Beyond Autism in Restrictive Eating Disorders: Clinician Perspectives

Lauren Makin

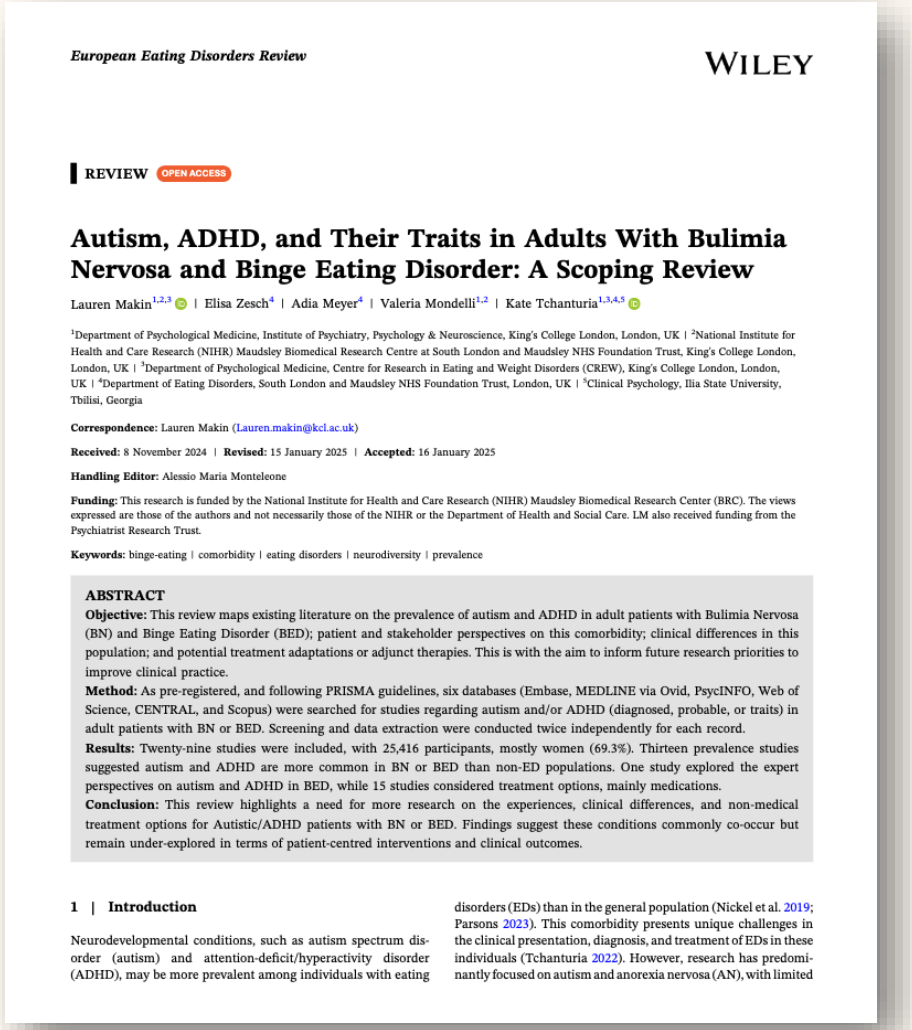
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Why This Matters

- Strong historical focus on Autism in AN
- Autism in binge-type EDs (BN, BED) is under-researched



European Eating Disorders Review

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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

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- Growing recognition of ADHD in EDs, but still under-researched





Meta-Analysis > Int J Eat Disord. 2016 Dec;49(12):1045-1057. doi: 10.1002/eat.22643. Epub 2016 Nov 15.

The risk of eating disorders comorbid with attention-deficit/hyperactivity disorder: A systematic review and meta-analysis

Bruno Palazzo Nazar [1,2], Camila Bernardes [3], Gemma Peachey [4], Joseph Sergeant [5], Paulo Mattos [1,3], Janet Treasure [2,4]

