

EATING DISORDERS



NEURODIVERSITY
AUSTRALIA

DIETITIANS



Overview

The purpose of this document is to highlight specific points dietitians need to keep in mind when working with neurodivergent persons with an eating disorder. This document can be used to identify knowledge gaps, topics to raise in professional supervision, or needs for further professional development. It is not an exhaustive list of the points to consider and is not meant to replace any formal neurodiversity-affirming care training. Please note that it is assumed dietitians using this information sheet already possess the qualifications, knowledge, training, and professional development profile to meet minimum standards in line with the ANZAED practice standards (1).



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Prevention

Overarching principles that may be helpful with the prevention of eating disorders in the context of neurodivergence:

- Be aware of the unique support needs of neurodivergent people, particularly in areas like sensory processing (e.g., interoception, exteroception), communication (e.g., double empathy problem, masking/camouflaging), executive functioning, and demand avoidance.
- Understand neurodivergence and how it impacts on eating behaviours, feeding habits, and food choices. Make sure to disentangle eating disorder behaviours and neurodivergent traits to avoid conflating them.
- Challenge neuronormative expectations related to eating and help the neurodivergent person to engage in self-advocacy around creating a supportive eating environment.

Eating experiences of neurodivergent people may be influenced by the following:

- Differences with **interoception** (i.e., perception of bodily cues such as appetite, satiety, and thirst) may lead to early or delayed satiety and/or inconsistent hunger cues.
- Differences with **exteroception** (i.e., perception of environmental sensory stimuli) may lead to food aversions or hyper fixations/cravings for certain tastes, textures, colours and/or smells.
- The physical eating environment can impact a neurodivergent person's capacity to engage in eating. For example, if there is too much noise and/or the lights are too bright, a neurodivergent person may become too overwhelmed to eat at all.
- **Synaesthesia** (i.e., mixing of the senses such as smelling or tasting colours) may manifest as food aversions and/or cravings related to foods of certain colours, shapes, or temperatures.

- **Misophonia** (i.e., extreme aversion to certain repetitive sounds such as chewing, ticking clocks, or the use of metal cutlery) may lead to difficulties eating with others and/or in a restaurant.
- **Executive functioning differences** can impact on eating routines and one's ability to consistently follow through with set meal plans due to fluctuations in capacity to plan, source ingredients, organise time management, and initiate tasks necessary to prepare meals.

Additional factors that may contribute to the development of eating disorders among neurodivergent people:

- Trying to change body size/shape to avoid being bullied and try to be accepted among neurotypical peers could be a form of masking/camouflaging (e.g., "maybe I won't be discriminated against for being 'socially awkward' if I align my body shape with social ideals").
- Interpreting and applying public health and popular media messages about diet more literally or rigidly.
- Using control over food choices to feel safe in a neurotypical-oriented world that may feel confusing, unpredictable, and overwhelming.
- **Alexithymia** (i.e., difficulties identifying and expressing emotions) may underlie eating as a way to regulate overwhelming emotions (e.g., loss of control eating).
- Psychological trauma, including in relation to food insecurity, sensory trauma, and food exposure trauma may all impact on eating behaviours (2).



Identification

While it is not within a dietitian's scope of practice to diagnose eating disorders, it is important to be aware of the following:

- Neurodivergent people have a high risk of developing eating disorders. Therefore, when working with neurodivergent persons, dietitians might identify 'red flags' and advocate for further assessment with a general practitioner (GP) and/or psychiatrist.
- Eating disorders may manifest differently in the neurodivergent population (e.g., body image and weight-related concerns are often-times less of a factor). As such, neurodivergent people may not necessarily meet the EDE-Q cut-off score to qualify for an Eating Disorder care Plan (EDP) despite needing eating disorder care. A dietitian may advocate for appropriate eating disorder care in such circumstances.

Active Treatment

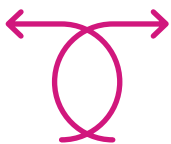
Key considerations:



Understand that traditional therapeutic modalities or protocols may not be neurodiversity-affirming. For example, promoting social eating can exacerbate a neurodivergent person's eating difficulties due to sensory processing and/or communication differences, or, if the neurodivergent person already meets their nutrition needs and finds comfort and regulation by eating the same foods for prolonged periods of time, promoting a wider variety of foods may cause unnecessary distress.



Understand that some therapeutic goals may not be accessible for all (e.g., intuitive eating for someone experiencing difficulties with interoception, eating at regular intervals when appetite is affected by stimulant medication, consistently following through with complex meal plans when experiencing executive functioning difficulties).



Understand that neurodivergent people experience the world differently to neurotypicals. As such, it is important not to make assumptions and judgments about how eating is experienced (e.g., food aversions or cravings, eating pace, use of specific utensils, preference for eating alone, eating at a specific time, samefoods) (3, 4).

Key interventions elements:



Education on how eating disorders and neurodivergence interact and how to disentangle eating disorder behaviours from authentic neurodivergent traits (e.g., not confusing stimming or separating foods on the plate for eating disorder behaviours).



Providing accommodations at mealtimes to promote a sense of safety and predictability. These accommodations should encompass the physical environment (e.g., lights, noise, smells, sitting/standing options) and the use of specific cutlery (e.g., plastic plates to reduce the noise from metal cutlery) as needed.



Designing interventions that support everyone's executive functioning (e.g., meal planning, ingredient sourcing, food preparation) and adapting meal plans based on capacity level.



Adapting and individualising treatment modalities to align with a neurodiversity-affirming approach (5).



Ongoing Recovery

Dietitians can promote neurodiversity-affirming recovery support by:

- Helping the neurodivergent person understand the differences between eating disorder symptoms and inherent neurodivergent traits (e.g., sensory-based food aversions or cravings, separating foods on the plate, stimming, eating alone) to increase self-awareness.
- Promoting self-advocacy among neurodivergent persons to improve self-efficacy.
- Assisting with the development and implementation of individualised strategies to mitigate the impact of executive functioning differences on feeding and eating (often in partnership with an occupational therapist and psychologist).

References

- (1) <https://www.anzaed.org.au/anzaed-practice-standards/>
- (2) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9597164/>
- (3) <https://doi.org/10.1177/13623613221121417>
- (4) <https://doi.org/10.1089/aut.2020.0066>
- (5) <https://nedc.com.au/eating-disorders/types/neurodivergence..>

Further reading

- Eating Disorders and Neurodivergence: A Stepped Care Approach
<https://nedc.com.au/eating-disorders/types/neurodivergence>
- What does it mean to be neurodiversity affirmative?
<https://www.bps.org.uk/psychologist/what-does-it-mean-be-neurodiversity-affirmative>
- Craving inclusion: a systematic review on the experiences and needs of people with disability eating out
<https://www.tandfonline.com/doi/full/10.1080/09638288.2023.2295006>