

# Autism and eating

## Hub Presentation Adult Autism Service



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## Autism and Eating

This session will cover:



- ▶ The importance of a healthy diet
- ▶ How eating disorders may overlap with autism
- ▶ Sensory issues and how they may impact
- ▶ Interoception: 'The hidden sense'
- ▶ How our executive functioning may contribute to our eating
- ▶ Strategies to consider

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## Why is a healthy diet important?

A healthy diet is essential for good health and nutrition. It protects you against many chronic noncommunicable diseases, such as heart disease, diabetes and cancer.



- ▶ May help you live longer.
- ▶ Keeps skin, teeth, and eyes healthy.
- ▶ Supports muscles.
- ▶ Boosts immunity.
- ▶ Strengthens bones.
- ▶ Lowers risk of heart disease, type 2 diabetes, and some cancers.
- ▶ Supports healthy pregnancies and breastfeeding.
- ▶ Helps the digestive system function.
- ▶ It gives you energy, helps you grow and your body repair

## What is an eating disorder?



- Eating disorders are characterised by persistent disturbance of eating or eating-related behaviour which leads to altered intake or absorption of food and causes significant impairment to health and psychosocial functioning. (NICE)
- An eating disorder is a mental health condition where you use the control of food to cope with feelings and other situations. (NHS)

## How common is disordered eating?

- BEAT estimate that around 1.25 million people in the UK (1 in 50) have an eating disorder
- Eating disorders are complex and anyone, regardless of age, gender, ethnicity or background, can develop one
- Studies suggest around 25% of people with eating disorders are male
- We do not know how common eating disorders are for autistic people. Some research suggests between 4% to 23% of people with an eating disorder are also autistic (NAS)
- Many autistic people eat restricted diets. This would not be considered an eating disorder unless it is significantly affecting their everyday lives

### You may be more likely to develop an eating disorder if you have:

- a family history of eating disorders, depression, or alcohol or drug misuse
- been abused
- been repeatedly criticised for your eating habits, body shape or weight.

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# Some types of eating disorders

**ARFID**- Avoidant restrictive food intake disorder, more commonly known as ARFID, is a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.

**Anorexia** (or anorexia nervosa) is a serious mental illness that can cause individuals to limit how much they eat or drink. As well as limiting how much they eat, they may do lots of exercise, make themselves sick, or misuse laxatives to get rid of food eaten. Some people with anorexia may experience cycles of bingeing (eating large amounts of food at once) and then purging.

**Bulimia**- People with bulimia are caught in a cycle of eating large quantities of food (called bingeing), and then trying to compensate for that overeating by vomiting, taking laxatives or diuretics, fasting, or exercising excessively (called purging).

**Pica** - is a feeding disorder in which someone eats non-food substances that have no nutritional value, such as paper, soap, paint, chalk, or ice. People with pica don't usually avoid regular food, meaning they may still be getting all the nutrients they need. However, some non-food items that they consume can be very dangerous

# What are the effects of an eating disorder?

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**Physical effects can vary between people and different disorders, but can include:**

- ▶ rapid weight loss
- ▶ feeling cold and weak
- ▶ difficulty concentrating
- ▶ irregular/no periods (for those who usually have periods)
- ▶ dizziness
- ▶ hair falling out
- ▶ nails cracking/turning yellow
- ▶ fast/irregular heartbeat.
- ▶ If you have an eating disorder you may be more likely to experience other mental health conditions such as anxiety and depression.
- ▶ Eating disorders can have very serious consequences and can result in hospitalisation. Read more about eating disorders on the [NHS website](#).
- ▶ Eating disorders can be very difficult to manage and cope with. You may have feelings of shame and guilt, and this might lead to strained relationships. It is important to get help and support.

# Why do some autistic people have issues with eating?

sensory differences related to food (including not recognising hunger or fullness, known as interoception)

food, counting calories and exercise becoming an intense interest/obsession, or being used to manage general anxiety levels

developing strict routines and rules around food and exercise that are very difficult to change

a need for control and familiarity (such as restricted eating)

using food to manage difficult emotions - made harder if you have alexithymia (difficulty recognising and understanding emotions).

## Autism and the impact on eating



Eating a varied diet is good for your health, but many people don't achieve this. Some autistic people have a restricted diet, eating only a limited range of food. Others may over-eat.

Some autistic people might be very sensitive to the taste, texture, smell, or appearance of certain types of food, or only able to eat foods at a certain temperature. This can lead to sensory-based avoidance or restriction of intake.