Affiliations + expand

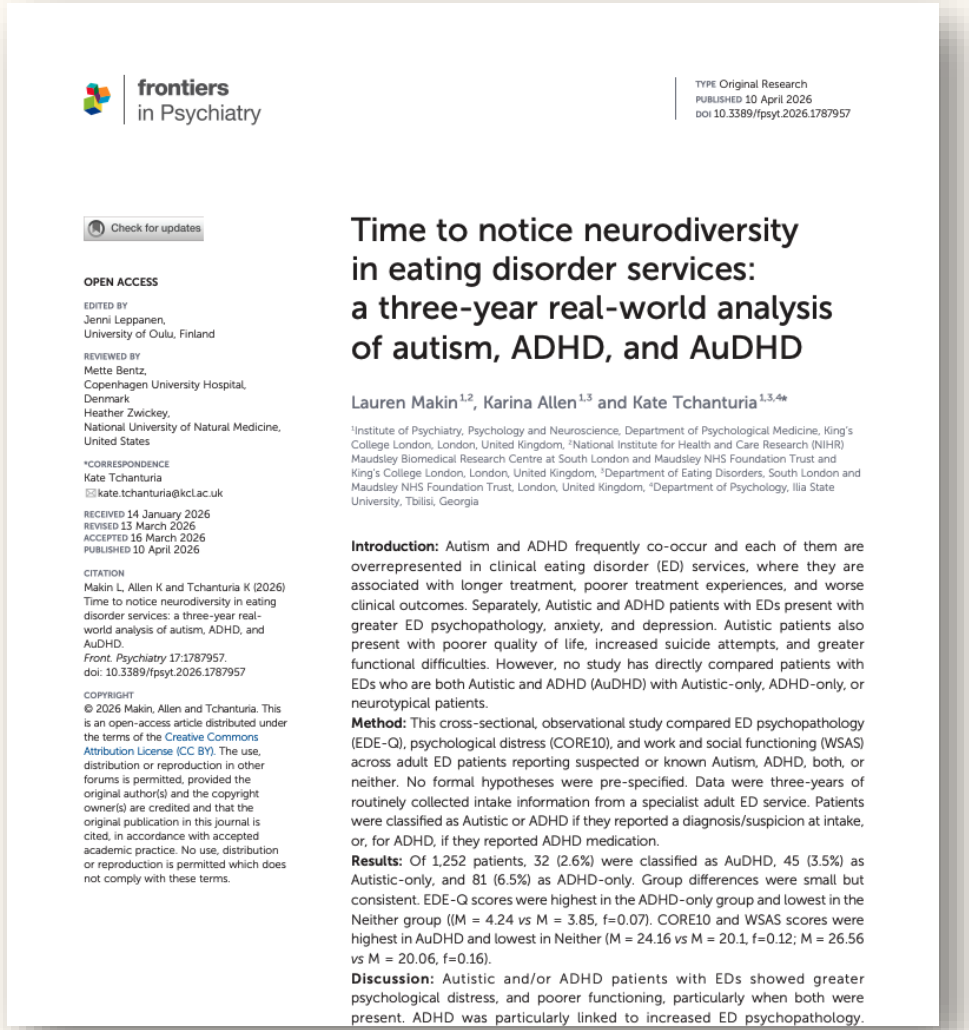
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Introduction | Autism in Binge-Type EDs | ADHD in EDs | Discussion

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- Growing recognition of ADHD in EDs, but still under-researched
- Clinical complexity and risk are high



frontiers in Psychiatry

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Time to notice neurodiversity in eating disorder services: a three-year real-world analysis of autism, ADHD, and AuDHD

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Introduction: Autism and ADHD frequently co-occur and each of them are overrepresented in clinical eating disorder (ED) services, where they are associated with longer treatment, poorer treatment experiences, and worse clinical outcomes. Separately, Autistic and ADHD patients with EDs present with greater ED psychopathology, anxiety, and depression. Autistic patients also present with poorer quality of life, increased suicide attempts, and greater functional difficulties. However, no study has directly compared patients with EDs who are both Autistic and ADHD (AuDHD) with Autistic-only, ADHD-only, or neurotypical patients.

Method: This cross-sectional, observational study compared ED psychopathology (EDE-Q), psychological distress (CORE10), and work and social functioning (WSAS) across adult ED patients reporting suspected or known Autism, ADHD, both, or neither. No formal hypotheses were pre-specified. Data were three-years of routinely collected intake information from a specialist adult ED service. Patients were classified as Autistic or ADHD if they reported a diagnosis/suspicion at intake, or, for ADHD, if they reported ADHD medication.

