OASIS · AT A GLANCE

The Gut-Brain Axis: When GI Distress Looks Like Behavior

Common GI issues, how they often present as behavioral incidents in autistic adults with limited communication, the observation log that opens the medical door, and how to pursue evaluation without dismissal.

BY JIM PALASTY · OASIS FOR AUTISM · 9 MIN READ

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OBSERVATION LOG

One observation log opens the medical door. The "behavior" that has lasted a year is often a GI condition the adult cannot describe in words. The log lets the doctor see what the words cannot say.

How it works

THREE STEPS

Run the log

Two to four weeks. Times of behavioral incidents, food intake, bowel movements, sleep, position seeking, facial expressions. Patterns emerge.

Translate to medical

Repeating evening incidents after meals, position seeking, abdominal-area touching, change in stool. The log tells the clinical story.

Medical evaluation

Bring the log. Request a GI workup. Resist the "it's the autism" dismissal. The log makes that dismissal harder.

What to log every day

Behavior events	Time, duration, severity, what was happening before
Food	Time, contents, amount, refusal patterns
Bowel	Time, consistency, presence/absence relative to typical
Sleep	Duration, restlessness, waking pattern
Position	Face-down lying, furniture leaning, abdomen pressing
Vocalization	Unusual sounds, repeating words, distress vocalizations
Other	Skin, breath, anything observably different from baseline

WHAT IT LOOKS LIKE

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For thirteen months our daughter's day program logged afternoon escalations. We changed three medications. We rewrote the behavior plan twice. We finally kept our own log at home for four weeks and the pattern was right there: she had a bowel movement on average once every four days, and the escalations clustered on days three and four. The GI did a workup and diagnosed chronic constipation with overflow. Polyethylene glycol for two months. The afternoon escalations stopped. Thirteen months of behavior plans for what turned out to be a digestive problem.

DIANE, PETOSKEY

What matters, at a glance

"It's the autism" dismissal

Many GI conditions in autistic adults are dismissed as behavioral or developmental. The clinical literature has documented elevated GI prevalence in autism for over two decades. The dismissal persists. Bring documentation.

Elevated GI prevalence

Multiple peer-reviewed studies (Autism Treatment Network, Vargas, Buie et al.) document GI symptoms in autistic individuals at meaningfully higher rates than the general population. The pattern is consistent.

Common presentations

Constipation, diarrhea, reflux, abdominal pain, food sensitivities. Symptoms often present non-verbally as behavioral escalation, position seeking, posture changes, or food refusal rather than as a stated complaint.

Log timeline

Most patterns emerge within two to four weeks of consistent logging. A two-week log is the minimum; a four-week log is the gold standard for a GI evaluation.

Position seeking

Lying face-down, leaning on furniture, pressing the abdomen against a surface, rocking with hands on the stomach. These are clinical signs the doctor recognizes when described.

Find a willing GI

A gastroenterologist who takes adult patients with developmental disabilities and who reads observation logs as data. Worth asking around for. Worth driving to.

BRING THESE · CHECK AS YOU GO

- [ ] Observation log started (date)
- [ ] Pattern review at week four
- [ ] Log brought to appointment
- [ ] Follow-up plan documented
- [ ] Log columns standardized
- [ ] GI specialist identified and scheduled
- [ ] Workup requested in writing

YOUR MOVE

Pursuing the GI evaluation

1. Start the two-to-four-week observation log. One page per day. Same columns each day.
2. At week four, review the log for patterns. Note any clustering of behavior with food, bowel, sleep, or position.
3. Schedule an appointment with a gastroenterologist who takes adult patients with developmental disabilities.
4. Bring the log. Lead the visit with the data, not the family interpretation.
5. Request a basic workup (history, exam, stool studies, abdominal imaging as indicated). Treat dismissal as a sign to seek a second opinion.

A behavioral incident is the only way a non-verbal adult can tell you their stomach hurts. Treat behavior as a vital sign. Document it the way you would document a fever.

RESOURCES NAMED IN THIS POST

oasisforautism.com · https://oasisforautism.com

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ABOUT THE AUTHOR

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