

Nourishing Neurodiversity

Integrating Inclusive Approaches in eating
disorder treatment

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Why it is important?

- **Research gaps**
- **Eating disorders are often underdiagnosed/misdiagnosed**
- **Neurodiversity underdiagnosed in ed population**
- **Challenge current narrative of pathology**
- **Call to action for all eating disorder providers to change the clinical practice across all levels of eating disorder care**

Baraskewich, von Ranson, McCrimmon, & McMorris, 2021; Brede et al., 2020; Gesi et al., 2017; Kerr-Gaffney, Halls, Harrison, & Tchanturia, 2020; E. Kinnaird, Norton, Pimblett, Stewart, & Tchanturia, 2019; E. Kinnaird, Norton, 21 Stewart, & Tchanturia, 2019; Westwood & Tchanturia, 2017



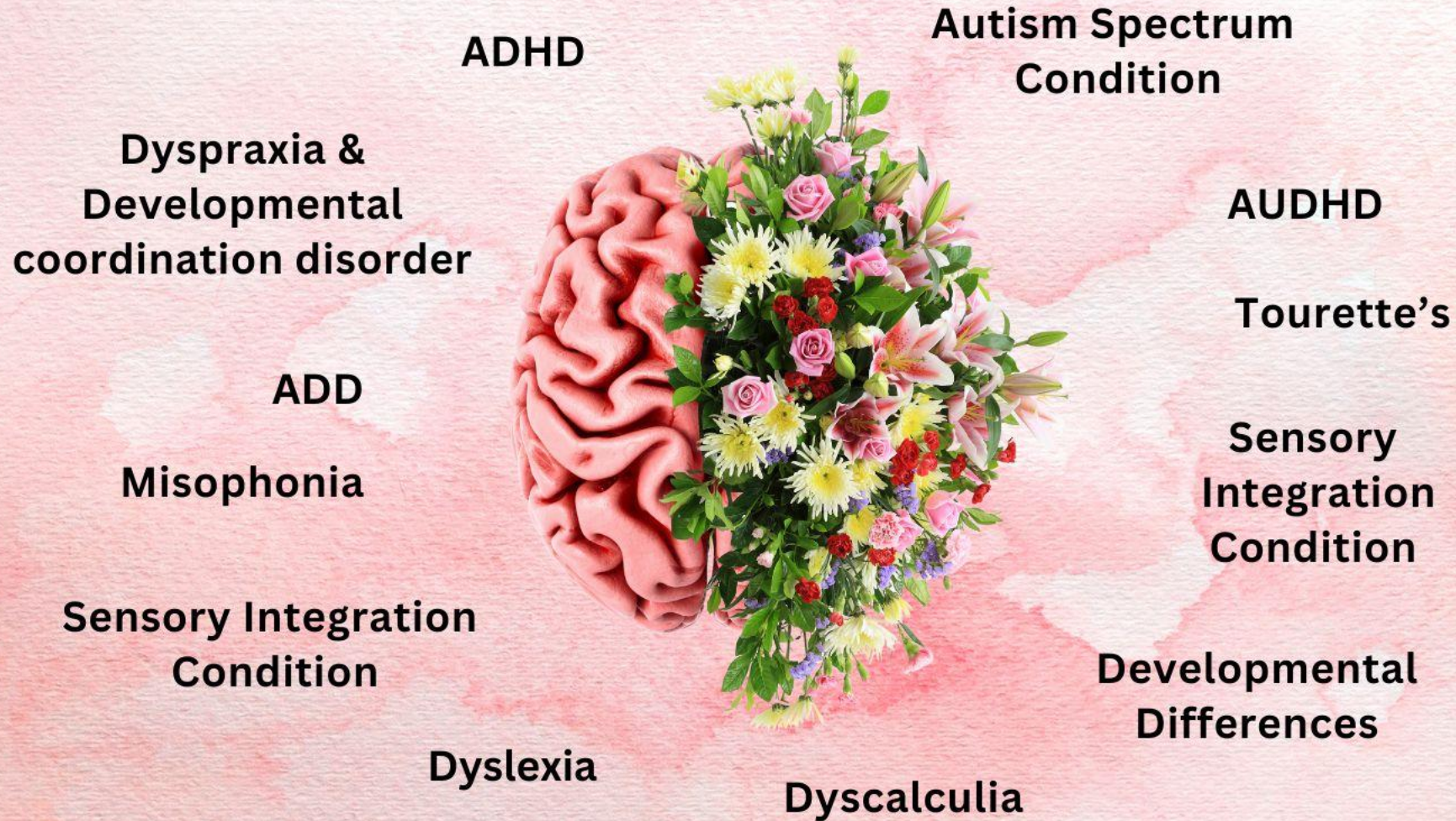
Who gets eating disorders vs who gets help?

