

The logo for the National Eating Disorder Information Centre (NEDIC) features the word "nedic" in a lowercase, sans-serif font. The letters "n", "e", and "i" are in a light purple color, while "d", "i", and "c" are in a light blue color.

National Eating Disorder Information Centre

[www.nedic.ca](http://www.nedic.ca)

# Supporting ADHDers and Autistic Individuals with Eating Disorders: Start-Up Kit for Clinicians

Eating disorders (EDs) are multifaceted mental health conditions that bring about significant changes in one's eating and exercise behaviours. If left unaddressed, these changes can have a serious impact on a person's physical and mental well-being.

People of all body types, ages, genders, socioeconomic backgrounds, races, ethnicities, and abilities experience EDs. However, some populations are affected at higher rates. For example, EDs are more prevalent in neurodivergent populations, including ADHDers and Autistic individuals.

This handout aims to provide clinicians with a starting point for delivering neuro-affirming care to ADHDers and Autistic individuals with EDs.

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## Neurodiversity, ADHD, Autism, and Neuro-Affirming Care

**Neurodiversity** refers to the natural differences in how individuals think, learn, behave, and experience the world around us. *Neurodivergent* is an umbrella term for describing individuals whose neurological functioning diverges from societal norms, including those with conditions like ADHD and autism.

**ADHD (Attention-Deficit/Hyperactivity Disorder)** is a neurodevelopmental condition characterized by difficulties regulating attention and/or hyperactivity and impulsivity. The brain differences in people with ADHD impact attention, emotional regulation, and executive functioning.

**Autism** is a neurodevelopmental condition characterized by differences in social communication, emotional regulation, sensory processing, and executive functioning. Key traits include focusing intensely on a small number of interests (*monotropism*) and a tendency to self-regulate through repetition (e.g., self-stimulation or *stimming*, or following specific routines).

There is significant diversity among ADHDers and Autistic people. Additionally, ADHD and autism frequently co-occur, and research suggests that there is a large genetic and neurobiological overlap between them. However, for many people, an accurate diagnosis is elusive. Under-identification, diagnostic overshadowing, and misdiagnosis are common.

**Neurodiversity-affirming care** (or neuro-affirming care) is a clinical approach that embraces the tenets of the neurodiversity paradigm, which include:

- 1 Variations in neurological development and functioning are a natural and valuable part of human diversity.
- 2 Neurological differences can afford advantages and disadvantages, depending on interactions with one's physical and socio-cultural environments.

Neuro-affirming care:

- 1 Does *not* aim to “treat” or “cure” neurodivergence. This involves rejecting any attempt to reduce or eliminate neurodivergent ways of being (e.g., monotropism, stimming, or repeating words/phrases that one has heard).
- 2 Is a strengths-based approach that presumes competence.
- 3 Addresses external factors to enhance quality of life. This includes modifying an individual's physical and socioemotional environment to ensure that it accommodates their needs.
- 4 Prioritizes autonomy, empowerment, and the right to say “no”.
- 5 Respects and encourages interests, activities, and skills that promote joy, learning, social connection, and well-being.
- 6 Is person-centred, trauma-informed, gender-affirming, and intersectional.



## Types of Eating Disorders

The following are clinically recognized feeding and eating disorders. Refer to the **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)** for a comprehensive list of formal diagnoses and diagnostic criteria.

- [Anorexia Nervosa \(AN\)](#)
- [Bulimia Nervosa \(BN\)](#)
- [Avoidant and Restrictive Food Intake Disorder \(ARFID\)](#)
- [Binge Eating Disorder \(BED\)](#)
- [Other Specified Feeding or Eating Disorder \(OSFED\)](#)
- [Rumination Syndrome](#)
- [Pica](#)

Common symptoms include fatigue, dizziness, mood changes, and difficulties with concentration or decision-making.

