

Adaptation for Nutritional Rehabilitation

Adapting dietetic practice to support the nutritional rehabilitation of autistic people with eating disorders

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Pathway for Eating disorders and Autism
developed from Clinical Experience

Overview of presentation

1. **General adaptations to dietetic practice** (outpatients, day patients, inpatients)
 - Dietetic assessment
 - Letting go of usual treatment aims
 - Working with family
 - Adjustment of the dietetic care pathway
 - Adaptations to written information
2. **Adaptation of the SLAM inpatient food service:** The Alternative Menu (also known as the PEACE Menu)

Adaptations to dietetic practice (1)

Dietetic assessment may include:

- Eating behaviour in early life
- Traumatic experiences relating to food/eating
- Food selectiveness and aversions
- **Sensory sensitivities relating to food** (Sensory Screening Tool)
- Hunger/satiation cues (problems with interoception)
- ‘Clumsy’ eating (problems with proprioception)
- Gastro-intestinal issues (such as constipation)
- Problems chewing and swallowing (including vitamins and minerals)
- **Preferences relating to food presentation**
- Brand specificity

Adaptations to dietetic practice (2)

- Letting go some of the usual aims of dietetic treatment, such as around:
 - Eating a varied and balanced diet –exploring and accepting what works for the individual
 - Socially normal eating – accepting this may not be a priority
- Working with family (but may value a space without)
- Adjustment to the dietetic care pathway (more, shorter sessions)
- Adaptations to dietitians' written information

Adaptation to the inpatient food service

The Alternative Menu (otherwise known as the PEACE Menu)

What are the problems with the main ward meals? (Not only for autistic people)

- Amount of choice and information on the menu can be overwhelming
- Many of the meals are unacceptable to many individuals
- Sometimes last-minute changes without notice
- The same dish may not look the same every time

The Alternative Menu addresses needs around:

- **Predictability and familiarity** ‘you know what you are going to get’

Same menu *every* day, small range of options, ready prepared foods in individual portions, reliably available foods, can be prepared on the ward from stores

- **Sensory processing**

Bland or slightly sweet, low odour, usually served cold, soft and homogenous in texture

- **Physical discomfort**

As the main menu; low and high fibre options (GI issues), energy dense options (small volume) and soft texture options (dental problems)

- **Difficulties with interoception (hunger cues)**

As the main menu; fixed regular meal and snack times, spread of nutrition across the day, regular fluid intake, energy dense options

Principles of the Alternative Menu

- Alternative Menu is available to all
- Available alongside the main menu
- It prioritises nutritional recovery over socially normal eating
- It has the same calorie value as the main menu
- Uses only foods that can be delivered reliably

Dinner

			Fluid option
Choose 1 juice or soup	Vegan	Apple juice	200 ml milk
	Vegan	Orange juice	
	Vegan	Heinz vegetable soup	
	Vegetarian	Heinz tomato soup	
Choose 1 main course	Vegan	Lentil and sweet potato bake and vegetable	1 bottle Fresubin + 1 bottle Fortisip
	Vegetarian	Plain omelette with mashed potatoes and vegetable	
	Vegan	Peanut butter sandwich	
Choose 1 dessert	Vegetarian	Ice cream with a Twirl and a banana (can be served separately)	1 bottle Fresubin
	Vegan	Doughnut and a pot of soya dessert (can be served separately)	



Alternative Menu

Plain omelette with mashed potato and vegetable

Using the Alternative Menu

- The Menu can be simplified/individualized
- Photos of meals to help with choice
- An entire meal can be chosen from the Menu, or just one course
- A care plan can be agreed with a nurse to use it regularly up to three times a week
- The dietitian can agree a care plan for more frequent use (daily if needed)
- It can be used on a single occasion if an unexpected difficulty arises in the dining room

Evaluation: Patient experience (all patients) of the Alternative Menu

- Positives:

- Reduces overwhelm, both choosing food and in the dining room
- Increases confidence to try a new option as there is a 'back up'
- Good that it accommodates need for foods not to touch
- Good for those aiming to establish an eating routine that maintains health beyond hospital

- However:

- Can provide too much of a safe retreat
- Challenging to see others eating a limited variety of foods
- It doesn't accommodate all sensitivities
- Certainty around the calorie content (can be both helpful & unhelpful)

Evaluation: Ward staff experience of the Alternative Menu

Positives

- Useful for reducing 'overwhelm' in the dining room
- Good that the energy provided is the same as main menu
- Helps to standardise ad hoc alternative options already offered
- Good when last minute meals are needed

However

- A challenge to let go of 'normal' eating as an early aim in recovery
- Ask are we over-accommodating the eating disorder? (especially same food every day)
- Food service challenges continue

To conclude

- Evaluation showed broadly positive responses from patients and ward staff

The menu was helpful “especially when the options on the main menu were too challenging for me at my current point in my recovery”

- From the dietitians’ perspective, it has been a big help in supporting the provision of a diet that meets individual needs (nutritional and other)