- I want to say sorry to all the people we have missed (they were not diagnosed/dismissed)
- To all the people with neurodiversity who were falsely diagnosed with personality disorders (emotional regulating difficulties that are common with neurodiversity)
- All people who were expected to cope with the demands of treatment and their neurodiverse needs were not respected
- To all people with ARFID who were not taken seriously and treated as stubborn and/or forced to eat normally



we are
Sorry

NEURODIVERSITY



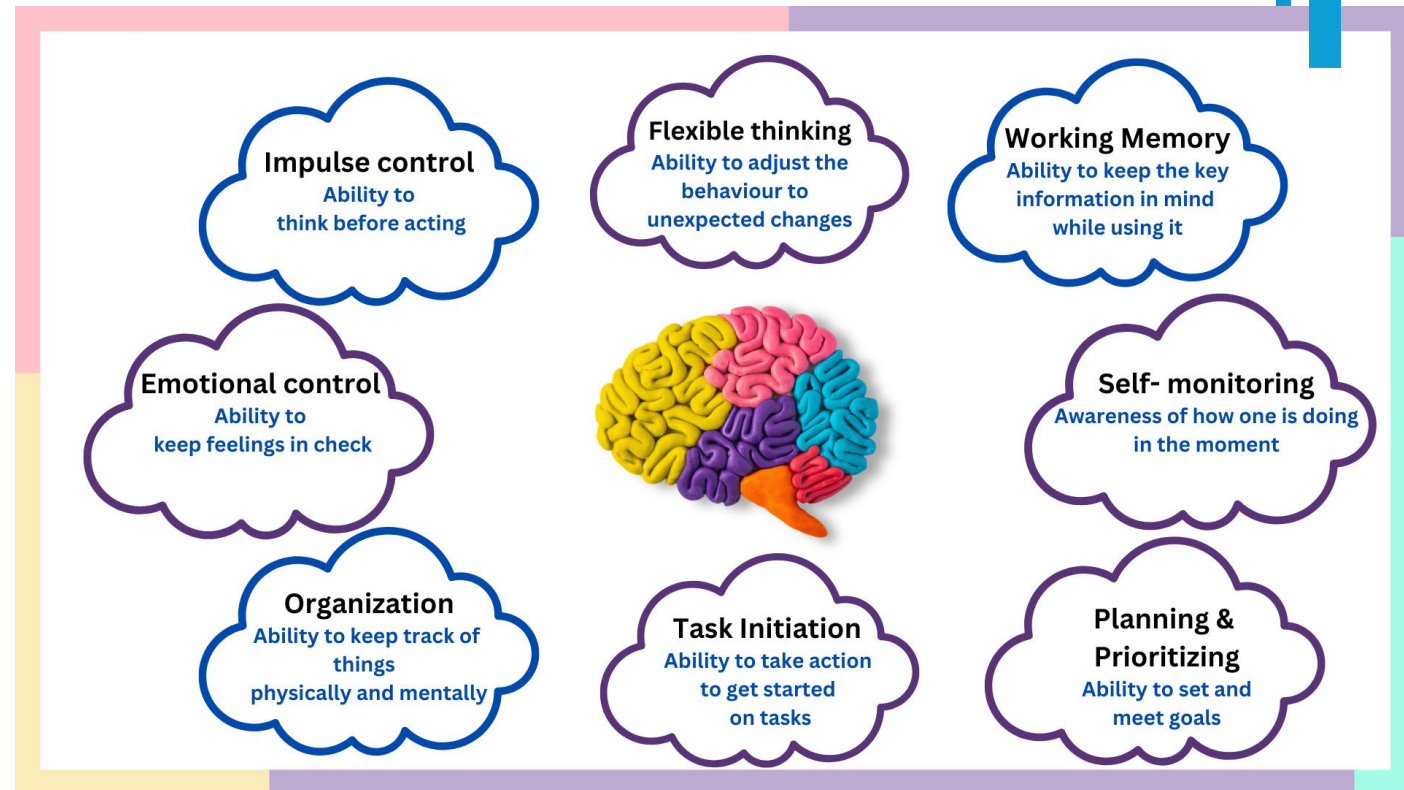
Autism and eating disorders

- Some research estimates that as many as 23% of people with an eating disorder are Autistic (Hulke et al.,2013)
- One in 5 women with AN is also autistic (Mandy and Tchanturia,2015)
- 16.3% prevalence of ASC in Anorexia Nervosa (Inoue et al.,2021)
- Autism precedes the ED diagnosis (Westwood & Tchanturia, 2017)
- Those with Autism may experience more severe symptoms of Anorexia (Westwood et al.,2017)

