



Pathway for eating disorders  
and Autism + ADHD developed  
from clinical experience.

## What you need to know:

understanding neurodivergence  
in eating disorders



## About this guide:

Eating disorders are emotionally challenging. If you are also neurodivergent, things can feel even more complicated. It can be hard to understand why you think, feel, or act in certain ways or how your thoughts and feelings relate to eating. You might feel unsure what could help, or what support you can ask for.

Eating disorder treatment can feel more difficult or exhausting for neurodivergent people. This is because the support offered may not always match how neurodivergent brains work. When things feel hard, it is not because you are “resistant” or not trying hard enough. It may mean that different support or small adjustments are needed.

Our aim is to help you understand how neurodivergence can influence eating disorders, and what kinds of support may help you in the treatment journey. This guide was co-created with neurodivergent and non-neurodivergent people, including people with lived experience of eating disorders, alongside clinicians and carers, and informed by current research.

You can read this guide in any order and return to different sections when you need to.

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# What is neurodivergence?

Neurodivergence describes natural differences in how people's brains process information and experience the world. Autism and ADHD are both forms of neurodivergence. They also commonly co-occur, and this can be called AuDHD.

Being neurodivergent does not mean that something is wrong or needs to be "fixed". It simply means your brain works differently from what is often considered neurotypical.

These differences can affect communication, learning, sensory processing, emotions, attention, planning, and relating to other people. Everyone's experience is unique.

Using the term neurodivergent helps us recognise and respect these different ways of being. It also reminds us that standard support may need to be adapted to work better for different people.



# Why is neurodivergent identity important?

Knowing you are autistic or have ADHD can help you make sense of your experiences and support your recovery from an eating disorder. Understanding your neurodivergent identity can help you to:

- **Make sense of your experiences**

Challenges with food, emotions, or focus may be linked to how your brain works.

- **Encourage self-compassion**

Naming your neurodivergence can support better self-understanding.

- **Get support that works better for you**

Eating disorder treatment can be adapted to fit your sensory needs, help with planning and organisation, or support you to manage strong emotions.

- **Build connection**

Many people say they feel less alone when they understand their neurodivergent identity and meet others with similar experiences.

## We spoke with people about realising they were neurodivergent, and how this related to their eating disorder:

“It didn’t come up in therapy because I hadn’t thought about it. Now that we’re having a discussion, I’m like, oh, wow, like, there’s a lot of things that could be like, yeah, parallels. And there’s a lot of explanations that were applicable.”

“Once you understand the reasons that you do stuff, then it’s much, much easier to change your behaviour.”

“I think possibly having a community to turn to of people going through similar struggles would be nice.”

\*These quotes come from people with lived experience. You may relate to some and not others, everyone’s experience is different.

# What traits might I have?

Neurodivergence can show up in many different ways, often called 'traits'. You might recognise some traits described here and not others.

Some traits can feel like strengths in certain situations, and challenges in others. People often experience traits differently depending on stress levels, tiredness, or the environment they are in.

## Common autistic traits may include:

- Finding social situations tiring or confusing
- Masking (hiding your needs or copying others to fit in)
- Preferring predictability, routine, and sameness
- Deep focus on specific interests or activities
- Sensory sensitivities (for example, sound, texture, smell, or light)
- Difficulties noticing internal body signals (like hunger, fullness, pain, or temperature)
- Difficulty starting, stopping, or switching between tasks
- Feeling overwhelmed, which may lead to distress, shutdown, or withdrawal

## Common ADHD traits may include:

- Finding it hard to focus on tasks that feel low in interest or reward
- Feeling mentally or physically restless
- Hyperfocus (intense, prolonged focus)
- Strong emotions or feeling easily overwhelmed
- Difficulties with planning, organising, and keeping track of time
- Forgetting daily tasks or finding it hard to get started
- Overthinking, procrastinating, or struggling to begin tasks
- Difficulty switching attention or pausing to notice hunger, tiredness, or other body needs
- Acting quickly on what's happening in the moment, without much time to pause or think

## Can I be tested for autism or ADHD?

A clinician can use short screening questionnaires to explore whether you may have autistic traits or ADHD traits. Some examples of these are:

- AQ-10 (Autism Spectrum Quotients)  
- screens for Autistic traits
- ASRS (The Adult ADHD Self-Report Scale)  
- screens for ADHD traits

These tools do not give a diagnosis. They can help identify whether a full assessment might be helpful.

A full assessment can often be arranged through your GP, although waiting lists can be long.

