional monitoring of children with ASD within the context of Primary Health Care (PHC), especially concerning the organization of care and the quality of assistance (BRASIL, 2012; Starfield , 2002). Among these challenges, the absence of standardized protocols, the need for greater training of health professionals, and limitations in the articulation between different levels of care stand out (Marí- Bauset , S. *et al.* , 2014). These gaps highlight the need for expanded research, as well as the development of more effective strategies for the comprehensive care of this population (Starfield , 2002).

Therefore, the study of food selectivity in children with Autism Spectrum Disorder (ASD) is fundamental both for the clinical practice of nutritionists and for Public Health, contributing to the development of more effective, evidence-based interventions focused on comprehensive care. Thus, the present study aims to analyze, based on the scientific literature, the relationship between food selectivity and the nutritional status of children with Autism Spectrum Disorder in the context of Primary Health Care (PHC).

METHODOLOGY

This study is characterized as an integrative literature review, descriptive and exploratory in nature, with the objective of analyzing and synthesizing scientific evidence regarding food selectivity in children with Autism Spectrum Disorder (ASD). In this context, it seeks to answer the following guiding question: "What are the impacts of food selectivity on the nutritional status of these preschool-aged children, and how can Primary Health Care act in addressing these challenges?"

Scientific database. Electronic

Library Online (SciELO) and Public /Publisher MEDLINE (PubMed). The search strategy was structured using descriptors related to Autism Spectrum Disorder, selective eating, nutritional status, and Primary Health Care, combined using Boolean operators (AND, OR). The following terms were used in English: “ autism spectrum disorder ”, “food selectivity ”, “ nutritional status” and “ primary health "care ".

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Primary studies published between 2022 and 2026, available in Portuguese, English, or Spanish, that addressed food selectivity, eating behavior, and/or nutritional status of children with Autism Spectrum Disorder (ASD), as well as their implications for Primary Health Care, were included. Duplicate studies, monographs, literature reviews, editorials, opinion articles, dissertations, and conference abstracts were excluded, as well as those that did not have a direct relationship with the proposed theme, especially regarding food selectivity, nutritional status, or the approach in the context of Primary Health Care.

Data collection was carried out in sequential stages. Initially, studies were searched in the selected databases using previously defined descriptors. Next, titles and abstracts were read to identify articles that met the inclusion criteria. After this screening stage, the selected studies were read in full, allowing for the extraction and analysis of key findings related to food selectivity, eating behavior, and nutritional status of children with Autism Spectrum Disorder (ASD), as well as the implications of these findings for Primary Health Care practice.

Given the scarcity of studies that comprehensively address food selectivity, nutritional status, and the role of Primary Health Care in children with Autism Spectrum Disorder (ASD), the scope of the investigation was broadened to include primary studies that addressed at least one of these aspects. Therefore, articles analyzing eating behavior, nutrient intake, and nutritional repercussions in children with ASD were considered, even when they did not directly address the context of Primary Health Care. In addition, studies that contributed to the understanding of care practices, health education, and nutritional monitoring were included, allowing for a more comprehensive analysis of the implications of food selectivity and its relationship to the nutritional status of this population.

Figure 1 - Flowchart of the selection of articles chosen for the current research.