Autistic people may not always identify hunger, thirst or feeling full, leading to unhealthy eating patterns

Some research has shown that autistic people may “systematise” food, body shape or weight as part of a highly focused interest which can link into restricting food intake

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## (Avoidant Restrictive Food Intake Disorder)

- ▶ More recognised in the past few years as prevalent for autistic people

Can be due to:

- ▶ lack of interest in food
- ▶ Avoidance of food due to sensory sensitivities
- ▶ Fear of consequence of eating food (e.g. vomiting, choking or contamination etc)

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## How eating disorders for autistic people are different:



- ▶ Autism is lifelong neurodevelopmental difference - part of these differences are having sensory differences, a strong preference for repetition, routine and predictability. This can involve your eating habits.
- ▶ Disordered eating in autistic people is unlikely to be linked to peer pressure
- ▶ Eating disorders such as anorexia nervosa typically develop in teenage years and tend to be shorter term - also are motivated by a fear of getting fat or distorted body image.
- ▶ Autistic people may also experience food intolerances and IBS, resulting in the need to adjust diet.

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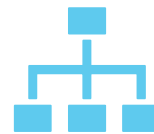


## Additional difficulties which can affect autistic people with eating disorders

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It can be more  
difficult for autistic  
people to find  
comfortable  
strategies to make  
changes in order to  
recover



organisational and  
practical issues- difficulty  
planning meals, shopping  
and preparing food.

## Sensory aspects of eating:



- ▶ A common myth is that that sensory difficulties are all about texture of food
- ▶ Consider the whole sensory experience
- ▶ Think about other factors that may not obviously present as sensory

# WHERE we eat



Is there a lot of background noise? Unpredictable noises or repetitive? Pitch and acoustics/volume conducive to eating? Is it frustrating to try and talk or listen at the same time as eating...how is this anxiety impacting on your ability to eat?



Is the environment visually busy? Eg posters/signs/electronic displays ? Lots of thoroughfare that is distracting? What is the light like? Too bright? Artificial? Too low? Is it uncomfortable eating in front of others so may tend to eat alone



Smells - of other people's food or of strong-smelling foods. Smells are closely linked with memory and emotion so can evoke strong responses



Is the food predictable? Do you know exactly what to expect?



Room temperature - comfortable or impacting on eating?

# Environmental changes



Find a quieter environment to eat (this doesn't necessarily mean on your own)



Consider noise muffling earbuds or a soundtrack you find relaxing to cut out unpredictable noise



Consider your positioning in the room - can you move to a place where you have your back to the thoroughfare (eg at work?)



Is your seating conducive to feeling relaxed but alert? - consider supportive but cushioned chair



Find an eating space that has a comfortable room temperature



A space where there is ventilation if smells are overpowering for you.

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# Sensory aspects of food



**Taste** - do you prefer bland foods because stronger flavours are overpowering? Does this fluctuate? For example do you think you can manage a mix of flavours or stronger flavours when you are in a quieter environment? Do you seek out stronger flavours and foods and find this helps cut out other sensory stimuli?



**Texture** - recognise which kind of textures are difficult for you, for example lumpy food, slimy food, bits in fruit drinks or yoghurts. This can often coincide with other tactile sensitivities. Can you mix textures of different foods? Eg in a sandwich. Is it difficult to manipulate the food in your mouth due to its consistency?



**Visual** - Are you sensitive to the colour of foods? Do you prefer your food in set position on the plate as this feels more predictable and safer? Are you sensitive to how your food is presented? Do you prefer processed food as you know exactly what to expect?



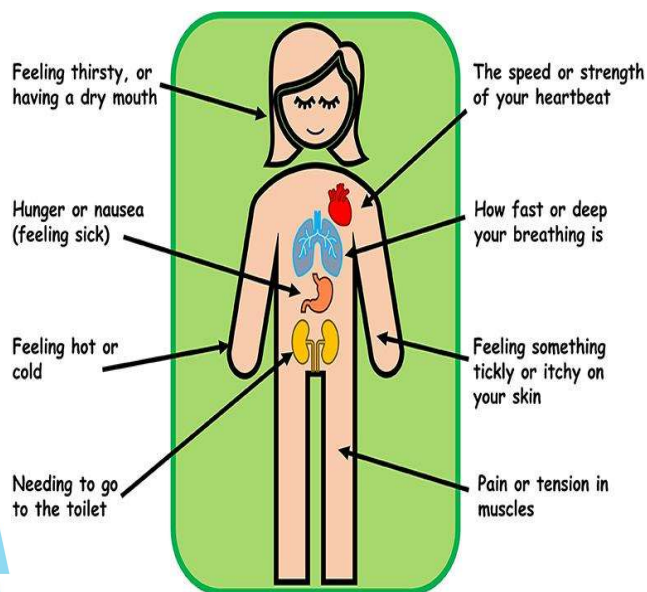
**Smell** - Consider the smell of your food but also other's and how it impacts on you.