Results: Of 1,252 patients, 32 (2.6%) were classified as AuDHD, 45 (3.5%) as Autistic-only, and 81 (6.5%) as ADHD-only. Group differences were small but consistent. EDE-Q scores were highest in the ADHD-only group and lowest in the Neither group ((M = 4.24 *vs* M = 3.85, f=0.07). CORE10 and WSAS scores were highest in AuDHD and lowest in Neither (M = 24.16 *vs* M = 20.1, f=0.12; M = 26.56 *vs* M = 20.06, f=0.16).

Discussion: Autistic and/or ADHD patients with EDs showed greater psychological distress, and poorer functioning, particularly when both were present. ADHD was particularly linked to increased ED psychopathology.

Why This Matters

- Strong historical focus on Autism in AN
- Autism in binge-type EDs (BN, BED) is under-researched
- Growing recognition of ADHD in EDs, but still under-researched
- Clinical complexity and risk are high
- Clinicians' views not yet explored



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RESEARCH

Bingeing as an ADHD-related strategy: a qualitative study of experiences of Neurodivergent and potentially Neurodivergent adults with bulimic-spectrum eating disorders

Lauren Makin[1,2,3] · Adia Meyer[4] · Dimitri Chubinidze[1,3] · Valeria Mondelli[1,2] · Kate Tchanturia[1,3,4,5]

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Journal of Eating Disorders

RESEARCH Open Access

Regulating with food: a qualitative study of Neurodivergent experiences in adults with binge eating disorder

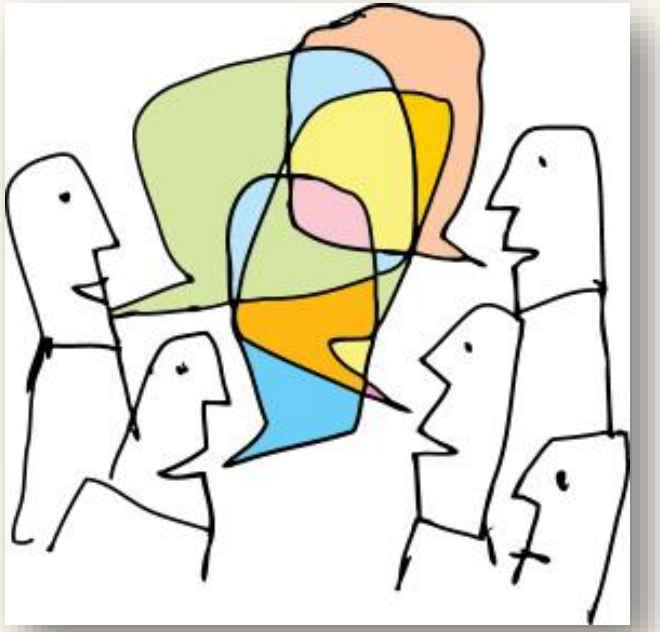
Lauren Makin[1,2*†], Adia Meyer[3†], Valeria Mondelli[1,2] and Kate Tchanturia[1,3,4]

Method

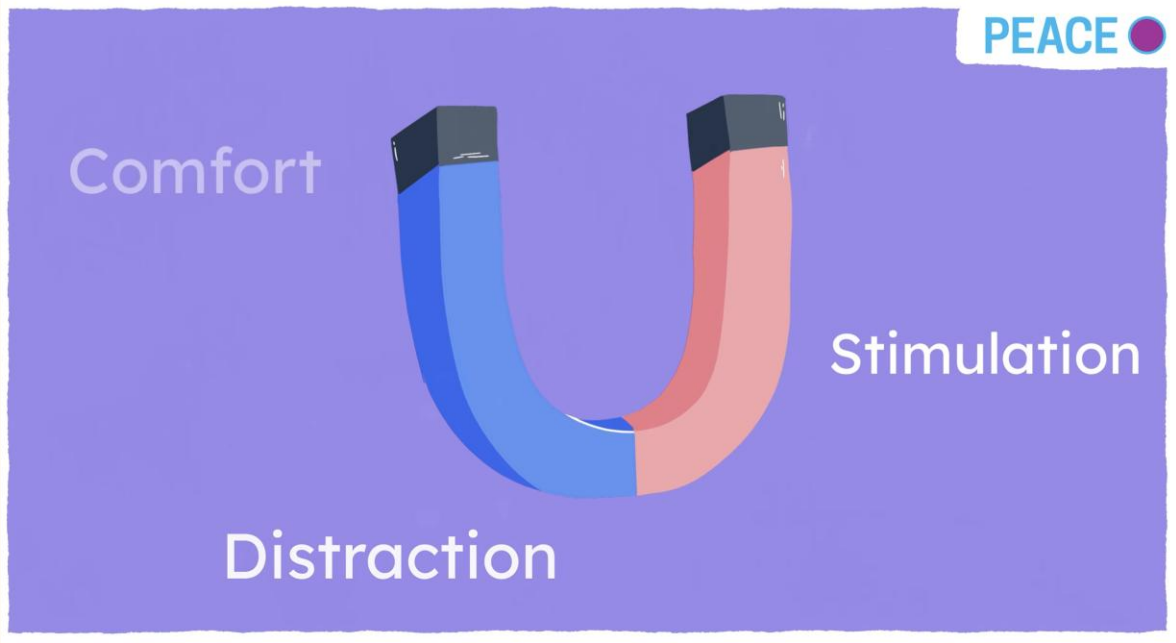
- RQ: Clinician perspectives on the experiences and treatment needs of
  - Autistic patients with binge-type EDs
  - ADHD patients with EDs
- Interviews + reflexive thematic analysis
- Neuro-affirming perspective