Whether you have a diagnosis, are waiting for an assessment, or simply recognise neurodivergent traits, it is important to remember: **Neurodivergent needs matter regardless of diagnosis.**



## The brain and neurodivergence

Autism and ADHD are neurodevelopmental differences. This means the brain develops and works differently from early life. They are not caused by personal failure, a lack of willpower, or “not trying hard enough”.

Neurodivergence often runs in families. Research suggests both autism and ADHD have strong genetic influences, meaning people may be more likely to be neurodivergent if close family members are too.

Brain imaging research also supports the idea that autism and ADHD involve differences in brain development and brain networks. These findings reflect natural differences in development and functioning — not brain damage or illness.

Understanding neurodevelopmental differences can help reduce self-blame. It may also help you focus on finding adaptations and support that match how your brain works.

To learn more about brain differences in autism and anorexia nervosa, see our short guide:  
[About the Brain: Autism and Eating Disorders](#)

# How can neurodivergence affect eating disorders?

Eating disorders and neurodivergence often co-exist. It is important to know that eating disorders may look different in neurodivergent people. They may be influenced by:

- sensory sensitivities or sensory seeking
- differences in attention, planning, or organisation
- anxiety, overwhelm, or strong emotions
- differences in noticing or responding to body signals (such as hunger, fullness, pain, or temperature)

## Research suggests that:

- Eating disorders are more common in people who are Autistic or have ADHD
- About 1 in 3 Autistic people or people with ADHD may experience an eating disorder at some point
- Anorexia nervosa and ARFID (avoidant/restrictive food intake disorder) are especially common in Autistic people
- Bulimia nervosa and binge eating disorder are especially common in people with ADHD.



## How can autism influence eating disorders?

Autistic people may experience heightened sensory sensitivities, a strong preference for predictability, and differences in noticing and responding to internal body cues.

**Autism can shape eating in many ways.**

**For example:**

- Some people may struggle to notice when they are hungry or full
- Some may feel safest eating a limited range of foods, because certain textures, smells, or tastes feel overwhelming
- Familiar routines around meals can feel comforting
- Social eating or unexpected changes to meal plans may feel distressing
- Feeling misunderstood, judged, or excluded can lead to emotional distress and increase vulnerability to eating disorders
- Controlling food or weight may become a way of coping, feeling more in control, or seeking acceptance

These experiences can be harder to cope with when you don't have an explanation for them. Understanding autism can support self-compassion, reduce self-blame, and help people access more appropriate support.

## We spoke with people about how they felt autism related to their eating disorder:

“I’d rather not eat in a loud restaurant or dining hall, or just anywhere where I can’t talk to people next to me or just have some peace and quiet... if I’m in an environment where there’s lots of background noise, I find it hard to filter out the background noise.”

“I won’t realise I’m hot or cold or hungry or like thirsty in particular, until I’m like desperate.”

“I cannot tolerate soft, mushy and “blobby” foods, such as porridge, mash, particularly any soft foods with a mix of textures, such as quiche.”

“I think something that led to bingeing is also not recognising that I’m full. [...] I think my whole sense of like interoception is not great.”

“I can eat less highly flavoured foods”

\*These quotes come from people with lived experience. You may relate to some and not others, everyone’s experience is different.

## How can ADHD influence eating disorders?

ADHD is often linked to differences in attention, impulsivity, emotional intensity, and executive functioning (this relates to planning, organisation, time management, and getting started on tasks).

**ADHD can influence eating in many different ways. For example:**

- forgetting to eat or finding it hard to keep regular mealtimes
- difficulties with planning, shopping, or preparing food, leading to missed meals or eating whatever feels easiest
- finding hunger and fullness cues harder to notice, especially during hyperfocus
- experiencing “food noise”, where thoughts about food or cravings feel constant or hard to quiet
- eating quickly or using food to manage emotions, reduce overwhelm, or calm racing thoughts
- eating when bored or under-stimulated, or preferring strong flavours for stimulation
- feeling overwhelmed by daily demands, which can increase distress and eating difficulties

Understanding ADHD (or your neurodivergence more broadly) can support self-compassion, reduce self-blame, and help you access more appropriate support. To learn more see our short video: [Eating and ADHD](#)

## We spoke with people about how they felt ADHD related to their eating disorder:

“I think that when I’m hyper-focusing I forget everything else, so I don’t eat or take care of myself. And so, I mess up my eating routine and then I’ll binge to ‘make up’ for what I didn’t eat.”

“I think then with binge eating, particular the sensory stimulus seeking is massive for me, and I feel like I want to be doing something physical.”

“I really like the feeling of swallowing in my throat so I usually try to binge on foods that are like big, large chunks that I can swallow, so that I kind of feel them in my throat when they go down, so that is the sensation that I do enjoy, which is probably part of the vomiting as well, that it feels good.”

