

Broadening the Scope: Neurodivergence in Binge-Type Eating Disorders

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Why broaden the scope?



PEACE pathway
currently does
not cater to
ADHD



Autism is under-
researched in
Binge-type EDs



Aiming to plug
this gap

REVIEW OPEN ACCESS

Autism, ADHD, and Their Traits in Adults With Bulimia Nervosa and Binge Eating Disorder: A Scoping Review

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ABSTRACT

Objective: This review maps existing literature on the prevalence of autism and ADHD in adult patients with Bulimia Nervosa (BN) and Binge Eating Disorder (BED); patient and stakeholder perspectives on this comorbidity; clinical differences in this population; and potential treatment adaptations or adjunct therapies. This is with the aim to inform future research priorities to improve clinical practice.

Method: As pre-registered, and following PRISMA guidelines, six databases (Embase, MEDLINE via Ovid, PsycINFO, Web of Science, CENTRAL, and Scopus) were searched for studies regarding autism and/or ADHD (diagnosed, probable, or traits) in adult patients with BN or BED. Screening and data extraction were conducted twice independently for each record.

Results: Twenty-nine studies were included, with 25,416 participants, mostly women (69.3%). Thirteen prevalence studies suggested autism and ADHD are more common in BN or BED than non-ED populations. One study explored the expert perspectives on autism and ADHD in BED, while 15 studies considered treatment options, mainly medications.

Conclusion: This review highlights a need for more research on the experiences, clinical differences, and non-medical treatment options for Autistic/ADHD patients with BN or BED. Findings suggest these conditions commonly co-occur but remain under-explored in terms of patient-centred interventions and clinical outcomes.

1 | Introduction

Neurodevelopmental conditions, such as autism spectrum disorder (autism) and attention-deficit/hyperactivity disorder (ADHD), may be more prevalent among individuals with eating

disorders (EDs) than in the general population (Nickel et al. 2019; Parsons 2023). This comorbidity presents unique challenges in the clinical presentation, diagnosis, and treatment of EDs in these individuals (Tchanturia 2022). However, research has predominantly focused on autism and anorexia nervosa (AN), with limited

Prevalence

Clinical differences

Interventions

Lived experiences

Prevalence

Autism

- Not many large, good quality studies
- But in most studies, people with BN & BED had higher levels of autistic traits than those without EDs

ADHD

- 15% of people with BN & 10% of people with BED have ADHD, compared to 6% in the general population
- ADHD traits are more common in people with BN & BED than in AN-R
- ADHD traits may slightly decrease in people with BN or BED who recover

Clinical differences

Autism

- No studies on the differences between Autistic and non-autistic patients with BN/ BED

ADHD

- No studies in BN/ BED, but can turn to the Obesity literature...
- ADHD patients: ↑ alexithymia, anxiety, binge eating, bulimia, depression, emotional dysregulation, food addiction, food cravings, problematic alcohol use
- Treatment responses: ↓ protocol adherence, treatment outcomes (eating and weight changes)

Interventions

Autism

- No interventions or adaptations developed specifically for BN/ BED patients

ADHD

- Stimulant medications (e.g. MPH, LDX) have been successful in treating ADHD patients with BN & BED
- Brain wave entrainment techniques have also been piloted, showing preliminary, partial success
- No psychotherapies or other adaptations have been assessed

Lived experience perspectives

Autism

- No studies looking at the experiences & perspectives of patients with BN or BED, their carers, or their clinicians

ADHD

- No studies

We're aiming to rectify this...

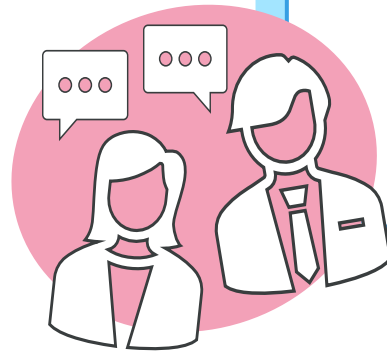
Lived experience perspectives

We interviewed 12 SLaM patients
& 1 volunteer participant

Adults (18+)

Autism/ADHD (self-identified or
ASRS>3/AQ-10>5)

