PEACE

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

# Caring in context:

## A neurodiversity-informed guide to supporting someone with an eating disorder.

## About this guide:

Caring for someone with an eating disorder can be emotionally challenging. When neuro-divergence is also part of the picture, the caring experience can feel even more complex.

Many carers face feelings of uncertainty, exhaustion, and fear of “getting it wrong”. These feelings are completely understandable.

This guide was coproduced in collaboration with people from both neurotypical and neurodivergent communities, including individuals with lived experience of eating disorders as well as clinical and research team.

Our aim was to support care givers who may need resources and a toolkit to help their care receivers in the recovery journey from an eating disorder.

## In this guide, you will find:

## What is neurodivergence?

Neurodivergence describes the natural differences in how people's brains work, process information, and experience the world.

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

These differences can affect how someone communicates, learns, processes sensory information, manages emotions, or interacts with others.

Neurodivergence can bring both strengths and challenges, and each person's experience is unique.

Using the term **neurodivergent** helps us recognise and respect these diverse ways of being and reminds us that support may need to be adapted or offered in different ways so that it can be received in the spirit it is given.

Autism and ADHD are both often considered to be forms of neurodivergence, and also commonly co-occur (this is known as 'AuDHD').

# Recognising common signs

**Common autistic traits include, but are not limited to:**

- Difficulties with social situations, social fatigue, or choosing to mask
- Preference for predictability, routine, and sameness.
- Deep focus on specific interests or activities
- Challenges with starting, stopping, or shifting between tasks.
- Sensory sensitivities or strong reactions to sensory input (such as sound or texture)
- Differences in noticing or interpreting internal body signals (like hunger or fullness)
- Overwhelm that may lead to outward distress or shutdowns

**Common ADHD traits include, but are not limited to:**

- Finding it hard to focus on some tasks
- Experiencing periods of deep focus or hyperfocus (intense, prolonged focus)
- Acting quickly or finding it hard to pause before responding
- Feeling mentally or physically restless
- Challenges with planning, organising, or keeping track of time
- Emotions that shift quickly or feeling easily overwhelmed

# Screening for autism and ADHD

Some people already have an autism or ADHD diagnosis, while others show signs but remain unassessed due to long waiting lists.

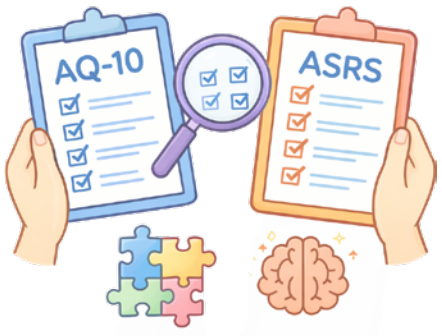
**Neurodivergent needs matter regardless of diagnosis.**

A clinician can use two short screening tools to help explore this:

- AQ-10 (Autism Spectrum Quotients) – screens for Autistic traits

- ASRS (The Adult ADHD Self-Report Scale) – screens for ADHD traits

These tools are not diagnostic, but they can help identify whether a full neurodivergence assessment might be helpful.



# The biology of neurodivergence

ADHD and autism are neurodevelopmental differences with strong genetic and biological foundations. They are not caused by parenting style, life events, or personal failure.

Both ADHD and autism are highly heritable. ADHD is estimated to be around 70–80% heritable, meaning it often runs in families. Around 10–35% of first-degree relatives and about 30% of siblings may also show ADHD traits or have a diagnosis. Autism shows similarly high heritability, often estimated between 60–90%, with siblings of autistic individuals having a substantially increased likelihood of being autistic or showing autistic traits.

Brain imaging research supports this understanding. Studies show that people with ADHD tend to differ in brain networks involved in attention, impulse control, and emotional regulation, while autistic people show differences related to sensory processing, social cognition, and brain connectivity. These findings reflect natural differences in brain development and functioning, not brain damage or illness.

Understanding neurodevelopmental differences helps move care away from blame and towards supportive, needs-based approaches. Difference does not mean deficit, but many individuals benefit from understanding, adaptations, and ongoing support that reflect how their brain works.

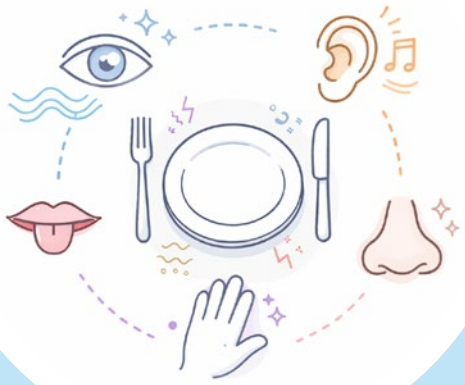
To learn more about brain differences in autism and anorexia nervosa, see our short guide **About the Brain: Autism and Eating Disorders**, available at: www.peacepathway.org/download/60

# How can neurodivergence affect eating disorders?

Eating disorders and neurodivergence often co-occur. It is important to understand that eating disorders may present differently in neurodivergent individuals. They may be influenced by sensory sensitivities or sensory seeking, differences in thinking or planning, and anxiety or overwhelm. These patterns are NOT signs of “non-compliance”.

