Introduction To Eating Disorders

Eating challenges can be very common in autistic people and sometimes these challenges can develop into eating disorders. A study conducted by the University College of London found that autistic children are more likely than non-autistic children to develop an eating disorder. Eating disorders can affect anyone of any age, gender, or background.

Avoidant / restrictive food intake disorder (ARFID)

Avoidant Restrictive Food Intake Disorder was previously referred to as 'selective eating disorder'. It is commonly mistaken for anorexia because both disorders involve limits around the amount of food and the types of food consumed. However, unlike anorexia, ARFID does not involve any distress around body shape or size.

Some signs of ARFID include:

- Weight loss
- Reports of an upset stomach or feeling full around mealtimes
- Limited range of preferred foods that progressively gets smaller over time
- Dizziness
- Dry and brittle hair and nails

Bulimia nervosa

Bulimia Nervosa is an eating disorder defined by a cycle of eating large amounts of food or bingeing and then compensatory behaviours such as self-induced vomiting, taking laxatives or fasting. These behaviours are carried out to undo the effects of the food consumed.

Signs of Bulimia Nervosa include:

- Eating large amounts of food (bingeing) and then making themselves sick
- Excessive exercise
- Mood changes
- Secrecy around eating
- Disappearing after mealtimes

Anorexia Nervosa

Anorexia Nervosa is an eating disorder defined by a person obsessively worrying about their weight, wanting to lose weight, starving themselves or limiting their food intake.

Signs of Anorexia Nervosa may include:

- Weight loss
- Reports of feeling cold
- Often hair like peach fuzz on limbs and face
- Excessive exercise calorie counting
- Anxiety around eating in front of others or mealtimes
- Body dysmorphia

Binge Eating Disorder (BED)

Binge eating disorder involves a person regularly eating large portions of food all at once until they feel uncomfortably full or sick. A person suffering with BED isn't choosing to eat extra-large portions or overindulge; they often find it very distressing and unable to stop themselves. Binges may be planned like a ritual and can involve the person buying special binge food. After bingeing a person will usually feel a sense of guilt and disgust.

Signs of Binge Eating Disorder may include:

- Buying large quantities of food
- Hoarding food
- Eating very quickly
- Eating until uncomfortably full or sick
- Avoiding mealtimes with others

Other Specified Eating or Feeding Disorder (OSFED)

This is usually the name given to an eating disorder which doesn't fit into any of the diagnostic categories for the above disorders; it is just as serious. Sometimes a person's symptoms don't fit into diagnosis expectations. Up until 2013 OSFED was known as Eating Disorder Not Otherwise Specified (EDNOS).
Specific examples of OSFED include Purging Disorder and Night Eating Syndrome.

There are several factors that can contribute to a person developing an eating disorder. Some of these include:

- If a person feels out of control, restricting what they eat can be a way of feeling more in control. It may be that they control calories, food intake or portion sizes.
- Sensory sensitivity may mean that a person struggles with the way food looks, smells and / or tastes. If a person has difficulty responding and recognising their sensory systems, such as proprioception and interoception this can also have an impact on eating habits.
- Routine and the need for ritualistic behaviour could mean a lot of routine is needed around foods and mealtimes. Some autistic people tell us they have stopped eating foods they once loved because of changes in the packaging it came in. The person may also have certain rituals such as calorie counting.
- Food neophobia is a fear of new food or food unfamiliar to the person.
- Anxiety around food can be very common in autistic people in particular, around things such as what will happen to the food once consumed or contamination.
- Communication can be a barrier for some autistic people when it comes to eating. Is the person able to communicate what their wants / likes / dislikes around food are? Can they let you know when they are hungry?

Tips to support and encourage healthy eating patterns:

- Seek professional advice: If the person's eating habits are becoming a concern your first step should always be to seek advice from your GP. It could be an underlying issue such as a food allergy or intolerance.
- If there is a fear around contamination of food, plate dividers could be an option.
- If they like control over their meals encourage them to write their own meal recipes or involve them in the cooking process.
- A good, consistent, and well-established eating routine can be important to some autistic people.
- Using visuals such as objects of reference or visual stories can help with transitions around mealtimes.
- Make mealtimes fun by incorporating a favourite shape or colour that could cut into their food? If they have a favourite TV Character, you could use themed utensils.

- Introduce new foods slowly if they can cope, introduce new foods by having them around on the kitchen bench or on the dinner table. Or you could ask for help to wash / prepare the food. The last step would usually be introducing it onto the plate.
- Keeping a food diary can help you to track triggers and / or identify potential patterns. Use our 'Food diary' for help with this.
- Allow “safe foods”. If they only eat their safe foods consult with a dietician first to ensure they are getting the nutrients, they need. If they are then it may not be necessary to add distress by encouraging the eating of other foods. You could look at options for them to eat their safe foods but in different ways, for example, if their favourite food is raisins look at introducing yoghurt coated raisins.