“I think ADHD could be linked editing disorder like it just kind of made sense, it’s like the impulsiveness”

\*These quotes come from people with lived experience. You may relate to some and not others, everyone’s experience is different.

# Support options you can try or ask for during your eating disorder treatment

If you are, or think you might be neurodivergent, you have the right to ask for support that fits how your brain works. It may take some trial and error to find what helps you most and not all tips here will work for everyone. But it is okay to try things and go at your own pace.

## 1. Sensory Processing:

Smells, textures, sounds, lighting, or busy environments can affect appetite and increase distress for neurodivergent people. Small adjustments can make mealtimes and daily routines more manageable.

### Practical Strategies:

- Try calmer, quieter mealtimes and reduce strong smells or “too many” textures
- If you need stimulation, varied flavours or textures may feel more engaging
- Use familiar “safe foods” while introducing new foods gradually
- Use sensory supports such as fidgets, weighted items, or soothing textures
- Ground your body by feeling your feet on the floor or holding something solid
- Ask about sensory adjustments during your appointments, such as dimmer lighting, different seating, or using sensory or fidget items



## 2. Emotions and overwhelm

Being neurodivergent and having an eating disorder can make daily tasks feel difficult and exhausting. Developing tools to understand your emotions, tolerate distress, and reduce overwhelm can support recovery.

### Practical strategies:

- Pause and breathe: slow your breathing (for example, in for 4, out for 6)
- Name what you're feeling: “I feel overwhelmed / anxious / angry”
- Ask for time: it is okay to say “I need a moment”
- Take a short break or step away if you can
- Use an [emotion wheel](#) to help name and understand feelings
- Try distress tolerance skills (simple tools to help get through intense emotions). Some people find these helpful, and short guides are [available online](#)
- Break tasks into smaller steps and set small, achievable goals



### 3. Routine, time, and energy

Neurodivergent people may struggle to start, stop, or shift between tasks, lose track of time, or miss meals outside of routines. Equally, some neurodivergent people may find change, uncertainty, or lack of clarity very stressful or overwhelming.

#### Practical strategies:

- Use ready meals, frozen meals or prepared ingredients for low-energy days
- Set regular phone reminders for meals, medication, appointments, and self-care
- Use your smart speakers such as Alexa Routines
- Tie meals to routines (for example, meals after medication or before an activity)
- Ask for predictable sessions, clear agendas, and clear goals during your treatment
- Within treatment, ask for breaks, shorter sessions, and written summaries if these help



## 4. Communication

Neurodivergent people may be misunderstood by others, and may also misunderstand others. Clear communication can reduce distress and help you feel more supported.

## Practical Strategies:

- Use a communication passport (a short document about sensory needs, communication preferences, and helpful support) to share with others
- Ask for concrete, clear language with short, direct sentences
- Ask for information to be written down or supported by visuals (written summaries, trackers, mind maps)
- Invite others to check they understood you correctly
- Ask for help returning to the topic if you go on tangents or lose your train of thought
- Share how your neurodivergence affects you, if you feel safe to do so



## We spoke with people about what felt helpful during eating disorder recovery. Many people said it was normal to not know what might help at first:

“I have found being really upfront with people right away, that's just like look, I'm autistic, I've got ADHD, I might communicate in this way or whatever- I just disclose like as soon as I can and I do find that does generally help.”

“One of my strengths is communicating in different ways like do we have to sit and talk about this, or could we draw out or could we think about that slightly differently?”

“I will need a picture or diagram if you are going to give me a lot of information about my treatment”

“I think that the sensory-stimulus seeking behaviour needs to be incorporated into treating eating disorders”

\*These quotes come from people with lived experience. You may relate to some and not others, everyone's experience is different.

## Where to find further support

Many people with eating disorders say they feel alone at times, particularly if they are also neurodivergent. Finding additional sources of support can help you feel understood.

**The resources below may offer extra support, information, or connection alongside your treatment:**

- BEAT's POD (Peer Support and Online Development): A safe online space to learn about eating disorders, build skills, and connect with others. It offers short courses, workshops, and forums to share experiences and feel less alone.



[www.beateatingdisorders.org.uk](http://www.beateatingdisorders.org.uk)

- PEACE Pathway: Offers an online forum, Facebook group, and wider peer-support communities as well as a range of resources.