Sample



- 20 clinicians (18 female)
- 2–15 years' experience
- Psychology, psychiatry, nursing, dietetics, OT
- Mostly adult services & across settings
- All worked with Autistic & ADHD patients
- Two identified as ADHD themselves
- ADHD training rare



Autism in Binge-Type EDs

Recognition Shaped by Expectation

- Autism often missed in binge-type EDs
- Training/resources heavily AN-focused
- Clinicians report difficulty “seeing” the profile
- Frequent co-occurring ADHD complicates picture
- But sometimes easier to distinguish from ED than in restrictive EDs



Entrenchment to Engagement

- EDs often highly entrenched due to delayed recognition of Autism and/or ED
- Monotropism & preference for sameness maintain ED behaviours
- “All-or-nothing” recovery patterns
- However, these same traits can enable rapid (‘decisive’) change when harnessed

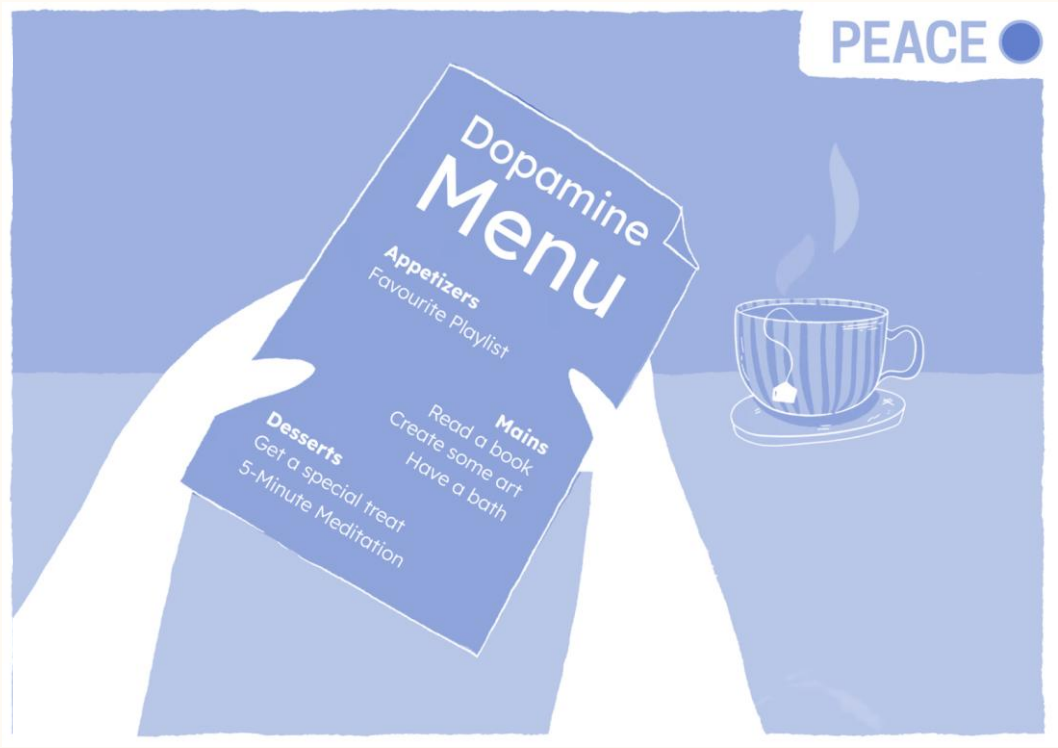
Escalating, Unseen Distress

- High alexithymia vs non-autistic patients
- High emotional volatility vs restrictive EDs
- Distress visible but hard to articulate
- Can be misread as non-compliance
- Increased risk of self-harm & suicidality
- Often amplified by ADHD