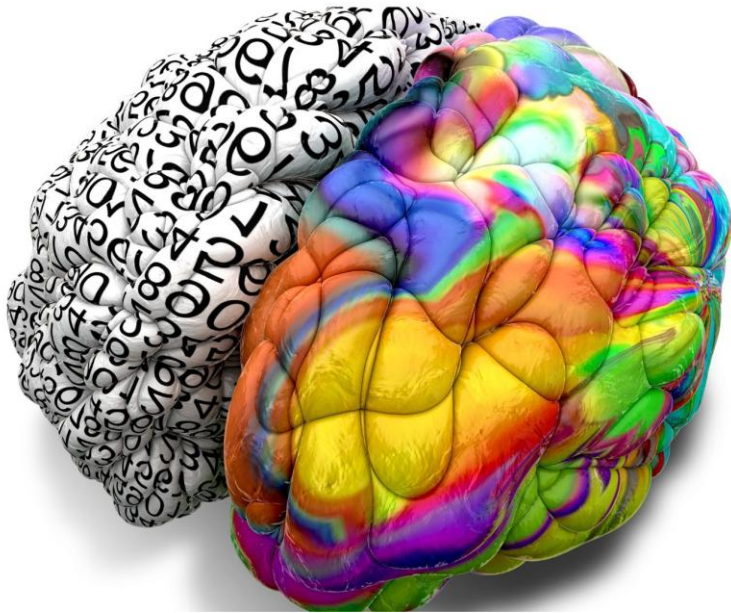


ADHD & eating disorders:

- People with ADHD have nearly four times the risk of developing an eating disorder when compared to their peers.
- People with EDs had a 2.6-fold increased risk of ADHD compared to their non-ED peers
- Risk was highest for those with BED
- ADHDers affected by eating disorders have been shown to benefit less from currently available treatments compared to their neurotypical counterparts (Testa et al., 2020; Svedlund, Norring, Ginsberg, & von Hausswolff-Juhlin, 2018; Payne et al., 2022).



What influences feeding behaviours & body image in neurodiverse populations?



- **Eating and feeding issues:** food aversion and food neophobia, sensitivity; awareness of hunger and fullness; interfering mealtimes behaviours; rapid or slow eating; lack of interest in eating; loss of control of eating
- **Sensory processing differences:** Such as sensory avoiding, sensory seeking, interoceptive confusion, alexithymia ; *cognitive rigidity (e.g., insistence on sameness, preference for routine) , social communication differences*
- **Gastrointestinal problems;** which are common in neurodiverse children, and medications such as stimulants.
- **Medications:** Antidepressants, antipsychotic medication may influence appetite and food intake.



Impact of being
neurodiverse
in a neurotypical world
& suffering with an eating
disorder

Help that
helps vs
Help that
Harms

**SCAN
HERE**



**TO
READ
MORE**



iaedpfoundation



To do better:



We are responsible for the environment/
treatment options.



We need to educate ourselves (iaedp
/PEACE pathway/ NEDDE/Maudsley
Learning)



Screening at assessment (Autism
Spectrum Quotient (AQ))



Respecting self-diagnosis (especially
given that access to assessments is
limited/long waiting lists)



Treatment Considerations

Tailoring treatment

- Neuro- affirmative person-centred approaches for treatment for eating disorders is essential. Some currently recommended available treatments may not be as effective for neurodivergent individuals. An example of this will be Cognitive Behavioural Therapy (CBT) which needs to be adapted to address the specific cognitive and sensory needs of these individuals.

Team

- Multidisciplinary team with expertise working with both neurodiversity and ed
- Sometimes neurodiverse clients require much bigger treatment team to cater for all their needs and risk factors
- We need to meet our clients in their world, not in ours
- Families need support and they are the key resource.



Help that harms

Suzanne – shut down/unable to eat/blood sugar dropped so low she had to be hospitalized

- Sudden admission
- Seen by multiple professionals over a short period of time
- Family not welcome to the ward
- No gentle introduction to the environment
- Noise on the ward
- Food was often too overwhelming
- Loud tv or radio during mealtimes
- Sat at a different sit at the table
- No notice given regarding changes
- Therapy was often overwhelming

Help that helps

John– successful treatment. Worked both on recovery from an eating disorder and strengthening his new identity

- Admission was planned and well discussed
- Assessment took longer so he could take breaks
- John was given written information about the residential centre (prior to admission)
- Few orientation visits before admission
- Family member stayed for the admission process
- Sensory difficulties considered
- Noise cancelling headphones
- He was allowed to leave the groups when overwhelmed
- Individual therapist and dietitian sent a written summary of the session to help John process information

Autism & Anorexia complex interplay

(Pooky Knightsmith)

- Am I seeing Anorexia or
- Am I seeing ASC?



Things you need to know about the interplay



**PEER CONSULTATION &
SPECIAL INTEREST GROUP**

**FREE GROUP FOR EATING
DISORDERS AND BODY IMAGE
HEALING PROFESSIONALS TO:**

- Network
- Share Knowledge
- Plan future training opportunities
- Peer case consultations with a multidisciplinary team



Thank you

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