 **PEACE** [www.peacepathway.org](http://www.peacepathway.org)

**Many people find these communities helpful for sharing experiences, gaining reassurance, and feeling understood. Reaching out for support is one way of looking after yourself.**

# Further Reading

## 1. Conceptualising Eating Disorders Through a Neurodiversity Lens

Abdelnour, E., Jansen, M. O., & Gold, J. A. (2022). ADHD diagnostic trends: Increased recognition or overdiagnosis? *Missouri Medicine*, 119(5), 467–473.

Adamson, J., Kinnaird, E., Glennon, D., Oakley, M., Burhouse, A., & Tchanturia, K. (2020). Carers' views on autism and eating disorders comorbidity: Qualitative study exploring experiences with clinical services. *Frontiers in Psychiatry*. Advance online publication. <https://doi.org/10.3389/fpsyg.2020.00640>

Adamson, J., Kinnaird, E., Glennon, D., Oakley, M., & Burhouse, A. (2020). Carers' views on autism and eating disorders comorbidity: Perspectives from carers. *BJ-Psych Open*. (PMCID: PMC7331083).

Asaria, A. (2025). Improving eating disorder care for underserved groups: A lived experience and quality improvement perspective. *Journal of Eating Disorders*, 13(1), Article 11.

Karjalainen, L., et al. (2016). Eating disorders and eating pathology in young adult and adult patients with ESSENCE. *Comprehensive Psychiatry*, 66, 79–86.

Keller, J., et al. (2024). The overlap of disordered eating, autism and ADHD: Emerging evidence and key clinical questions. *Current Psychiatry Reports*.

Tchanturia, K. (2022). What we can do about autism and eating disorder comorbidity. *European Eating Disorders Review*, 30(3), 339–346.

## 2. Lived and Embodied Experiences of Neurodivergent People With Eating Disorders

Babb, C., et al. (2021). "It's not that they don't want to access the support. It's the impact of the autism": The experience of eating disorder services from the perspective of autistic women, parents and healthcare professionals. *Autism*, 25(5), 1409–1421.

Kinnaird, E., Norton, C., Stewart, C., & Tchanturia, K. (2019). Eating as an autistic adult: An exploratory qualitative study. *PLOS ONE*, 14(8), e0221937.

Kinnaird, E., Stewart, C., & Tchanturia, K. (2019). Same behaviours, different reasons: What do patients with co-occurring anorexia and autism want from treatment? *Psychology and Psychotherapy*, 92(3), 323–338.

Nimbley, E., et al. (2023). "It's not about wanting to be thin or look small, it's about the way it feels": Social and sensory experiences in autistic and non-autistic individuals with anorexia nervosa. *Journal of Eating Disorders*, 11, Article 81.

Makin, S., et al. (2025). Bingeing as an ADHD-related strategy: Neurodivergent experiences of bulimic-spectrum eating disorders. *Eating and Weight Disorders*.

Makin, S., et al. (2025). Regulating with food: A qualitative study of neurodivergent experiences in adults with binge eating disorder. *Journal of Eating Disorders*, 13.

## 3. Prevalence, Overlap, and Neurodevelopmental Risk

Huke, V., et al. (2013). Autism spectrum disorders in eating disorder populations: A systematic review. *European Eating Disorders Review*, 21(5), 345–351.

Nickel, K., et al. (2019). Overlap between eating disorders and autism spectrum disorder: A systematic review. *Frontiers in Psychiatry*, 10, 708.

Gesi, C., et al. (2017). Autistic traits in patients with anorexia nervosa, bulimia nervosa or binge eating disorder. *European Psychiatry*, 41, 46–52.

Sader, J., et al. (2024). The co-occurrence of autism and ARFID: A prevalence-based meta-analysis. *Journal of Autism and Developmental Disorders*.

Nazar, B. P., et al. (2016). The risk of eating disorders comorbid with ADHD: A systematic review and meta-analysis. *International Journal of Eating Disorders*, 49(12), 1045–1057.

NICE. (2024). Eating disorders: How common is it? National Institute for Health and Care Excellence.

#### 4. Underlying Mechanisms

Kaisari, P., Dourish, C. T., & Higgs, S. (2017). ADHD and disordered eating behaviour: A systematic review and framework for future research. *Clinical Psychology Review*, 53, 109–121. <https://doi.org/10.1016/j.cpr.2017.03.002>

Levin, R. L., & Rawana, J. S. (2016). ADHD and eating disorders across the lifespan. *Clinical Psychology Review*, 50, 22–36. <https://doi.org/10.1016/j.cpr.2016.09.010>

Norton, B., et al. (2024). Overlap of eating disorders and neurodivergence: The role of inhibitory control. *BMC Psychiatry*, 24, Article 454. <https://doi.org/10.1186/s12888-024-05837-6>

Fernández-Aranda, F., et al. (2013). ADHD symptomatology in eating disorders: A secondary psychopathological measure of severity? *BMC Psychiatry*, 13, Article 166. <https://doi.org/10.1186/1471-244X-13-166>

Ptacek, R., et al. (2016). ADHD and disordered eating behaviors: Links, risks, and challenges. *Neuropsychiatric Disease and Treatment*, 12, 571–579.