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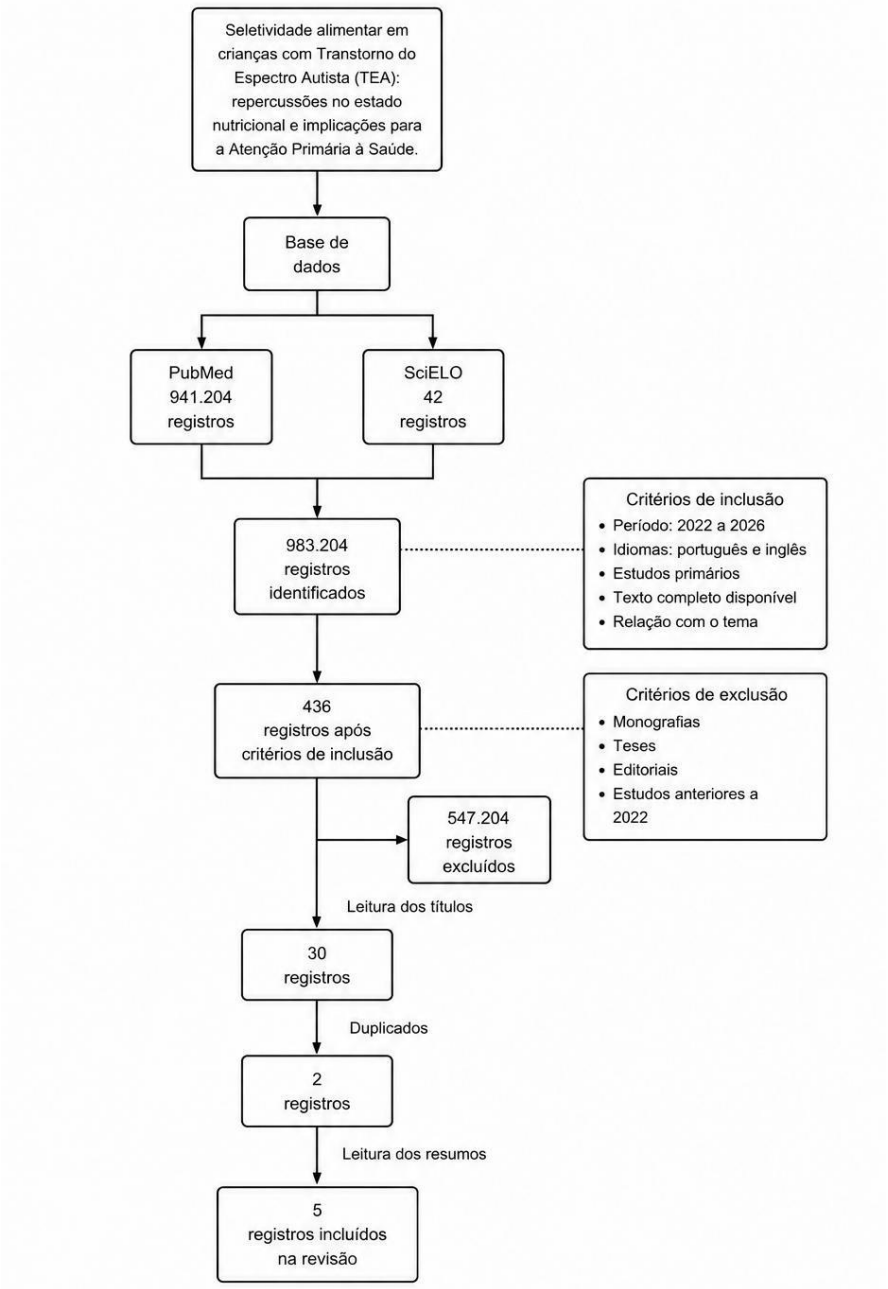

Source: Prepared by the authors (2026)

Table 1, described below, compiles the most significant results from each selected scientific article, including authors, study type, year of publication, study location, sample, objectives, methodology, and main findings. The 5 included articles correspond to primary studies published in scientific journals, with 3 conducted in the United States, 1 in Brazil, and 1 in [country name missing].

Italy. It is observed that all studies were published in English, highlighting the predominance of this language in scientific production related to food selectivity and nutritional status in children with Autism Spectrum Disorder (ASD).

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Table 1. Summary of articles analyzed for review.

Articles	**Author,** **Year publication, Location of study**	**Design, type of study and N**	**Study objectives**	**Methodology**	**Key findings**
1	Mathew NE *et al.* 2022 States United	Cross-sectional, quantitative study N = 154 children and adolescents with ASD	Assess dietary patterns and nutritional status. in children with ASD	Application of questionnaires on eating behavior , recording of consumption. feed and Anthropometric assessment for nutritional status analysis.	Children with more selective eating habits showed less dietary variety, frequent refusal of *whole foods* , and a higher risk of nutritional deficiencies related to insufficient consumption of fiber, vitamins, and minerals.
2	Olson A *et al.* 2025 USA	Cross-sectional study N = 33 children with ASD	To assess the relationship between nutrient intake and sensory processing.	Application of food and sensory questionnaires, including Assessment of feeding behavior , sensory profile, and statistical analysis of nutrient intake.	An association was identified between alterations in sensory processing and selective eating patterns. Children with greater sensory sensitivity showed greater food refusal, low dietary variety, and insufficient intake of essential nutrients, demonstrating the impact of sensory alterations on eating behavior.
3	Mirizzi P. *et al.* 2025 Italy	Cross-sectional, quantitative study. N = 408 children aged 3 to 12 years, including children with Autism Spectrum Disorder (ASD) and children with	Identify subgroups of children high risk combinan do seletividade e alimentar, dieta, IMC,	The parents They answered questionnaires about diet, anthropometric curves, and gastrointestinal symptoms. Brief was applied. Autism Mealtime	Children with ASD showed greater food selectivity, sensory processing difficulties, food refusal, and less food variety compared to children with developmental disorders. Caregivers reported more controlling feeding practices. There was strong

