EATING DISORDERS

ED NA

NEURODIVERSITY AUSTRALIA

GENERAL PRACTITIONERS

Overview

Neurodivergent individuals are at an increased risk of several medical and mental health illnesses, meaning that it is likely that they engage with general practitioners on a regular basis (1, 2). Given neurodivergent people's high risk of experiencing feeding difficulties and developing eating disorders, general practitioners have an essential role to play in both prevention and treatment. This document provides key considerations to assist general practitioners in being better equipped to provide neuro-diversity-affirming eating disorder care for their neurodivergent patients. Please note that it is assumed that general practitioners using this document already possess the qualifications, knowledge, training, and professional development profile to meet minimum standards in line with the ANZAED practice standards (3).

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Prevention

- Understand the influence of neurodivergence on feeding patterns and food choices (e.g., eating the same foods for prolonged periods of time, sensory aversions or cravings, eating at specific times, eating alone, separating foods on the plate).
- Be willing to challenge neuronormative food rules and mealtime expectations (e.g., sitting still at a table for family meals, eating out, social eating, eating a wide variety of foods even in the absence of medical necessity).
- Understand the specific factors leading to neurodivergent people experiencing a high risk of developing eating disorders (e.g., systemic discrimination, minority stress, masking/camouflaging, sensory processing, executive functioning, demand avoidance, burnout).
- Be able to provide information and resources to neurodivergent individuals and their families about the specific risks and signs of eating disorders tailored to their unique needs.

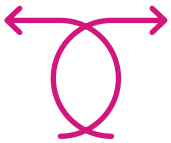
Identification

- Understand that factors involved in the development of eating disorders may differ for neurodivergent people. For example, many autistic people have reported that fear of weight gain and/or body image disturbances were less of a contributing element compared to what is commonly assumed. As a result, some eating disorder screeners (e.g., EDE-Q/QS, EAT-26) may not fully capture eating disorder psychopathology in neurodivergent people who may end up not meeting Eating Disorder Plan (EDP) eligibility criteria and not receive the care they need.

- Be aware that neurodivergent people can have restrictive eating disorders even if not being in the 'underweight' diagnostic range for anorexia nervosa (e.g., 'atypical' anorexia nervosa, avoidant/restrictive food intake disorder).

- If you suspect avoidant/restrictive food intake disorder (ARFID) or binge eating disorder (BED), the NIAS and the BEDS-7 might be better suited than the EDE-Q/QS or the EAT-26 alone. Furthermore, orthorexia can be assessed using the ORTO-15 or the TON-17.

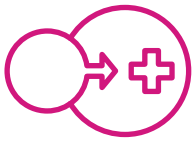
Active Treatment



Understand the differences between neurodivergent traits (e.g., eating the same foods for long periods of time, separating foods on a plate, eating alone, stimming) that require accommodating and eating disorder symptoms. Conflating them may lead to confusion and even harm for neurodivergent patients.

Be aware of sensory considerations when providing face-to-face care (e.g., blood test, blood pressure check, electrocardiogram, temperature check):

- Understand that neurodivergent individuals may have unique trauma experiences and triggers, requiring a trauma-informed approach.
- Seek consent before any procedure as some neurodivergent people experience extreme discomfort with being touched. It may be helpful to describe the steps involved prior to starting.
- Recognise that neurodivergent individuals may experience and/or express distress, pain, and/or discomfort differently from neurotypical individuals (e.g., difficulties with interoceptive awareness, alexithymia, differences in facial expression and body language). For example, a neurodivergent person may not outwardly appear to be in pain when, in fact, they are. In addition, some neurodivergent individuals may have a significantly lower or higher than would be considered typical pain threshold.
- Consider that explaining procedures step by step can help reduce distress associated with uncertainty.



Incorporate knowledge of neurodivergence into the treatment plan, considering aspects like sensory processing (e.g., interoception and exteroception), the double empathy problem, alexithymia, masking/camouflaging, executive functioning, and demand avoidance (see Eating Disorders and Neurodivergence: A Stepped Care Approach, pp. 79-89).

Referral to neurodiversity-affirming clinicians and services (e.g., occupational therapist, dietitian) should be discussed with the neurodivergent patient to assess their preferences.

Many neurodivergent individuals experience medical illnesses that may impact their ability to engage and progress with eating disorder treatment. Medical illnesses found to be more prevalent in neurodivergent people include digestive problems (e.g., Crohn's disease, irritable bowel syndrome, celiac disease, gastroesophageal reflux disease), immune disorders (e.g., allergies, asthma, Ehlers-Danlos syndrome, endometriosis, polycystic ovary syndrome), metabolic disorders (e.g., diabetes mellitus, dyslipidemia), and neurological disorders (e.g., dysautonomia, fibromyalgia). It is important to take co-occurring medical illnesses into consideration in the treatment plan.

Many neurodivergent people are members of the LGBTQA+ community. Gender and/or sexually diverse individuals are at an increased risk of developing eating disorders. Thus, it is important to understand that gender identity may influence how eating disorders develop and manifest (e.g., food restriction can be a way for transgender individuals to change hormonal production and associated body features to align with their gender identity). Eating disorder treatment should be gender-affirming to prevent harm related to gender dysphoria.

Remember that currently available treatment approaches such as Cognitive Behavioural Therapy (CBT) and Family Based Treatment (FBT) may be problematic and even potentially harmful for neurodivergent people (4, 5, 6).

Ongoing Recovery

- Be aware that neurodivergent people may have a different conceptualisation and understanding of recovery or quality of life and it is important to double check by asking them about it rather than assuming.
- Ongoing support may be required and arranging a series of follow-up appointments ahead of time may help ease the stress associated with planning and booking appointments.
- Self-advocacy, community belongingness, and the development of a positive neurodivergent sense of self are key elements of recovery. Therefore, it is essential to link the neurodivergent patient with neurodivergent-led organisations (e.g., Yellow Ladybugs, I CAN Network, Autistic Self-Advocacy Network of Australia and New Zealand) and provide neurodiversity-affirming resources (e.g., NeurospicED podcast, Reframing Autism, RDs for Neurodiversity).

References

(1) https://bjgp.org/content/72/719/255
(2) https://www1.racgp.org.au/ajgp/2021/march/recognising-supporting-and-understanding-autistic/
(3) https://www.anzaed.org.au/anzaed-practice-standards/
(4) https://www.psychologytoday.com/au/blog/eating-disorders-among-gender-expansive-and-neurodivergent-individuals/202301/cbt-may-be
(5) https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-023-00740-z
(6) https://onlinelibrary.wiley.com/doi/10.1002/erv.2930

Further reading

- Embracing neurodiversity in medicine
  https://www1.racgp.org.au/ajgp/2021/march/embracing-neurodiversity-in-medicine

- Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings
  https://www.magonlinelibrary.com/doi/full/10.12968/hmed.2023.0006

- What does it mean to be neurodiversity affirmative?
  https://www.bps.org.uk/psychologist/what-does-it-mean-be-neurodiversity-affirmative