Sensory Needs Without Support

- Sensory seeking drives ED behaviours
  - Eating/chewing as “stimming”
  - Bingeing/purging as sensory relief/ (dis)embodiment
- Sensory sensitivities still present
- But current adaptions focus on avoidance, not seeking

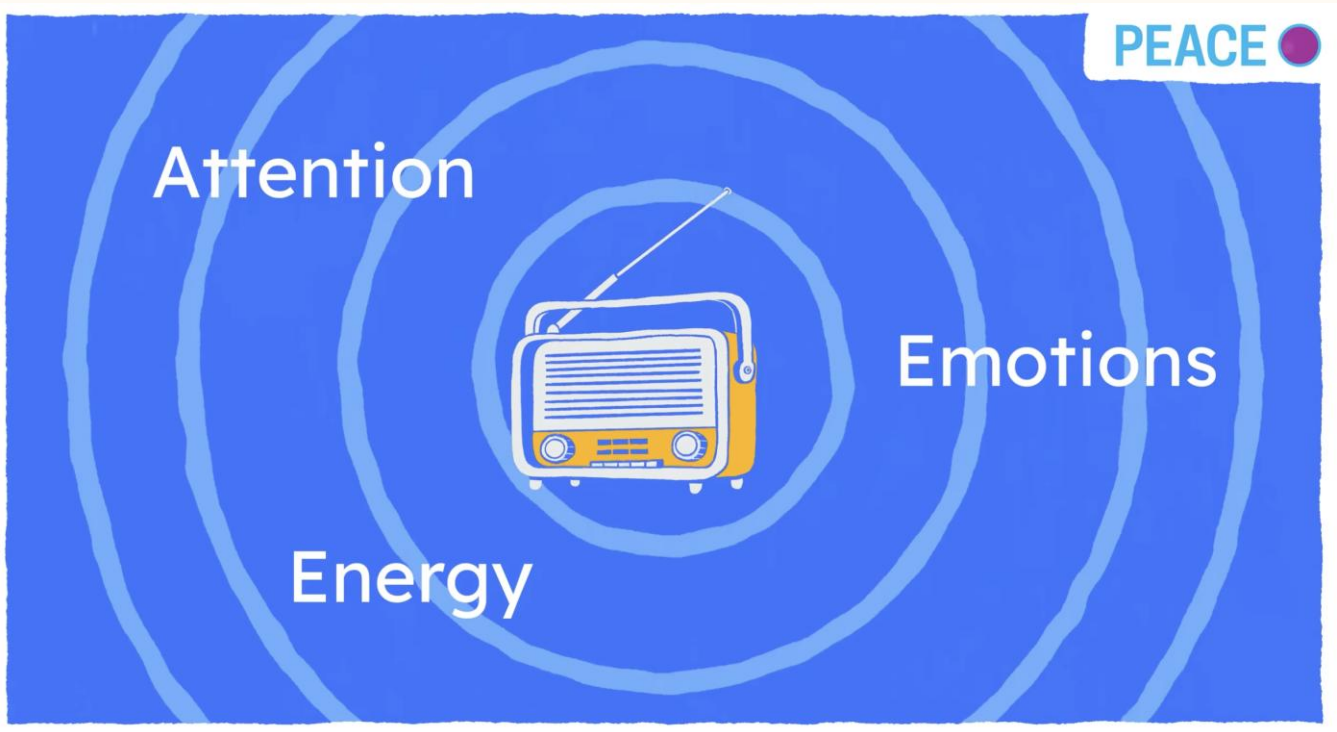


Precarious Adaption

- Outpatient care = flexible but inconsistent
- Manualised therapies (CBT/GSH)
  - Structure helpful
  - Tension with flexibility
- Adaptions currently vary widely by clinician
- Need clearer, standardised guidance

