

Supporting Someone With Pica

Compassion • Support • Recovery

Pica is the persistent eating of substances that are not normally considered food and have little or no nutritional value. Examples can include paper, soil, chalk, clay, hair, fabric, soap, paint, plaster or other materials. The exact presentation varies enormously. Pica is not simply 'bad behaviour', and shaming or punishing somebody rarely addresses why it is happening.

Why pica can happen

There is no single explanation. Pica can occur alongside iron-deficiency anaemia or other nutritional deficiencies, pregnancy, intellectual disability, autism, developmental differences, mental-health difficulties or sensory-seeking patterns. Sometimes a person is drawn to a particular texture, smell or oral sensation. In other cases the cause is unclear. Because pica can also expose somebody to poisoning, choking, infection, dental injury or intestinal blockage, proper medical assessment matters.

Understanding before judgement

A child or adult may already know that other people find the behaviour unusual. They may hide it, eat non-food items privately or feel ashamed when questioned. Support begins with calm curiosity: what is being eaten, how often, where it happens, what the person experiences beforehand, and whether there are sensory or emotional patterns. The aim is to understand risk and function—not to humiliate somebody into stopping.

Different needs deserve understanding, not judgement. Safety and compassion can exist together.

What supporters may notice

Possible signs include repeatedly chewing or swallowing non-food items, missing pieces of paper, fabric or household materials, eating soil or outdoor substances, damaged objects, dental wear, stomach pain, constipation, nausea, tiredness, pallor, unexplained nutritional deficiencies, secrecy or persistent searching for particular textures. Some people mouth objects without swallowing them; that is important information for assessment too.

Helpful language

Avoid...	Try...
"That's disgusting."	"I want to understand what this feels like for you and help keep you safe."
"Stop doing that right now."	"Let's move this unsafe item and find out what need or sensation you may be seeking."
"You know better than this."	"Knowing something is risky doesn't always make an urge disappear."
Punishment or public correction	Use private, calm redirection and follow the person's agreed support plan.
Assuming it is behavioural	Ask clinicians to consider nutritional, medical, developmental and sensory factors.

Practical Support and Safer Environments

Medical assessment

A GP or relevant paediatric, medical or specialist team can assess pica and consider blood tests where appropriate, including checking for anaemia or deficiencies such as iron. The clinician may also ask about constipation, abdominal pain, swallowing, dental problems, exposure to toxins and the particular substances being eaten. Tell them exactly what materials are involved: the risks of paper are different from paint, batteries, sharp objects, soil or cleaning products.

Sensory needs and neurodivergence

For some autistic people or people with developmental differences, pica may be connected with oral sensory seeking, regulation, boredom, anxiety or difficulty distinguishing edible from non-edible items. Occupational therapy or another appropriately trained professional may help identify safer ways of meeting sensory needs. Do not simply replace one object with another without considering choking risk, allergies, developmental level and professional advice.

Make the environment safer without making it punitive

Environmental safety can include storing hazardous substances securely, checking rooms and outdoor spaces for high-risk items, repairing crumbling paint or plaster, supervising where risk is significant, and ensuring other carers or school staff understand the plan. The purpose is risk reduction, not punishment. Avoid creating a home in which the person feels constantly searched, watched or scolded.

Children and schools

For a child, agree a consistent plan between home and school. Staff should know which items pose particular risk, how to redirect discreetly, who to contact if something is swallowed and how to record incidents without shaming the child. If pica is linked with additional needs, the support plan should sit alongside the child's wider sensory, communication and developmental needs.

Adults and dignity

Adults with pica deserve privacy, involvement and respect. Ask what support they consent to and what makes urges stronger or easier to manage. Where cognitive or communication needs affect risk, use accessible explanations, visual prompts or agreed routines rather than assuming the person does not understand. Family and paid carers should use the least restrictive approach that can safely meet the person's needs.

A practical pica tracker

What substance? Be specific rather than writing only 'non-food'.

Was it mouthed, chewed or swallowed?

Where and when? Home, school, work, outdoors, bedtime, transitions or periods of waiting.

What happened beforehand? Hunger, sensory seeking, anxiety, boredom, overwhelm or no obvious trigger.

Physical symptoms afterwards? Pain, constipation, vomiting, coughing, dental pain or none.

What helped? Redirection, activity, safer sensory input, food, rest, communication or environmental change.

Nutrition without blame

If a deficiency is identified, treatment should be guided by a healthcare professional. Do not assume that giving supplements will automatically stop pica, and do not use supplements as a substitute for investigating ongoing ingestion of hazardous materials. A dietitian may be useful when diet is limited, nutritional adequacy is uncertain or another eating difficulty is present.

Urgent Risks, Treatment and Advocacy

Some substances carry particular danger

Risk depends on what has been swallowed and how much. Batteries, magnets, sharp objects, medication, chemicals, cleaning products, paint or contaminated soil can require urgent specialist advice. Lead exposure is a concern with some old paint, dust and soil. Hair or large amounts of indigestible material can contribute to intestinal obstruction. Do not induce vomiting unless a healthcare or poisons professional specifically tells you to.

When to seek urgent medical help

Seek urgent assessment if the person has swallowed a battery, magnets, a sharp object, a toxic chemical or another clearly hazardous substance; is choking or having difficulty breathing; has severe or increasing abdominal pain; persistent vomiting; a swollen or rigid abdomen; blood in vomit or stool; marked drowsiness, confusion, collapse or another rapid deterioration. In an immediate emergency in the UK, use 999/A&E.; NHS 111 can advise about urgent concerns that are not immediately life-threatening.

Treatment is individual

Treatment depends on what is driving the pica and what risks are present. It may include treating nutritional deficiency, medical or dental care, behavioural support, environmental modification, sensory-informed strategies, psychological support or work with developmental and communication needs. There is no single technique that suits every person. A useful plan explains what supporters should do before, during and after an incident, and when professional help is required.

Questions for professionals

Could a nutritional deficiency or medical condition be contributing? What blood tests or physical checks are appropriate? Does this particular substance create poisoning, infection, choking or blockage risk? Could sensory or developmental needs be involved? What safer alternatives or behavioural strategies are appropriate for this individual? What should school, family or carers do when an incident occurs? Which symptoms require urgent medical attention?

A message from Space to Breathe Therapy

Pica can be frightening for the people around somebody, especially when you know an object or substance could cause harm. Fear can quickly turn into constant correction. Try to hold onto the person behind the behaviour. They may be seeking a sensation, responding to an unmet physical need, regulating themselves, or experiencing an urge they cannot easily explain. Keep the environment safer, take medical risk seriously, ask for specialist help and protect dignity at the same time. Understanding is not ignoring risk; it is often the beginning of managing it better.

Further information and support

NHS/GP: the starting point for medical assessment, blood tests and referral where required.

Paediatric or developmental services: may be relevant for children or people with additional developmental needs.

Dietetic support: useful when nutritional deficiency, restricted eating or dietary adequacy needs assessment.

Dental services: important where chewing or ingesting non-food substances has damaged teeth.

Useful reading should come from recognised medical, developmental and eating-disorder sources and should reflect the individual reason for pica rather than assuming every case is the same.

This guide is educational and supportive and does not replace individual medical assessment, toxicology advice or emergency care.