

EATING DISORDERS



NEURODIVERSITY
AUSTRALIA

NEURO- DIVERGENT PEOPLE



Overview

This document is intended for neurodivergent people who experience body image issues, feeding difficulties, and/or eating disorders. Neurodivergent individuals are at a high risk of developing eating disorders and treatments need to be extensively adapted to meet individual support needs. Here, you can find a brief list of neurodivergence-related factors that may contribute to eating disorders, considerations for prevention and treatment, and resources for self-care and self-advocacy.



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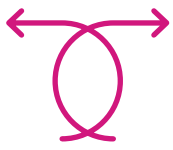
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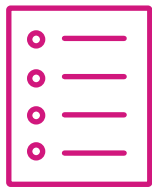
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Prevention



Neurodivergent people have different eating and feeding preferences and patterns compared to neurotypical people. These differences may be due to several factors, such as **exteroception** (e.g., food aversions or cravings, eating in a quiet and/or dimly lit place, eating while standing rather than sitting, separating foods on the plate), **interoception** (e.g., appetite, thirst, fullness), need for **sameness and predictability** (e.g., eating the same foods for prolonged periods of time, eating at a specific time), **demand avoidance** (e.g., choosing what to eat and eating are internal demands), and **executive functioning** (e.g., planning, grocery shopping, meal preparation).



Oftentimes, neurodivergent people are pressured to abide by neuronormative food rules and mealtime expectations (e.g., sitting still at a table, talking while eating, eating out, social eating, eating the same food as everyone else, eating a wide variety of foods in the absence of urgent medical necessity). This form of neuronormativity may negatively impact a neurodivergent person's relationship with eating and feeding. Therefore, it is important that you remain aware of your own unique neurodivergent traits and seek to have them understood and accommodated.



The world can feel very overwhelming and unpredictable for neurodivergent people. As such, it is important to be aware of your own sensory profile to manage the possible stress associated with sensory overload or under stimulation. For example, you may want to use noise cancelling headphones, wear sunglasses (even indoors), allow yourself to stim (e.g., rocking, hand flapping, jumping, using fidget tools), and/or let people around you know that you do not want to be touched (e.g., hugs, handshakes). If you would like to know more about how to manage your sensory processing differences, you can ask an occupational therapist.



Ensure that the places where you eat meet your sensory needs (e.g., not too noisy or brightly lit). Let your loved ones and friends know if you prefer to eat alone to avoid feeling overwhelmed and stressed. It is important that you look after yourself and ensure you explain your boundaries to others around you when it comes to your wellbeing, especially in relation to mealtimes.



Many neurodivergent individuals find that connecting with other neurodivergent people and gaining a sense of belongingness contribute to their wellbeing. If you think that this would be useful, you can reach out to neurodivergent-led organisations for more information (e.g., [Yellow Ladybugs](#), [I CAN Network](#), [Autistic Self-Advocacy Network of Australia and New Zealand](#)). In addition, the [Council for Intellectual Disability](#), the [Dyslexia Association](#), [Developmental Coordination Disorder Australia](#), [Amaze](#), and the [ADHD Foundation Australia](#) can provide resources and recommend community peer support groups.



Identification

- If you notice any major changes in your food choices (obsessiveness around 'healthy' eating), eating patterns (binge eating, restriction, rumination, ingestion of non-edible items), attitudes towards nutrition (emergence of, or increased focus on, calorie or carbohydrate counting) that are concerning, please seek advice from a health professional. A first point of contact can be your general practitioner (GP) or the [Butterfly Foundation](#).
- Neurodivergent people may experience an eating disorder even in the absence of body image issues (e.g., avoidant/restrictive food intake disorder, orthorexia, pica).
- Neurodivergent people can experience restrictive eating disorders while not appearing 'underweight' (e.g., 'atypical' anorexia nervosa, bulimia nervosa). Therefore, the possibility that you may have an eating disorder should not be dismissed exclusively based on your weight and/or body shape. It is best to seek advice from a healthcare professional if you are unsure.



