

EATING DISORDERS



NEURODIVERSITY
AUSTRALIA

MENTAL HEALTH PROFESSIONALS



Overview

The objective of this document is to provide mental health professionals (e.g., psychiatrists, psychologists, mental health nurses, mental health social workers) with key insights and practical suggestions for working with neurodivergent individuals with eating disorders. Mental health professionals are encouraged to use this information as a starting point for deeper exploration of neurodiversity-affirming care considerations and to critically reflect on their understanding of eating disorders in the context of neurodivergence to avoid enforcing neuronormativity in their practice. Please note that it is assumed that mental health professionals using this document 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

- Be aware of distinctive contributors to eating disorder psychopathology in the neurodivergent population (e.g., systemic discrimination and minority stress, internalised ableism, masking/camouflaging, alexithymia, demand avoidance, executive functioning, sensory processing).
- Provide information and resources to neurodivergent individuals and their families about the specific risks and signs of eating disorders tailored to their unique needs (see Resources section below).

Remember that eating and feeding may be influenced by the following:

- Difficulties with **interoceptive awareness** (e.g., appetite, satiety, thirst, pain) may impact a neurodivergent person's eating and feeding patterns, such as that promoting intuitive eating, for example, may not necessarily be a suitable approach.
- **Exteroceptive awareness differences** may lead to food aversions or hyper fixations/cravings for certain tastes, textures, colours and/or smells.
- The ability of a neurodivergent person to engage in eating may be influenced by their physical environment. For example, loud noises, bright lights, and/or strong smells may cause intense distress.
- **Synaesthesia** may lead to specific food aversions or cravings related to foods of certain colours or temperatures.
- **Misophonia** may lead to difficulties eating with others because of intense distress triggered by repetitive sounds such as those made by using metal cutlery or chewing.
- **Executive functioning differences** may impact capacity to plan, source ingredients, and prepare meals, and, therefore, the ability to consistently follow through with eating routines and set meal plans.
- **Demand avoidance** may impact a neurodivergent person's ability to choose what to eat, prepare meals, and/or eat.

- **Gender identity:** Neurodivergent people identify as gender and/or sexually diverse more frequently than neurotypicals. Gender identity may influence eating, such as that restriction may be driven by the desire to align hormone production and physical features with gender identity.

Be aware of specific additional factors that may contribute to the development of eating disorders:

- **Double empathy problem and masking/camouflaging:** Obsessive thinking about weight and/or shape and associated restriction may be rooted in the desire to find belongingness and social acceptance in the face of systemic discrimination and rejection that many neurodivergent people inherently experience growing up and as adults (see [minority stress](#)).
- **Communication differences:** Literal thinking styles may lead to a strict and rigid interpretation and application of public health as well as popular media messages about diet, exercise, and 'healthy' eating.
- **Sensory processing differences:** Using control over food choices may be used as a way to feel safe in a world that often feels violently unpredictable and overwhelming for neurodivergent people.
- **Alexithymia** (identifying, responding to, and expressing feelings and emotions): Foods may be used as a way to cope with intense emotions.
- **Pervasive trauma:** Food insecurity, sensory trauma (including food-related trauma), developmental trauma (e.g., minority stress resulting from bullying and systemic discrimination) may all, together or individually, affect a neurodivergent person's overall mental health.



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 triggering 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.
- Neurodivergent people can have restrictive eating disorders even if not being in the 'underweight' diagnostic range for anorexia nervosa (i.e., 'atypical' anorexia nervosa).
- 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 EDE-Q/QS or EAT-26 alone. Furthermore, orthorexia can be assessed using the ORTO-15 or the TON-17.
- Many individuals assigned female at birth (AFAB) do not get their neurodivergence identified until adulthood due to gender biases in the diagnostic process (2, 3). In fact, many are misdiagnosed (4, 5, 6). Delayed identification of neurodivergence contributes to lowered wellbeing as well as mental health conditions, while proper identification is often accompanied by relief that leads to increased self-acceptance and self-compassion (7).
- Be aware that autism and attention deficit/hyperactivity disorder (ADHD) often co-occur.