**Hearing** - the sound of other's eating, even your own chewing (depending on the food) can be bothersome (eg squeaky or crunchy)

# Interoception

Our bodies are covered in special nerve receptors which send messages to our brain to tell us how we feel. This sense is called Interoception



Interoception is the perception of sensations within the body

Interoception is how we recognise feelings such as emotions, hunger, thirst, pain and temperature

Interoception has been defined as the 8<sup>th</sup> sensory system. It allows us to identify how we are feeling

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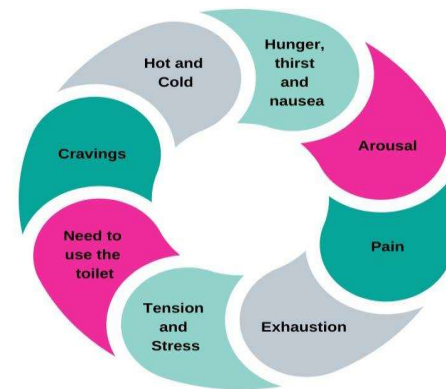


# Autism and interoception

Many autistic people have under or over sensitive interoception or have difficulty with interpreting these internal messages

**Interoception can also be affected by**

- ADHD
- Mental wellbeing
- Physical illness



- ▶ You may find it difficult to notice when you are hungry or thirsty.
- ▶ You may not notice when you have eaten enough food and always feel hungry
- ▶ You may not feel hunger unless it is very extreme
- ▶ If you do not recognise the signals for hunger or thirst, you are not able to respond to it

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# Interoception and impact on eating



- ▶ You may misinterpret internal sensations – confusing anxiety for hunger, resulting in over or under eating
- ▶ You may attribute sensations for a physical issue rather than being hungry or too full
- ▶ You may be oversensitive and feel distressed or unable to tolerate the feeling of being slightly full which may lead to restrictive eating
- ▶ You may be under sensitive, leading to not recognising hunger and therefore having no drive to eat or not recognising when full, so carry on eating.
- ▶ Emotional regulation is an important aspect of eating and therefore developing improved self-regulation is a key strategy for improved eating behaviours.

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## Interoception Building

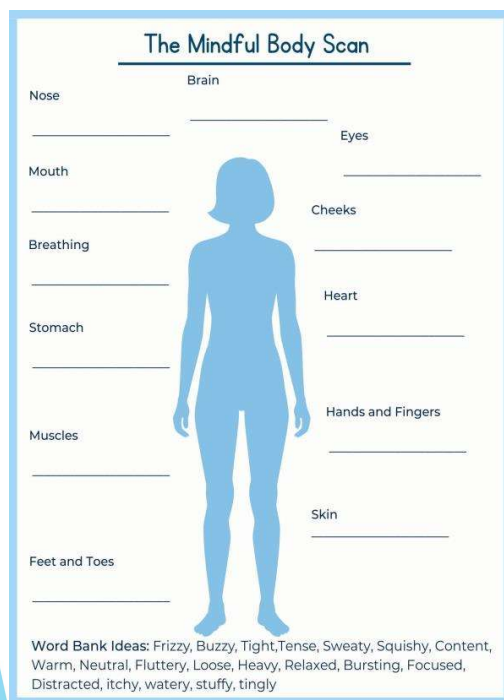


Timers (set timers for reminders to eat, drink, hydrate or use the bathroom).

- ▶ Establish a structured eating routine – this will help you strengthen the signals of hunger. Use visual timetables and timers to remind you when to eat or when to stop eating and drinking if you struggle to feel full. Consider using vibrating alarms/watches with prompts of mealtimes.
- ▶ You can use these strategies to meal plan accordingly if you feel hunger a lot more than usual.
- ▶ Use visual portion control plates to indicate how much food to put on your plate.
- ▶ Mindfulness helps us to tune into our bodies and recognise how we are feeling
- ▶ Developing a 'sensory diet' to help you to recognise how you are feeling and to help keep yourself regulated.