		typical development (TD), with groups matched by sex.	gastrointestinal symptoms stinais , processes sensory processing and parenting practices of food to the in children with ASD and DT.	Behavior Inventory (BAMBI), the Short Sensory Profile (SSP) and the Caregiver Feeding Style Questionnaire (CFSQ). Data analysis included comparative tests, correlations, and k-means cluster analysis .	The correlation between sensory sensitivities and eating disorders was not investigated. BMI did not show a significant association with dietary restriction or gastrointestinal symptoms. The analysis identified a high-risk subgroup characterized by high food selectivity and hypersensitivity. Sensory issues, gastrointestinal symptoms, and overactive parenting practices.
4	Morais, Clemente and Morals 2023 Brazil	Descriptive study (possibly cross-sectional or qualitative) with nutritionists from Attention Primary Health Care). N= 49 participants	To analyze the challenges and interests of nutritionists. as of Attention Primary Health Care to of people with Disorder the of Spectrum Autistic (TEA)	Instrument application/ qu questionnaire with nutritionists from APS to identify knowledge difficulties and needs related nutritional care for people with TEA	The study highlighted knowledge gaps regarding ASD among primary health care nutritionists, as well as difficulties in nutritional management. It points to a need for professional training and continuing education in health.

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5	Kinlin LM *et al.* 2025 States United	Cross-sectional study N = 568 children and adolescents with ASD	Evaluate relationship between diet and nutritional status in ASD	Data collection food through questionnaires of food frequency and anthropometric assessment for analysis of nutritional status of the participants.	A significant association was observed between food selectivity and alterations in nutritional status. Children and adolescents with more restrictive eating patterns presented less dietary diversity, greater refusal of *unprocessed foods* , and a higher risk of nutritional inadequacies. nutritional, especially related to insufficient consumption of fiber, vitamins, and minerals. The study also identified a higher probability of
					Nutritional imbalances associated with selective eating habits.

Source: Prepared by the authors (2026), based on selected studies.

RESULTS AND DISCUSSION

The studies analyzed in this review presented different methodological approaches, including cross-sectional, qualitative, and descriptive studies, allowing for a comprehensive understanding. This article discusses selective eating in children with Autism Spectrum Disorder (ASD), its repercussions on nutritional status, and its implications for Primary Health Care.

The main findings reveal an association between food selectivity, alterations in sensory processing, and negative impacts on nutritional status, especially related to low dietary diversity and insufficient consumption of essential nutrients. Furthermore, the studies highlighted difficulties faced by primary care nutritionists in managing this population, emphasizing the need for professional development and strengthening comprehensive healthcare initiatives.

In general, studies show consensus regarding the influence of sensory alterations on the eating behavior of children with ASD. The authors point out that restrictive eating patterns favor the rejection of certain foods, especially *unprocessed foods* , contributing to nutritional inadequacies and possible harm to child growth and development. In this context, the evidence reinforces the importance of multidisciplinary action and early nutritional monitoring in

Primary Health Care (PHC), considering the impacts of food selectivity on the quality of life of children and their families.

The study by Mathew NE et al. (2022) further analyzed food selectivity by comparing different clinical presentations of autism and sensory processing styles, investigating their influence on Body Mass Index (BMI) and food intake patterns in individuals with ASD. In addition to comparing autistic children and adolescents, the article also evaluated non-autistic siblings and individuals without ASD, identifying that siblings of children with ASD also presented higher consumption of foods low in energy and nutrients. The authors suggest that characteristics related to autistic traits and feeding difficulties may influence the eating habits of the entire family dynamic. However, the results demonstrated that sensory factors played a central role in eating behavior, since alterations in sensory processing were associated with greater food selectivity, less dietary variety, and a higher risk of nutritional deficiencies.

Similarly, Kinlin LM *et al.* (2025), in a cross-sectional study conducted with 568 children and adolescents with ASD in the United States, observed a significant association between food selectivity and nutritional alterations. The authors identified that children with more restrictive eating patterns showed greater disapproval of healthy foods, less dietary diversity, and a higher probability of nutritional problems. Furthermore, the study concluded that children and adolescents with ASD have a higher risk of both underweight and obesity, demonstrating that food selectivity can contribute to various imbalances in the nutritional status of this population.