**Research shows that:**

- ADHD affects approximately 15–58% of people with bulimia nervosa and 10–36% of people with binge eating disorder.
- Around 20–35% of people with anorexia nervosa are autistic or show high autistic traits. Overall, about 10–20% of people with an eating disorder are autistic.
- Understanding these links helps reduce blame for both carers and the person they support.



## How can autism influence eating disorders?

Autistic individuals often experience heightened sensory sensitivities, a strong preference for predictability, and differences in identifying internal body cues.

These differences can shape eating in many ways. Some individuals may struggle to notice when they are hungry or full. Others may feel safest eating a very limited range of foods because certain textures, smells, or tastes are overwhelming. Familiar routines around meals can be comforting, while social eating or unexpected changes to mealtimes may be distressing.These experiences are not a choice, but reflect how the world is perceived and processed.

Social and communication differences can also make peer interactions more challenging. Being misunderstand, judged, or excluded can lead to emotional distress. Many autistic people mask or camouflage their differences to fit in, which can be exhausting and may affect self-esteem and sense of identity.

A lack of understanding, appropriate accommodations, or social acceptance can increase vulnerability to eating disorders. For some individuals, controlling food or weight may become a way of coping, feeling in control, or seeking acceptance.

Delays in recognising or diagnosing autism can make these challenges harder to navigate. In contrast, understanding one's autistic identity can support self-compassion, reduce self-blame, and help individuals and families access more appropriate, needs-based support.

## ...And what about ADHD?

ADHD is often associated with impulsivity, heightened or shifting emotions, and difficulties with planning and completing tasks.

Many people with ADHD may forget to eat for long periods and find it hard to maintain regular mealtimes. Difficulties with planning, shopping, or preparing food can also lead to missed or insufficient meals.

Like autistic individuals, people with ADHD find it harder to notice hunger and fullness cues, especially when hyperfocusing, and may avoid certain foods due to sensory sensitivities.

Some individuals with ADHD may also eat quickly to manage emotions or silence racing thoughts, or eat when bored or under-stimulated, seeking stimulation or comfort through food. Or seek strong or complex flavours as a way of stimulating their sensory system and supporting regulation.

Furthermore, difficulties managing daily demands, such as school, work, or social situations, can contribute to emotional distress and lower self-esteem. When understanding, appropriate accommodations, or social acceptance are lacking, stress can increase, and some individuals may use changes in eating as a way of coping or self-soothing.

Delays in recognising or diagnosing ADHD can make these difficulties harder to navigate. In contrast, understanding one's ADHD can support self-compassion, reduce self-blame, and help individuals and families access more appropriate support.

# Different ways to offer support

Supporting a care recipient with regular, structured eating works best when done collaboratively. It may take some trial and error to find what works best for both of you.

**1. Sensory Processing:**

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

**Practical Strategies:**

- For some autistic individuals, calmer and quieter mealtimes and reducing strong smells or textures can help
- For some people with ADHD, meals with varied flavours and textures may be more engaging
- Allowing familiar “safe foods” while introducing new foods gradually
- Providing sensory items such as fidgets, weighted objects, or soothing textures

# Different ways to offer support:

**2. Emotion Regulation:**

Carers can help by providing a steady presence, gentle reminders and calm support.

**Practical Strategies:**

- Use **ALVS** to respond to distress:

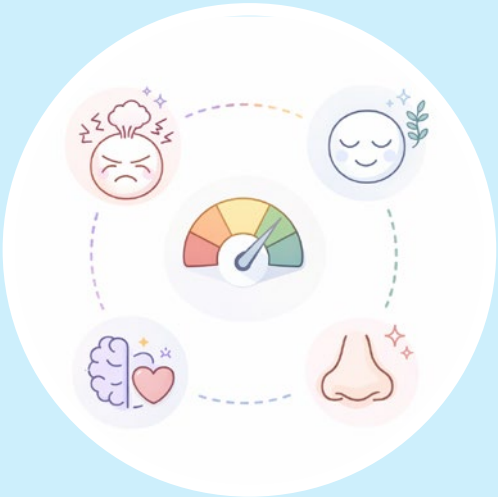
  **Attend** - give full attention

  **Label** - name what you notice e.g. “you seem overwhelmed”

  **Validate** - acknowledge feelings without arguing. Example of validation: “I understand you feel scared about the oil in this meal and how it might affect your body’ **vs** Minimising or arguing: “there’s hardly any oil in there” or “you just need to eat it”

  **Soothe** – support calming or regulation

- Simple emotion-regulation tools can help, distress-tolerance strategies, emotion wheels, or taking short breaks when things feel overwhelming.