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# Interoception Building



Developing increased body awareness - little activities as part of your daily routine, ideally 2 to 3 times daily

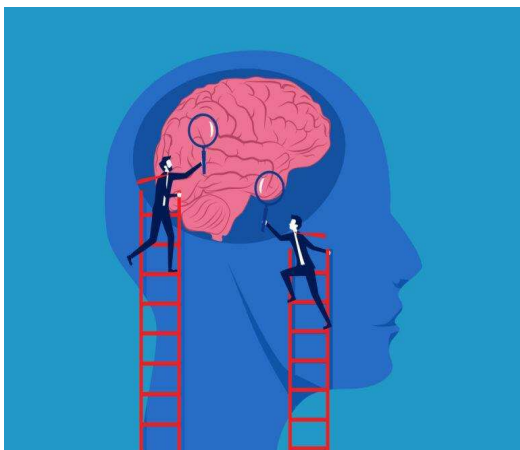
These are activities that are rich in PROPRIOCEPTIVE input (information we process through our muscles and joints)- see activity ideas in resources

Body scanning - tensing and relaxing our muscles - notice how different parts of your body feels - e.g. whether our hands/shoulders feel tight/tense/sore or relaxed and loose. Moving on to other parts of the body; facial muscles, the jaw

Practise body scanning first thing in the morning and ideally before settling for bed.

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# Consider When to eat?

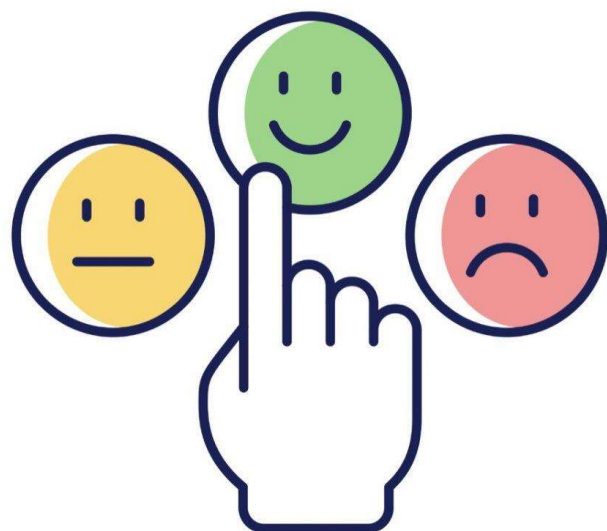


- ▶ When we are in our most regulated state our sensory sensitivities are less acute
- ▶ Consider when are you likely to feel most relaxed to eat – this will allow less sensitivity, greater likelihood that you pick up on internal signals of hunger and satiety
- ▶ Remember the importance of regular mealtimes to build up interoception signals so that you start to feel hunger
- ▶ Recognise that trying new foods or less tolerable foods will be more difficult if you are already stressed or anxious

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# Sensory Profiles- Traffic light systems