Active Treatment

- Given the risks of iatrogenic harm associated with enforcing neuronormativity, treatment formulation should be made in full collaboration with the neurodivergent patient to ensure therapeutic interventions target eating disorder symptoms rather than adaptive neurodivergent traits.
- Ensure that treatment approaches are neurodiversity-affirming by differentiating eating disorder symptoms from neurodivergent traits (e.g., stimming, eating the same foods for prolonged periods of time, eating alone, using a noise cancelling headset during mealtimes, separating foods on the plate).
- Understand that neurodivergent features (e.g., executive functioning differences, alexithymia, sensory processing differences, demand avoidance, monotropism) may create genuine challenges for neurodivergent people to engage in treatment, and these challenges should not be framed and conceptualised as resistance, attention-seeking, or wilful defiance.
- Understand 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 (8, 9,10).
- Be aware that some elements of treatment like journalling, recording, and/or written/reading work may not be accessible due to:
 - ▶ Executive functioning differences (e.g., keeping a journal, remembering to complete homework)
 - ▶ Dyslexia and dysgraphia (e.g., reading/writing)
 - ▶ Demand avoidance (e.g., being told to complete homework)
 - ▶ Alexithymia (e.g., challenges appraising and expressing feelings, emotions, and thoughts)

- ▶ Motor/coordination difficulties (e.g., writing)
- ▶ Other forms of neurodivergence (e.g., intellectual disability)
- Be aware that exposure and desensitising approaches can prove harmful for neurodivergent people if the target behaviour is inherently adaptive (e.g., disregarding food aversions due to sensory processing differences, pushing for social eating, disregarding the need to eat the same foods for prolonged periods of time, preventing stimming during mealtimes).
- Many neurodivergent individuals experience medical illnesses that may impact on 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.



Ongoing Recovery

- Help the neurodivergent patient gain a better understanding of how their neurodivergence influences their eating and feeding-related support needs in order to allow them to work with (rather than against) their neurodivergent traits.
- Assist the neurodivergent patient in developing a positive and strengths-based sense of authentic identity and self (1.1).
- Teach and promote self-advocacy skills as these are essential for achieving self-efficacy (1.2).

References

- (1) <https://www.anzaed.org.au/anzaed-practice-standards/>
- (2) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10446214/>
- (3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10173330/>
- (4) <https://www.theswaddle.com/how-sexism-leads-to-the-frequent-misdiagnosis-of-autistic-women>
- (5) <https://theconversation.com/why-many-women-with-autism-and-adhd-arent-diagnosed-until-adulthood-and-what-to-do-if-you-think-youre-one-of-them-179970>
- (6) <https://www.liebertpub.com/doi/full/10.1089/aut.2023.0034>
- (7) <https://pubmed.ncbi.nlm.nih.gov/36373832/>
- (8) <https://www.psychologytoday.com/au/blog/eating-disorders-among-gender-expansive-and-neurodivergent-individuals/202301/cbt-may-be>
- (9) <https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-023-00740-z>
- (10) <https://onlinelibrary.wiley.com/doi/10.1002/erv.2930>
- (11) <https://www.bps.org.uk/psychologist/cultivating-wellbeing-and-positive-identity-garden>
- (12) https://tandemcarers.org.au/common/Uploaded%20files/Public%20Documents/Support/imha_ndis_manual.pdf

Further reading

- Mental health in autistic adults: A rapid review of prevalence of psychiatric disorders and umbrella review of the effectiveness of interventions within a neurodiversity informed perspective
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10343158/>
- Meeting the needs of autistic adults in mental health services
<https://www.england.nhs.uk/long-read/meeting-the-needs-of-autistic-adults-in-mental-health-services/>
- Neurodivergence-informed therapy
<https://onlinelibrary.wiley.com/doi/10.1111/dmcn.15384>

- 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>
- Eating Disorders and Neurodivergence: A Stepped Care Approach
<https://nedc.com.au/eating-disorders/types/neurodivergence..>
- What is Autistic-Centered Therapy?
<https://www.mattlowrylpp.com/blog/act-83tka>