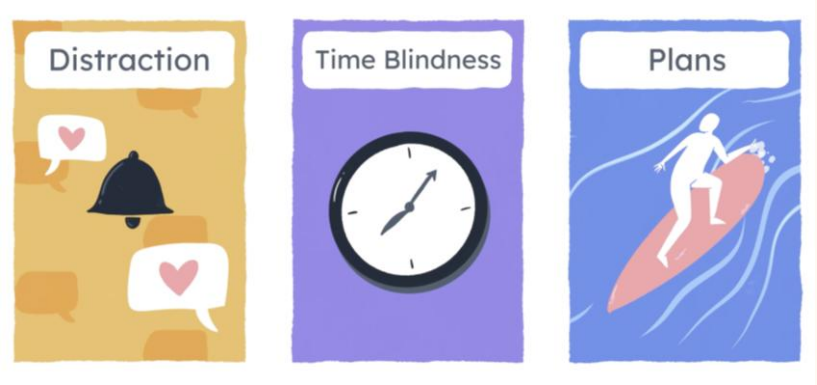


ADHD in EDs



Broader life ‘chaos’

- ‘Chaotic lives’ -> ‘chaotic eating’ (irregular eating, bingeing)
- ED behaviours as regulation: Bingeing (reward/sensory), restriction (control), overexercise (hyperactivity)
- Emotional burden: Volatility, rejection sensitivity, low worth
- Impact on therapy
  - Attention shifts & inconsistent follow-through
  - Difficulties with diaries, homework, attendance
  - May be misread as disengagement



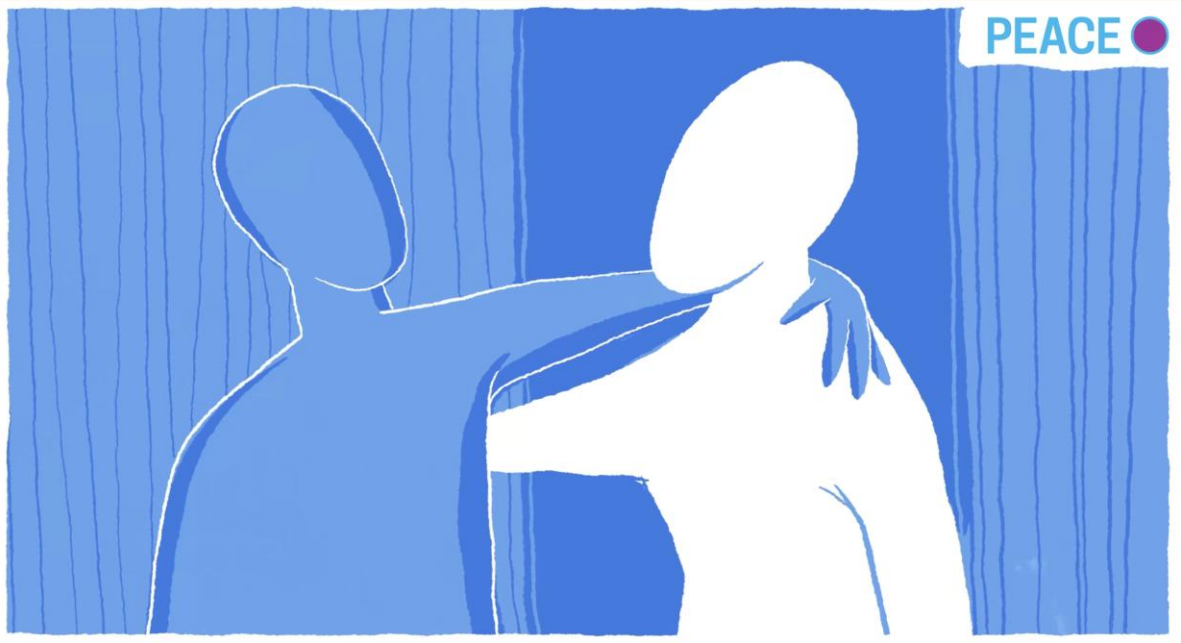
Structure as Treatment



- Meal planning & routine-building
- Reducing cognitive load
- Supporting daily functioning (not just eating)
- External supports: alarms, reminders, simple plans
- Simplify: pre-prepared food, fewer choices
- In-session: clear agenda, summaries, gentle redirection