Makin, S., et al. (2025). Regulating with food.

#### 5. Treatment Fit, Outcomes, and Neurodiversity-Affirming Adaptations (Why “non-response” often reflects poor fit, not poor motivation)

Asaria, A. (2025). Improving eating disorder care for underserved groups. *Journal of Eating Disorders*, 13(1), Article 11.

Li, Z., et al. (2022). Autistic characteristics in eating disorders: Treatment adaptations and impact on clinical outcomes. *European Eating Disorders Review*, 30(3), 347–359. <https://doi.org/10.1002/erv.2875>

Li, J., Chubinidze, D., Croft, P., Webb, J., Sarpong, A., Zesch, E., & Tchanturia, K. (2024). “Don’t talk to me like I am an illness”: Exploring patients’ needs using the communication passport in an eating disorder service. *Neuropsychiatrie*. Advance online publication. <https://doi.org/10.1007/s40211-024-00501-7>

Namimi-Halevi, C., et al. (2023). ADHD and disordered eating in adolescents (Pre-print). *Pediatric Research*. <https://doi.org/10.1038/s41390-023-02925-3>

Nimbley, E., et al. (2024). Impact of eating disorder treatment in autistic people and those with high autistic traits: A mixed-method systematic review. *International Journal of Eating Disorders*, 57(2), 231–249. <https://doi.org/10.1002/eat.24311>

O’Nions, E., et al. (2025). Life expectancy and years of life lost for adults with diagnosed ADHD in the UK. *British Journal of Psychiatry*, Advance online publication. <https://doi.org/10.1192/bjp.2024.199>

Parsons, S. (2023). Autism diagnosis in females by eating disorder professionals. *Journal of Eating Disorders*, 11, Article 64. <https://doi.org/10.1186/s40337-023-00785-0>

Ruiz Feliu, M., et al. (2022). Presence and influence of ADHD symptoms in adults with an eating disorder. *Anales del Sistema Sanitario de Navarra*, 45(1), e0984.

Soutullo, C. A., & Babatope, T. T. (2022). ADHD and eating disorders: An overlooked comorbidity? *Anales del Sistema Sanitario de Navarra*, 45(1), e0994.

Tchanturia, K., Chubinidze, D., Duffy, F., Nimbley, E., Li, Z., & Holliday, J. (2025). Implementation insights from the PEACE pathway across UK eating disorder services. *Nutrients*, 17(9), Article 1532. <https://doi.org/10.3390/nu17091532>

Tchanturia, K. (Ed.). (2021). Supporting autistic people with eating disorders: A guide to adapting treatment and supporting recovery. Jessica Kingsley Publishers.

Testa, G., et al. (2020). Does ADHD symptomatology influence treatment outcome and dropout risk in eating disorders? *Journal of Clinical Medicine*, 9(7), 2305. <https://doi.org/10.3390/jcm9072305>

## 6. Biology of Neurodiversity

Ecker, C., Bookheimer, S. Y., & Murphy, D. G. M. (2015). Neuroimaging in autism spectrum disorder: Brain structure and function across the lifespan. *The Lancet Neurology*, 14(11), 1121–1134.

Faraone, S. V., Perlis, R. H., Doyle, A. E., Smoller, J. W., Goralnick, J. J., Holmgren, M. A., & Sklar, P. (2005). Molecular genetics of attention-deficit/hyperactivity disorder. *Biological Psychiatry*, 57(11), 1313–1323.

Rubia, K. (2018). Cognitive neuroscience of ADHD and its clinical translation. *Frontiers in Human Neuroscience*, 12, 100.

Thapar, A., Cooper, M., Eyre, O., & Langley, K. (2013). What have we learnt about the causes of ADHD? *Journal of Child Psychology and Psychiatry*, 54(1), 3–16.

Tick, B., Bolton, P., Happé, F., Rutter, M., & Rijsdijk, F. (2016). Heritability of autism spectrum disorders. *Journal of Child Psychology and Psychiatry*, 57(5), 585–595.

## 7. Neurodivergent Screening

Allison et al. 2012. Toward brief “red flags” for autism screening: the short autism spectrum quotient and the short quantitative checklist in 1,000 cases and 3,000 controls.

Kessler et al. 2005. The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population..

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