Eating Disorders and Neurodivergence

A compassionate guide for understanding, support and recovery

Understanding this presentation

Neurodivergent people can experience eating difficulties and eating disorders for many reasons. Autism, ADHD and other neurodevelopmental differences can interact with sensory processing, interoception, executive functioning, routine, impulsivity, anxiety, masking and experiences of being misunderstood.

What may be happening underneath

Sensory differences may make textures, smells or mixed foods genuinely difficult. Interoceptive differences can make hunger and fullness harder to notice. ADHD can affect planning, remembering meals and impulse regulation. Autistic routines may provide predictability, while unexpected food changes can create significant distress.

Why compassion matters

Eating difficulties and eating-disorder behaviours often make more sense when we understand what they are trying to manage. They may reduce anxiety, create predictability, soothe difficult feelings, respond to sensory distress or provide a temporary sense of control. Understanding does not mean ignoring risk; it gives us a more useful place from which to build change.

Shame usually increases secrecy. Helpful support combines respect for the person with clear attention to physical safety, nourishment and specialist care where needed.

Health, treatment and recovery

Not every neurodivergent eating difficulty is an eating disorder, and not every eating disorder in a neurodivergent person is caused by neurodivergence. Good assessment avoids assumptions and asks what is driving the behaviour for this individual.

A gentle place to begin

Try replacing 'What is wrong with me?' with 'What is happening for me, what is this helping me manage, and what would make the next step safer?' A useful step might be telling one trusted person, attending an assessment, noticing a trigger, accepting nourishment, reducing a harmful behaviour or asking for an accommodation.

Supporting yourself or somebody you care about

Support may need practical adaptations: predictable appointments, clear language, sensory accommodations, visual plans, reminders, preferred foods, reduced social pressure and treatment that respects communication and regulation needs. The aim is not to make somebody less neurodivergent; it is to make nourishment and recovery more accessible.

If you are supporting somebody, avoid becoming the food police. Keep weight, calories and moral judgements about food out of the conversation where possible. Ask what support feels useful, encourage appropriate professional care and keep room for ordinary life, humour, interests and connection.

When urgent help is needed

Seek urgent medical help for collapse or fainting, chest pain, severe weakness or confusion, severe dehydration, blood in vomit, suspected poisoning or obstruction, signs of diabetic ketoacidosis where relevant, or immediate risk of self-harm. In the UK use 999/A&E; for an emergency or NHS 111 for urgent advice.

> *You do not have to become more unwell to deserve help.*

My Eating Disorders and Neurodivergence Diary

Use this page to notice patterns, difficult moments and small wins. There are no right or wrong answers.

How am I feeling today?

What happened around food or eating?

What felt difficult?

What went well - even a little?

What helped me?

What do I need tomorrow?

I am learning. I am growing. I am enough.

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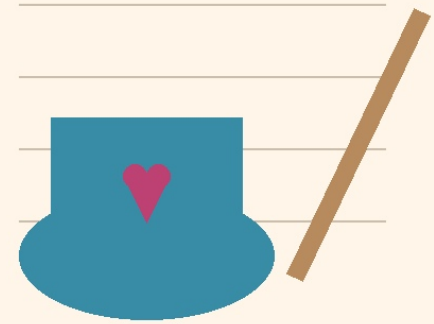
My Recipe for Life

This is not a meal plan. It is a reminder that recovery and wellbeing need many different ingredients.

Ingredients	How I use them
Patience	
Compassion	
Curiosity	
Support	
Rest	
Joy	
My Pace	
Self-Trust	
Small Steps	
Hope	



A message from Maggie

You are so much more than your struggles with food. Please be gentle with yourself. You do not have to prove that you are struggling enough to deserve support. Recovery is allowed to be slow, uneven and personal. Small steps matter, and you deserve patience, understanding and hope.

Maggie