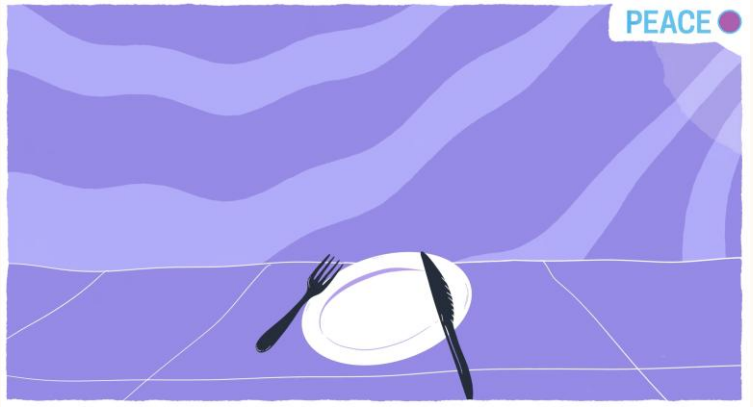
Harnessing Strengths



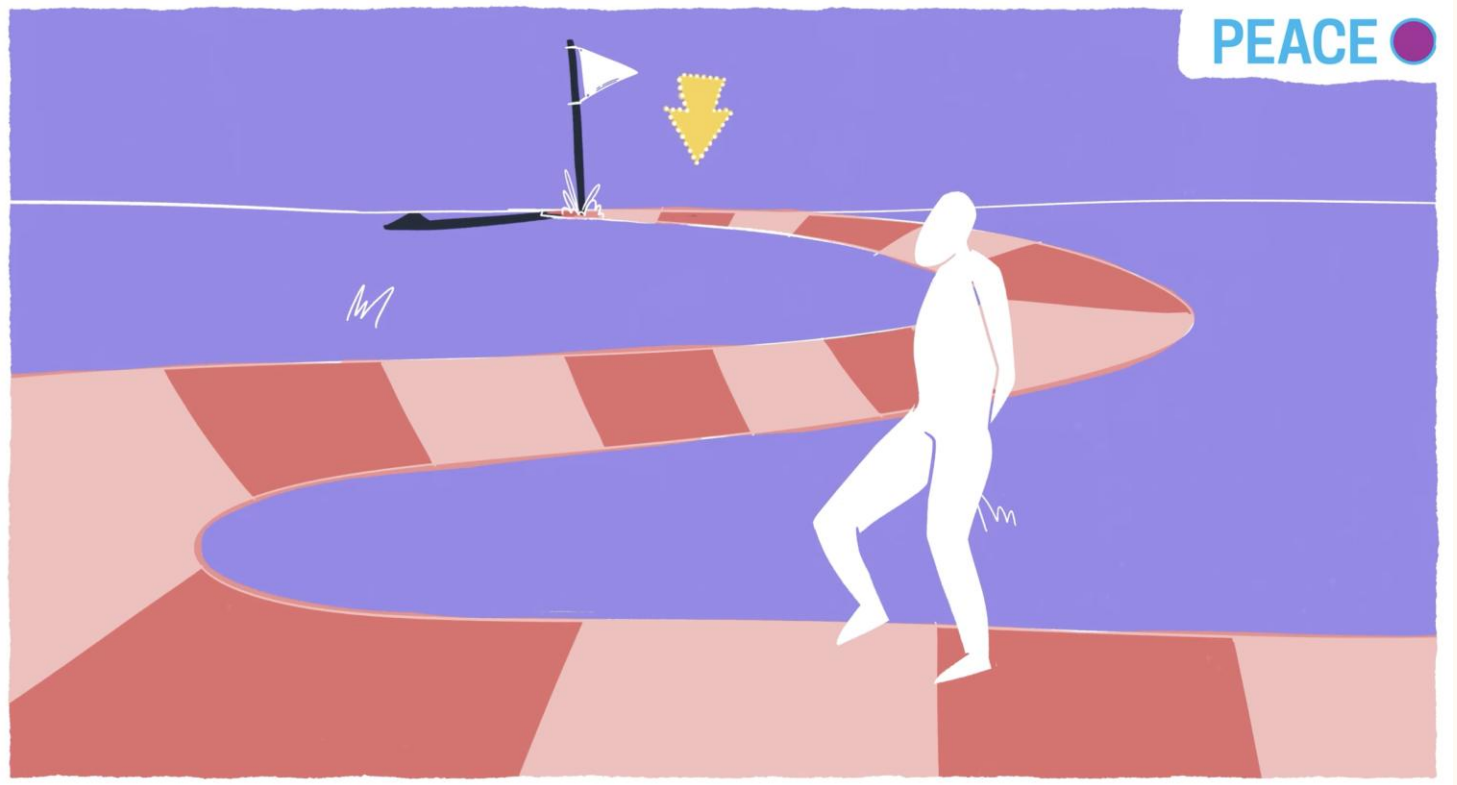
- ADHD can bring:
  - Energy & momentum
  - Rapid alliance
  - Creativity and idea generation
  - Hyperfocus
- Work *with* energy, not against it
- Use movement, visuals, drawing, creative approaches