# Different ways to offer support:

**3. Executive Functioning**
**(the brain management system):**

Neurodivergent people may struggle to start, stop, or shift between tasks, lose track of time, or miss meals outside their routine. Carers can help by supporting with gentle reminders

**Practical Strategies:**

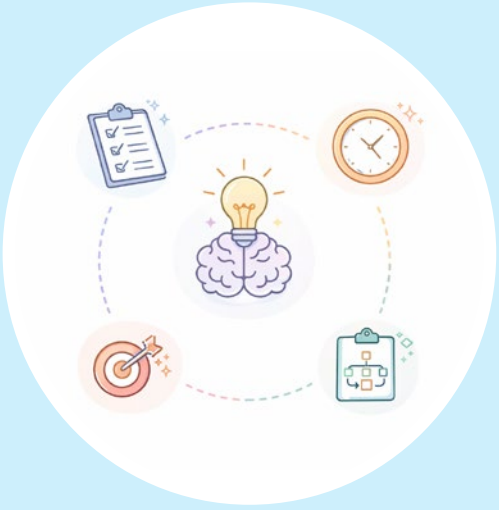
- Using predictable routines with consistent mealtimes and locations, gentle warnings before change, and a slower pace during heightened distress.

  Example: Dinner at 6pm each day, with a reminder at 5.45pm “Dinner will be ready in 15 minutes.”

- Encouraging your care receiver to set external reminders on their phone, or smart speakers

- Offering a chart of meal options to reduce overwhelm when deciding what to eat

- Breaking tasks into smaller steps and setting small, co-created achievable goals.



# Different ways to offer support:

**4. Communication**

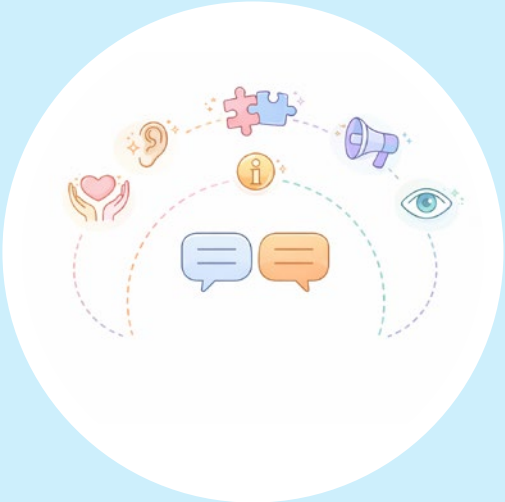
Neurodivergent people may sometimes misunderstand others, and may also be misunderstood themselves. Clear, consistent communication can help reduce distress and support trust.

**Practical Strategies:**

- Using concrete, clear language with short, direct sentences. Example: “Your care plan says you can exercise up to 30 minutes. It’s time to stop.”
- Checking understanding, rather than assuming. Example: “What did you hear me say?”
- Using visual aids to support understanding or follow-through. Example: Written summaries, mind maps, or trackers.
- Consider a communication passport, a simple document that outlines sensory needs, helpful support, and preferred communication styles.

  This can also be shared with clinicians to reduce repetition and help communication feel safer and clearer.

  To download a printable communication passport visit: www.peacepathway.org



# Where to find support for you

Carers often describe feeling left on their own when supporting a neurodivergent person with an eating disorder. Some say that services did not fully understand or address the extra challenges linked with neurodiversity, leaving families to take on most of the responsibility themselves. This pressure can affect their routines, energy, and sense of identity beyond being a carer. As a result, many feel worn out, frustrated, and isolated.

**There are several places carers can turn to:**

- 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

- New Maudsley Carers: Offers practical support for carers of people with eating disorders, including workshops and resources that help with communication, managing difficult moments, and feeling more confident in supporting recovery.

  www.newmaudsleycarers-kent.co.uk

- F.E.A.S.T. (Families Empowered and Supporting Treatment of Eating Disorders): A carer-led community providing online support groups for carers and siblings, forums including Around the Dinner Table, Facebook groups, dedicated spaces for male caregivers, one-to-one email guidance, and a 10-week mentorship programme.

  FEAST www.feast-ed.org

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

  PEACE www.peacepathway.org

Carers often describe these communities as validating spaces where neurodivergent needs are recognised, lived experience is valued, and they can talk openly without judgement. Emotional and informational support from these communities can reduce overwhelm, promote problem-solving, and improve collaboration with healthcare teams.

**Remember: you are not alone. Seeking support for yourself is just as important as supporting someone else.**

# 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/fpsyt.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 (Preprint). 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..

---

PEACE

www.peacepathway.org

**PEACE Pathway team:**
**Ayse Gundogan** (MSc, researcher with lived experience)
**Lauren Makin** (PhD student, King’s College London)
**Madeleine Oakley** (Carer with lived experience, family psychotherapist)
**Dimitri Chubinidze** (Postdoctoral researcher, King’s College London)
**Jenny Cobden** (MSc student and design practitioner)
**Danielle Glennon** (Consultant Psychotherapist & Nurse, South London & Maudsley NHS Foundation Trust)
**Professor Kate Tchanturia** (Professor of Psychology in Eating Disorders, King’s College London)

This resource was co-produced by the **PEACE Pathway team** and developed in consultation with **Professor Janet Treasure**.

## Find us on:

@PEACE Pathway
@peace-pathway
@peacepluspathway
www.peacepathway.org
peaceplus.pathway@gmail.com

KING’S College LONDON

One King’s Impact

NHS South London and Maudsley NHS Foundation Trust