Recognise  
regulation

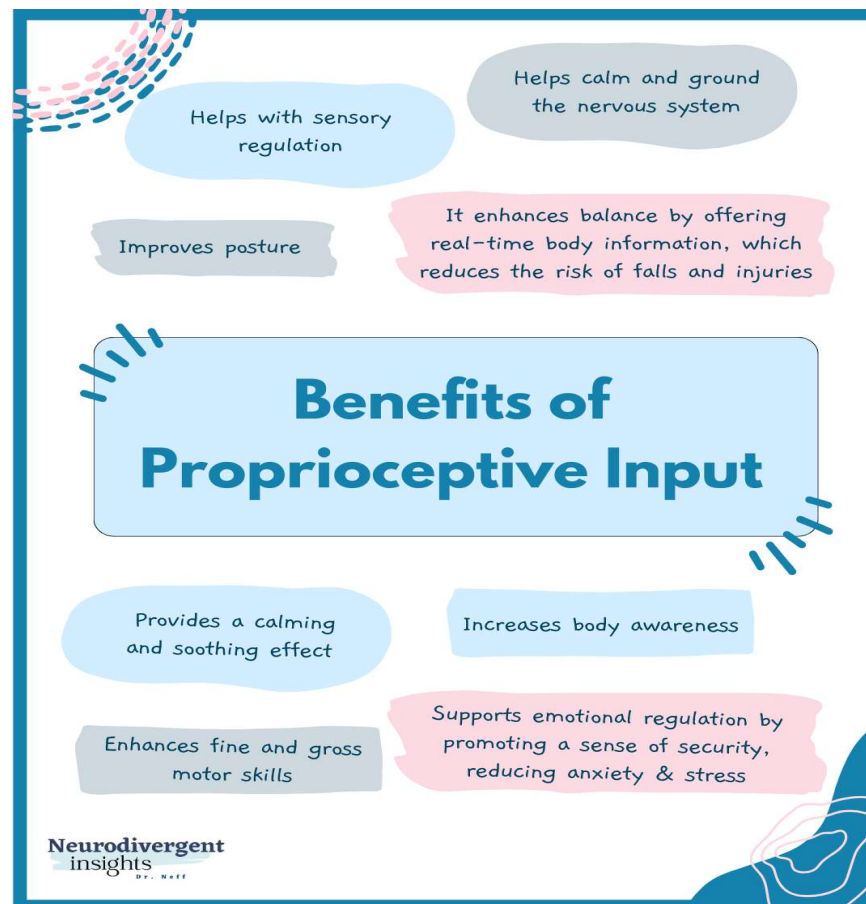


	What it looks/feels like	What I can do to feel better	What others can do to help me feel better	Triggers
RED	I look 'zoned out', I'm in freeze, I can't talk	I need de-stim time, I can rock, I can listen to some calming sounds on my phone	Use limited language Don't touch me Show me a quiet space where I can go	Fireworks Stressful transitions Smells Someone hugging me
YELLOW	I can be defensive, irritable, anxious, tearful, angry, I may start pacing, be more fidgety	Deep pressure – self massage Stretching of arms and hands Walk, doodling, gardening	Notice that my mannerisms have changed Know about reasonable adjustment	Change in routine Increased noise in work, Too many demands
GREEN	I am focussed, I am able to converse typically for me. I feel calm but awake	Re-arrange furniture, brush or pet the dog, go for a bike ride, swim, drink out of a straw, chewy snack	Understand how they can make the environment less stimulating. Support me to access my sensory programme activities	
BLUE	I have slumped posture, propping myself. I'm bored, low, disengaged	Use high energy music to alert me. Eat chewy or crunchy food with strong flavours. Strong smells – citrus etc	Suggest a movement break Understand that I am under stimulated and need to alert myself	Low stimulating environment or too long in one position, too long engaged in same activity



# Why are Vestibular and proprioceptive senses important?

- ▶ **Proprioception** is our body awareness and position in the space around us.
- ▶ **Vestibular** is our awareness of our movement, balance, and coordination
- ▶ Your ability to bring food to your mouth, bite, chew and swallow is dependent on how strong your abdominal and back muscles are and how well you can balance
- ▶ Some autistic people experience differences in these senses, and may be over or under sensitive.



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## Differences in vestibular and proprioceptive senses

### Vestibular problems can cause:

- Dizziness.
- Feeling off-balance.
- Feeling as if you are floating or as if the world is spinning.
- Blurred vision.
- Disorientation.
- Falling or stumbling.



### Proprioception problems can cause:

- Clumsiness
- Uncoordinated physical movement
- Difficulty planning or carrying out tasks (unable to finish task as cannot direct limbs to make the movement)
- Difficulty finding the right level for the movement, (for example pushing too hard when using pencil and snapping it, not gripping bottle hard enough and dropping it)

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## How to regulate through vestibular and proprioception:

-Stress balls, fiddle objects that involve exerting pressure, use of muscles and joints

Swimming, walking the dog, carrying shopping bags, gardening, sweeping

Jumping on a trampoline or trampette, climbing, exercise in general

Carrying heavy objects or wearing a heavy bag

Yoga / pilates (swaying side to side on a yoga ball)

Riding a bike (think working against resistance), drumming

Lifting weights, cleaning, chores involving pushing and pulling

**REMEMBER:** linear motion e.g., up and down/back and forth...= calming (green)

spinning/multi - directional = stimulating/alerting (use in blue zone)

# Executive functioning- What is it?



Executive Function skills are critical to getting work done.



Executive functioning is the set of skills needed to plan ahead, to follow multiple step directions without being distracted to meet goals.



Managing behaviours



Regulating emotions



Planning and prioritising



Organising thoughts

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# Self Organisation strategies for improved eating



Timetable of meals



List of meals/foods you know you like



Work out the calorific and nutritional value (get support with this if it is too overwhelming) to ensure that even if food repertoire is restricted, you eat healthily.



Alarms (can be subtle) to remind you of a meal, snack time

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# How can others help you?



Reasonable Adjustments

Hospital Passport

Use communication passports or communication cards to support you to express how you are feeling if you struggle to verbalise this yourself.