# The Intersection of Neurodivergence and EDs

Neurodivergent people are disproportionately affected by feeding and eating difficulties, with many experiencing eating disorders. Studies have found that:

People with ADHD are **4x** more likely to experience EDs compared to those without

ARFID affects up to **21%** of Autistic individuals compared to 0.3% of the general population

Children with ADHD have **12x** higher odds of loss-of-control eating compared to those without

**All ED subtypes are overrepresented** in Autistic and ADHD populations, despite common associations linking specific diagnoses, like AN and ARFID with autism, and BN and BED with ADHD

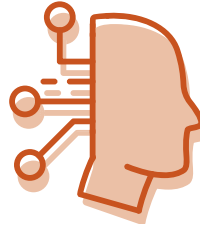
At least **20-37%** of individuals with AN are also Autistic

In neurodivergent people, factors underlying the development and maintenance of EDs often differ from those for neurotypical people, including:

- 1 Sensory processing differences** (e.g., sensory sensitivity, sensory seeking)
- 2 Interoceptive differences** that impact the perception of hunger, fullness, pain, etc.
- Experiences of **alexithymia** (i.e., difficulty identifying, differentiating, and expressing one's feelings and emotional states)
- 4 Executive functioning differences** (e.g., task initiation, working memory, planning, time perception/management, inhibitory control)
- 5 Insistence on sameness** (e.g., preference for routine, "samefoods" or safe foods)
- Prescription **medications** (e.g., stimulants) with side effects that impact appetite and food intake
- Fluctuating capacity and experiences of **burnout, inertia, meltdown, and shutdown.**
- 8 Social anxiety** and/or discomfort with neuronormative rules and expectations at meals
- 9 Food-related trauma** from coercive and/or forceful feeding practices
- Presence of **Rejection Sensitive Dysphoria (RSD)**
- Explicit and implicit demands triggering **anxiety, demand avoidance, and/or Pervasive Drive for Autonomy / Pathological Demand Avoidance (PDA)**
- High rates of co-occurring **gastrointestinal issues**
- High rates of co-occurring health concerns and **chronic illnesses**, such as hypermobile Ehlers-Danlos (hEDS)/ hypermobility spectrum disorders (HSD), postural orthostatic tachycardia syndrome (POTS), and polycystic ovarian syndrome (PCOS)
- High rates of co-occurring **mental health concerns and illnesses**

ADHDers and Autistic people tend to experience worse outcomes compared to neurotypical people when accessing ED care. Clinicians need greater awareness and understanding of relationships between neurodivergence and EDs, and health care needs to be adapted accordingly.

# Tips, Tools, and Strategies for Providing Neuro-Affirming ED Care



## Neurodivergence

- 1 **Learn more about neurodivergence**, particularly from sources created by or with neurodivergent individuals; the resources provided on [the NEDIC website](#) can be a place to start!
- 2 **Screen for neurodivergence** in individuals presenting with feeding difficulties and/or eating disorders (e.g., [ASRS-5](#) for ADHD, [RAADS-R](#) for Autism).
- 3 **Screen for feeding difficulties** in ADHDers and Autistic individuals (e.g., [SWEAA](#), [AEQ](#)).
- 4 Use **neurodiversity-affirming models**, such as [SAFETY](#), in place of the RAVES model.
- 5 **Ask how individuals identify** their neurodivergence (e.g., ADHDer vs. person with ADHD; Autistic vs. person with autism) and respect how preferences differ among people.
- 6 **Adapt (or abandon) intuitive eating frameworks** for individuals with executive functioning and/or interoceptive difficulties.
- 7 Explore individualized **strategies to support consistent nourishment**, such as:
  - Alarms and other reminders
  - Body-doubling to prepare and eat meals
  - Pre-portioned meals when satiety signals are low
  - Frequent, smaller meals when satiety signals are strong
- 8 **Investigate all health-related concerns** regardless of pain expression, reporting, and body language; there may be differences in pain threshold and interoception, as well as alexithymia.