Lived experience of **BN & treatment**



Lived experience perspectives

n=13

Ave age = 29 years

85% women, 77% white, 69% heterosexual

100% ADHD, 46% autism

Theme 1

Uncertainty & ambivalence around neurodivergence

“actually, it's nice to know that I'm not just a weird person, you know” -011

*“I don't know because I **don't** have **ADHD**. I don't know. Well, I **do** have **ADHD**, but I don't know.” -009*

*“I know that it might be like a **chicken & egg situation**, [...] as in like it might just be the eating disorder” -003*

Theme 2

BN as a coping response to neurodivergence-related difficulties

*“Sometimes my brain is so **chaotic** that the **only thing that stops it** for even a little while is **eating**” – 006*

*“I usually try to binge foods that are like **big chunks** that I can swallow big, like large chunks, so that they kind of **fill my throat when they go down** so that is the **sensation** that I do **enjoy**, which is why, probably part of the **vomiting** as well then kind of that it **feels good**.” – 005*

*“It comes when I'm **bored** or when I have to do something that I **don't want to do** because obviously then after vomiting, it usually gives me like an **adrenaline spike**. So then I'm able to **do the things** that I didn't want to do because I go into kind of like an active mode afterwards.” -005*

Theme 2

BN as a coping response to neurodivergence-related difficulties

*“I think for **ADHD** people there's a very huge connection to **addictive behaviours** and **food** has that kind of quality or role in their lives because sometimes **when my cravings take over**, there's literally nothing, nothing I wouldn't try, that would have changed it.” – 005*

*“I suddenly encountered a world where **it wasn't OK to be me with my differences**. So then that's kind of when all my mental health problems and stuff started, and **my eating disorder started**” – 001*

Theme 3

Importance of **neuro-informed, personalized, & structured** care

*“just having an **awareness** of, I think especially with ADHD, because [...] it's so **different** in so many **people**” -007*

*“being **responsive** towards the person in front of you & like **adapting** things & **communicating** in a way that the person can receive” -001*

*“I think there's definitely, at least for me, like a **need for structure**” -003*

Summary of findings so far

Prevalence

- Autism & ADHD are overrepresented

Lived experience

- Ambivalence & uncertainty about their neurodivergence & link to ED

Causal mechanisms

- Emotional overwhelm, irregular eating, sensory-seeking, obsessive thinking, impulsivity, social disconnect, & minority stress

Treatment

- Poorer adherence and outcomes
- Neuro-informed, personalised, & structured ED care
- Stimulants or brain wave entrainment

What's the long-term goal?

Develop an intervention which:

- Supports positive neurodivergent identity development
- Educates on autism & ADHD links to binge-type EDs
- Targets emotional overwhelm, sensory-seeking, obsessions, impulsivity, rigidity, and social disconnect
- Is structured & routine-based but with optional adaptations



Why?

01

Improve early
identification of
Autism & ADHD

02

Increase
treatment
efficacy &
adherence

03

Increase
satisfaction &
engagement from
patients & carers

04

Increase clinician
confidence

What next?

- Assess Autism prevalence & clinical associations in BN
 - & ADHD prevalence & clinical associations in BN

- Interview Autistic & ADHD patients with BED
 - & ADHD adults from the community about their eating

- Interview Clinicians working with patients with BN or BED

- Develop resources from interviews & consult stakeholders

Research Participants Wanted!

Are you Autistic or ADHD?

Have you experienced Binge Eating Disorder?

- ✓ Must be 18+
- ✓ Diagnosed or self-identified Autism or ADHD
- ✓ Previously or currently diagnosed with Binge Eating Disorder
- 🗣️ 1-hour confidential interview (online or messaging)
- 💷 £25 thank you voucher

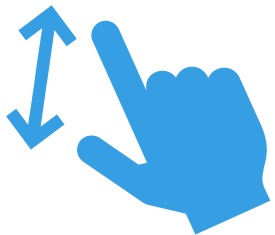
Help shape better support and treatment!

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Conclusion

Expanding the PEACE
Pathway is crucial to
meet the needs of
Autistic & ADHD
individuals with BN &
BED



Comprehensive care &
tailored interventions can
bridge gaps & improve
outcomes



Collaboration with
clinicians & patients will
be key to driving this
project forward



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Main collaborators



Elisa Zesch



Adia Meyer

References

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