Olson A *et al.* (2025), in their study conducted with 33 children with ASD in the United States, noted the relationship between nutrient intake and sensory processing. The results concluded that sensory alterations directly influence eating behavior, since children with greater sensory sensitivity presented greater food refusal, low dietary variety, and insufficient intake of essential nutrients. However, the study also identified nutritional profiles that appeared adequate in some aspects, observing positive intake of choline and vitamin B1 in relation to the results of the SP2 (Sensory Profile 2). On the other hand, vitamin B12 showed a negative association, suggesting possible inadequacies related to selective eating patterns, further reinforcing the importance of considering sensory aspects during the nutritional monitoring of children with ASD.

In accordance with the findings presented by the studies cited above, Mirizzi *et al.* (2025), in a cross-sectional study conducted in Italy with 408 children aged 3 to 12 years, including children with ASD and children with typical development, identified a significant association between food selectivity and alterations in sensory processing. The authors

observed that children with ASD presented greater food refusal, less dietary variety, and hypersensitivity to taste, touch, and smell, when compared to children with typical development. Furthermore, the study showed a strong correlation between sensory sensitivities and feeding difficulties, reinforcing that alterations in sensory processing exert a direct influence on selective eating behavior. The researchers also identified the presence of gastrointestinal symptoms and more controlling parental feeding practices among caregivers of children with ASD, highlighting the importance of early and individualized multidisciplinary interventions for the nutritional management of this population.

In addition to nutritional and sensory repercussions, studies have also highlighted challenges faced by primary healthcare professionals in the nutritional care of children with ASD. In this context, Morais, Clemente and Morais (2023) in research conducted in Brazil with 49 primary health care nutritionists, identified significant gaps in knowledge about ASD and difficulties related to the nutritional management of this population. The authors highlight the need for professional training, continuing health education, and strengthening integrated care strategies, aiming to improve the care provided to children with ASD and their families.

Although studies have shown important repercussions of selective eating on the nutritional status of children with ASD, a lack of research specifically focused on the role of nutritionists in their care has been observed.

Primary Health Care. Among the studies read, only the study by Morais, Clemente and Morais (2023) directly addressed the challenges faced by primary health care nutritionists in providing care to people with ASD, identifying gaps in professional knowledge and insufficient training on the subject.

Furthermore, it is important to consider methodological limitations present in the reviewed studies, such as the predominance of cross-sectional study types, small sample sizes, and the use of information provided by caregivers through questionnaires and behavioral scales, which can make the results subject to errors of perception and memory, and limit the applicability of the findings to the entire population with ASD.

Thus, the reviewed studies show that selective eating in children with ASD has significant repercussions on nutritional status and is frequently related to alterations in sensory processing. Furthermore, they highlight the need for training for primary healthcare professionals in this area.

Health professionals, especially nutritionists, are crucial for early recognition, appropriate monitoring, and the development of multidisciplinary intervention strategies aimed at promoting health and improving the quality of life of this population.

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FINAL CONSIDERATIONS

Based on the studies analyzed, it was possible to understand that selective eating in children with Autism Spectrum Disorder (ASD) is strongly related to alterations in sensory processing, directly influencing eating behavior and contributing to impairments in nutritional status, growth, and child development. The evidence demonstrated that sensory hypersensitivities, mainly related to the texture, taste, smell, and appearance of food, favor restrictive eating patterns, low dietary variety, and a higher risk of nutritional inadequacies.

In addition to the nutritional impacts, the review highlighted a lack of studies focused on Primary Health Care (PHC), especially those related to the role of nutritionists in the care of children with ASD. It also observed insufficient knowledge and training among health professionals regarding food selectivity and the specific needs of this population, a factor that can hinder early recognition and appropriate management of cases in healthcare.

Within the scope of Primary Health Care, there is a clear need to strengthen continuing health education initiatives, improve the qualifications of professionals, and implement more structured care strategies aimed at the early identification of selective eating and the appropriate monitoring of the nutritional status of children with ASD. Furthermore, the organization of care pathways and multidisciplinary work are fundamental to ensuring more effective, continuous, and evidence-based interventions, contributing to comprehensive care and improving the quality of life of this population.

In this context, studies reinforce the importance of a multidisciplinary approach, involving nutritionists, occupational therapists, psychologists, speech therapists, and other health professionals, in the development of individualized strategies for managing selective eating. Nutritional monitoring combined with sensory and behavioral interventions can significantly contribute to improved food acceptance, increased dietary variety, and promotion of quality of life for children with ASD and their families.

Therefore, it is essential to expand research on food selectivity in the context of Primary Health Care, as well as to invest in professional training and the strengthening of comprehensive care strategies. The production of new studies can contribute to more humanized, effective, and evidence-based care, favoring better nutritional and health outcomes for this population.

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