Is It Neurotype or Eating Disordered?

Note that neurotype and disordered eating are not fully distinct categories - it might be either, both, or what may have started off as one in turn developed into the other.

ADHD	EATING DISORDERED
Not thinking about food	Trying hard to distract to avoid eating
Forgetting to eat	Deliberately not implementing the strategies you needed to eat regularly
Not knowing when to eat due to interoceptive differences, difficulty trusting oneself, or difficulty trusting hunger/fullness signals	Not knowing when to eat due to an ED-based pattern of ignoring hunger/fullness signals and belief that one's nutrition needs are far lower than they actually are due to pervasive diet culture (either incidentally or due to actively consuming diet culture)
Genuine preference to eat alone. Could be due to difficulty around managing the demands of eating & socialising, misophonia, or shame & fear of judgment	Need to eat alone to have full control over meal and prevent 'accidentally' eating over allotted amount or breaking ED rules around ritualised eating
Eating samefoods for stimulation and comfort, or eating quickly or more than planned because of impulsivity, boredom or wanting stimulation	Compulsively binge eating to numb feelings or as a result of restrictive eating
Eating packaged foods based on convenience, consistency, and textural preference	Eating packaged foods to portion control or know the exact amount of calories
Eating snack foods as meals based on convenience, consistency, and preference	Eating snack foods as meals as a way to limit intake
Genuinely having a strong aversion to foods	A strong aversion to foods that are also the ED's fear foods, which you could eat before the ED began
Needing physical stimulation/exercise to regulate emotions and/or unable to sit still/focus	Compulsively moving and exercising with the belief it will influence your shape/weight
Chewing gum to stim and experiencing a visceral reaction when not being allowed to do this	Chewing gum to avoid eating and to reduce appetite and/or induce a laxative effect
Consuming high intake of caffeinated drinks as an oral stim, to support cognition, and/or support unmedicated ADHD	Consuming high intake of low calorie caffeinated drinks to suppress appetite and/or induce a laxative effect

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Concept adapted from an Instagram post by Aleta Storch (@the_adhd_rd).
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