Active Treatment

- There are neurodiversity-affirming clinicians available that can provide eating disorder care. If you would be more comfortable engaging with a neurodiversity-affirming clinician, it is a good idea to mention this to your referring practitioner (e.g., your GP). In addition, Reframing Autism has a useful set of guidelines to assist with selecting a neurodiversity-affirming clinician (1).
- You may want to create a specific neurodivergent support plan that you can give to members of your treatment team (e.g., GP, psychiatrist, psychologist, dietitian) as well as use in case of an hospital admission (see [Eating Disorders Queensland's Eating Disorder Passport](#)).
- The early stages of treatment may be a vulnerable period where you may require additional sensory and interpersonal support, and reduced expectations or demands (e.g., chores, booking appointments, workload, socialising and going out). It is important that you engage in self-care, set boundaries with others (e.g., saying no when you are invited somewhere you do not want to go to or asked to do something that would have a negative impact on your wellbeing), and ease the expectations you place upon yourself (e.g., 'high achiever') during this time as much as possible to reduce the risks of burning out. Don't feel guilty for putting your wellbeing and needs first.
- Available eating disorder treatments may need to be extensively adapted to meet your specific support needs as a neurodivergent person (2, 3, 4). If you feel that an intervention does not take into consideration nor meet your unique needs, it is important that you explain this to your healthcare provider and/or try to find a healthcare provider that suits your personal circumstances better.
- You may wish to request accommodations for the treatment environment if you feel these would be helpful (e.g., telehealth rather than in-person, using the chat function through telehealth rather than speaking, requesting that the lights in the consulting room be dimmed, using fidget tools, sitting on the floor, using written text to communicate such

as notepads or augmentative and alternative communication systems). You may also wish to ask for appointment reminders and/or a written summary at the end of an appointment.

- Remember that healthcare providers have a legal obligation to accommodate disability support needs in accordance with the Disability Discrimination Act (5). If you feel that your healthcare provider is not making reasonable adjustments to meet your disability support needs, you can seek advice from a disability advocacy organisation (6) and the Australian Human Rights Commission (7). You may also look into notifying the Australian Health Practitioner Regulation Agency (8) of your concerns if appropriate.
- Each Australian state has different guidelines and criteria for hospital admissions related to eating disorders. You can find more information about this on Eating Disorders Neurodiversity Australia's website (9).



Ongoing Recovery

- Recovering from an eating disorder can take time, and this is nothing to be ashamed of or embarrassed about. You may experience improvements and setbacks at different times and for various reasons. You are not a 'failure' for having setbacks and/or relapses. You should not feel that you are the one to blame for needing medium or long-term support. Your support needs and recovery journey are valid.
- You may understand and think of eating disorder recovery in ways that are different from others, and this is fine. There is no one 'correct' way of recovering and everyone's journey is unique. Make sure to explain what your expectations and aspirations are when it comes to your recovery goals so that your loved ones and your treating team know what to aim for.

References

- (1) <https://reframingautism.org.au/guidelines-for-selecting-a-neurodiversity-affirming-mental-healthcare-provider/>
- (2) <https://www.psychologytoday.com/au/blog/eating-disorders-among-gender-expansive-and-neurodivergent-individuals/202301/cbt-may-be>
- (3) <https://onlinelibrary.wiley.com/doi/10.1002/erv.2930>
- (4) <https://nedc.com.au/eating-disorders/types/neurodivergence>
- (5) <https://www.legislation.gov.au/C2004A04426/2018-04-12/text>
- (6) <https://www.dana.org.au/find-an-advocate/>
- (7) <https://humanrights.gov.au/our-work/complaint-information-service/make-enquiry>
- (8) <https://www.ahpra.gov.au/About-Ahpra/Complaints.aspx>
- (9) <https://www.edneuroaus.com/admission-guidelines>

Further reading

- Adapting Intuitive Eating for Neurodivergent People
<https://www.rdsforneurodiversity.com/blog/adapting-intuitive-eating-for-neurodivergent-people>
- What does it mean to be neurodiversity affirmative?
<https://www.bps.org.uk/psychologist/what-does-it-mean-be-neurodiversity-affirmative>
- Barriers to healthcare and a 'triple empathy problem' may lead to adverse outcomes for autistic adults: A qualitative study
<https://journals.sagepub.com/doi/10.1177/13623613231205629>

- 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>
- Inclusive schooling that supports neurodiverse needs can be hard to find
<https://www.abc.net.au/everyday/inclusive-schooling-neurodiversity-hard-to-find/100899398>
- Working with PDA: Information for education professionals
<https://www.pdasociety.org.uk/working-with-pda-menu/info-for-education-professionals/>
- Eating Disorders and Neurodivergence: A Stepped Care Approach
<https://nedc.com.au/eating-disorders/types/neurodivergence>