## Sensory Processing Differences

- 1 Assess **sensory profile** (e.g., [GSQ](#), [SPQ](#), [SP2](#)).
- 2 Accommodate **sensory preferences** related to the **physical eating environment** when possible to reduce anxiety – e.g., quiet space or noise-cancelling headphones, dim lighting, preferred music or distractions (fidget tools, iPad, etc.).
- 3 Accommodate sensory **preferences outside of mealtimes** when possible (i.e., during day programs and in-patient ED programs).
- 4 Accommodate **food-related sensory preferences** (e.g., smell, taste, texture, colour) when possible to reduce the risk of food-related trauma.
- 5 If nutritional deficiencies are present, **dietary assessment and supplementation** may be indicated with the support of a dietitian.
- 6 Adapt treatment goals and strategies based on an individual's **interoceptive awareness** (possible assessments include [ISQ](#) or [MAIA](#)).
- 7 Support **building interoceptive awareness** if/when appropriate.
- 8 Support **pressure-free, autonomous food exposures** if necessary, while considering and respecting an individual's food preferences.
- 9 Allow **flexibility in movement and positioning** during meals/snacks (e.g., eating while standing, walking, or lying down) to facilitate a positive eating experience.



## Cognitive, Communication, and Social Differences

- 1 Assess **executive functioning** (e.g., [BRIEF-A](#)).
- 2 **Adapt therapy goals, pace, and strategies** based on executive function profile – e.g., break down complex tasks; use external supports for planning, organization, time management, and memory.
- 3 Accommodate **social eating preferences** – e.g., remove expectations for social interactions during meals; respect an individual’s desire to eat alone when possible.
- 4 Accommodate **communication needs** – e.g., e-mail or text, use AAC devices, or combine verbal and written methods as needed; schedule longer or additional consultations.
- 5 Allow **stimming** in all settings without judgment; redirect stimming only if there are medical concerns related to EDs (e.g., energy expenditure) or the stim is self-injurious and unsafe (e.g., head banging).
- 6 Provide **information** as early and detailed as possible to help manage anxiety, especially before changes in routine and transitions between activities.
- 7 Allow **extra time** for responding to questions and processing information/instructions.
- 8 Consider and/or assess for **demand avoidance** and associated anxiety (e.g., [EDA-QA](#)).
- 9 If demand avoidance is suspected, adopt strategies to **reduce perceived demands** on the individual, such as:
  - offering control and autonomy when possible
  - using [declarative language](#) when giving instructions or directions
  - reducing their sensory and cognitive load
  - connecting with their intrinsic motivators



## Other Considerations

- 1 Incorporate “**Spoon Theory**” to address energy conservation and accommodate fluctuating capacity levels.
- 2 Consider how **intersecting identities** along with neurodivergence may impact an individual’s experience of EDs and ED care (e.g., [BIPOC](#), [2SLGBTQ+](#), chronic illness, and disability).
- 3 Resist/challenge **documentation practices** that perpetuate neuronormative behaviour standards – e.g. eye contact, tone of voice, level of movement.

## Resources

Cobbaert, L. & Rose, A. (2023). *Eating Disorders and Neurodivergence: A Stepped Care Approach*. [https://www.researchgate.net/publication/369334237\\_Eating\\_Disorders\\_and\\_Neurodivergence\\_A\\_Stepped\\_Care\\_Approach](https://www.researchgate.net/publication/369334237_Eating_Disorders_and_Neurodivergence_A_Stepped_Care_Approach)

Leadbitter, K., Buckle, K. L., Ellis, C., & Dekker, M. (2021). Autistic self-advocacy and the neurodiversity movement: Implications for autism early intervention research and practice. *Frontiers in Psychology*, 12, 635690. <https://doi.org/10.3389/fpsyg.2021.635690>

Neff, M. A. (2025). *Neurodivergent Insights*. <https://neurodivergentinsights.com/>



**For information, support, resources, and referrals, chat with us online at [nedic.ca](https://nedic.ca) or toll-free 1-866-NEDIC-20 (416-340-4156 GTA).**