Service gaps

- Medication may support treatment engagement and improve ED behaviours, but also has risks around appetite etc.
- Long waits, prescribing complexity
- ED services feel under-skilled in ADHD
- But ADHD services may overlook ED
- Need stronger collaboration and shared care
- Also, MDT role: OT, art therapy, etc.



Discussion



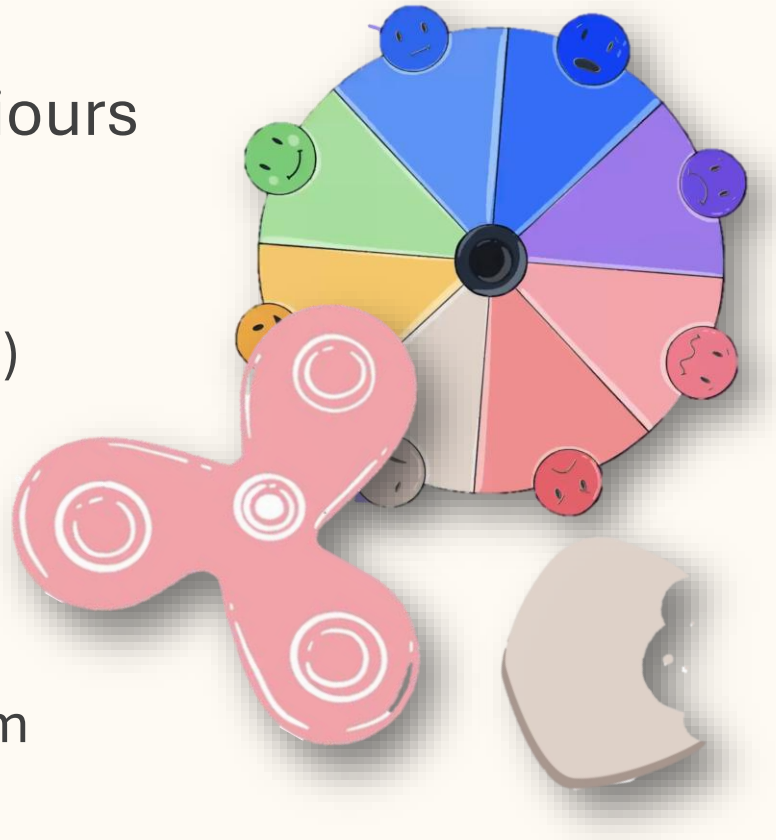
Under-recognition

- Autism and particularly ADHD frequently missed
- Autism particularly overlooked in binge-type EDs (AN-focused training bias)
- Patients report autism & ADHD insufficiently addressed in treatment
- Can increased entrenchment and iatrogenic harm



Shared Mechanisms

- Both Autistic and ADHD traits can drive ED behaviours
- Emotional burden
  - High emotional intensity across both
  - Alexithymia (Autism) & emotional dysregulation (ADHD)
  - Restriction may dampen affect and mask risk
  - Binge-type EDs show more visible, volatile distress
- Sensory processing
  - Seeking -> more prominent in binge-type EDs / ADHD
  - Avoidance -> more prominent in restrictive EDs / Autism
  - But both occur across EDs and neurotypes



Treatment Implications

- Harnessing strengths, such as hyperfocus, collaborative, creativity, energy & momentum, or potential for decisive change
- Accommodating needs, such as structure, planning, & external scaffolding; sensory supports; & clear, compassionate boundaries & flexibility
- Tensions around CBT fidelity pressures, outpatient demands, & desire for clearer adaptation guidance & increased multi-disciplinary & cross-service collaboration

Conclusions

- Autism & ADHD are transdiagnostic across EDs
- Mechanisms overlap but present differently
- Current models do not consider ADHD and binge-type EDs
- Need clear guidance, service collaboration, and personalised approaches



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