Support in organising, planning and preparing food as part of meal plans

Acknowledge and understand the reasons for any restrictive eating and demonstrate compassion

Any therapy needs to be through an Autism Informed Approach



# USING YOUR AUTISTIC STRENGTHS TO WORK FOR YOU

Use your tendency for routine and predictability to develop a healthier eating routine and meal plan and make it more predictable (same seat, cutlery, time etc)

Use your ability to attend to detail to look into which of your tolerable foods hold most nutritional value and develop a repertoire of comfortable and healthy foods

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## Increasing your repertoire



- ▶ Graded 'exposure'
- ▶ Try only at times when you recognise you are regulated, calm and feel ready
- ▶ Perhaps start by looking at the food (consider how comfortable you feel in its proximity)
- ▶ Start with foods you don't eat but don't have a really strong aversion to
- ▶ Then try handling the food, or preparing for someone else
- ▶ Build up to touching, smelling, licking
- ▶ Remember this is a slow process so be kind to yourself

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# How do I get help and support?



- ▶ If you think you might have an eating disorder, then try to speak about your feelings to someone you trust. You can also speak to your GP about getting further help and support.
- ▶ There are no national guidelines for treating eating disorders in autistic people. The treatment is the same for autistic and non-autistic people.
- ▶ Ideally, someone with a good understanding of autism should deliver all treatments and therapies. Professionals should consider how things like sensory differences, routines and structure may play a part in your eating disorder, and how this differs from non-autistic people.
- ▶ You may find certain therapies and treatment programmes, particularly group-based ones, difficult. They may involve a lot of social interaction. You might find it difficult to identify, understand and talk about your feelings around food. Support should be adapted to your specific needs

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# Eating Disorder Services

Obligation to ensure reasonable adjustments are made for autistic people in terms of accessibility (Feedback suggests high importance of individualised treatment, flexibility around meal plans to accommodate sensory sensitivities, autistic people may benefit from longer treatment period due to difficulties coping with change as a barrier to treatment).

That the professionals providing care have an understanding of autism

That mental health treatment is adapted for autistic individuals

(All stipulated within the Autism Strategy and Autism Act)

# Resources

- ▶ PEACE Pathway website
  - ▶ Particularly the autism-friendly diet plan
- ▶ BEAT website for general eating disorder information
- ▶ [Eating disorders \(autism.org.uk\)](https://www.autism.org.uk/advice-and-guidance/topics/behaviour/eating/all-audiences)
- ▶ <https://www.autism.org.uk/advice-and-guidance/topics/behaviour/eating/all-audiences>
- ▶ <https://www.healthline.com/health/autism/how-to-eat-if-youre-autistic#tips-for-eating-out>
- ▶ <https://www.adultandgeriatricautism.com/post/rigid-eating-patterns-in-autism>
- ▶ <https://www.leicspart.nhs.uk/autism-space/health-and-lifestyle/eating-and-drinking-difficulties-for-autistic-people/>
- ▶ [Interoception and mental wellbeing in autistic people \(autism.org.uk\)](https://www.autism.org.uk/advice-and-guidance/topics/behaviour/eating/all-audiences)
- ▶ Books:
  - ▶ Supporting Autistic People with Eating Disorders: A Guide to Adapting Treatment and Supporting Recovery by Kate Tchanturia.
  - ▶ Skills-based Caring for a Loved One with an Eating Disorder: The New Maudsley Method by Janet Treasure.
  - ▶ ARFID Avoidant Restrictive Food Intake Disorder: A Guide for Parents and Carers by Rachel Bryant-Waugh.

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# Resources

Please contact the service should you want further information around the following resources

## Interoception Building activities

- ▶ Interoception video - [Autism & Anorexia | 5 Things you need to know about the interplay \(youtube.com\)](#)
- ▶ Interoception Sensory Questionnaire (ISQ-Fiene 2018)
- ▶ Interoception Evaluation & Support Plan

see link for both - [Interoception and mental wellbeing in autistic people \(autism.org.uk\)](#)

## Breathing exercises list

- ▶ Healthy Possibilities YouTube clip
- ▶ Mindfulness apps- breathe.com, calm.com, headspace.com
- ▶ Sensory Profile
- ▶ Sensory regulating activities
- ▶ Relaxation techniques

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# Your sensory profile

	What it looks/feels like	What I can do to feel better	What others can do to help me feel better	Triggers
RED				
YELLOW				
GREEN				
BLUE				

## Discussion.....



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