

Autism and Food

This information sheet looks at differences and/or difficulties some autistic people might have with food and diet, and how to support autistic people to have a diet and lifestyle that supports their wellbeing.

About 70% of autistic people have atypical eating behaviours but it doesn't mean they have an eating disorder. Atypical eating behaviours could include avoiding certain foods and eating specific foods in a certain way or in certain amounts. If the autistic individual is struggling to meet their nutritional needs or experiencing rapid weight loss, then it is important to seek professional support.

Interoception

Autistic people can experience differences with interoception which can affect their eating. Interoception is the sensory system that provides information about how our body is feeling. Some autistic people may be under or over sensitive to certain internal body signals and not recognise when they are hungry or when they are full. They may also feel uncomfortable with the sensation of food in their bodies or may especially enjoy the sensation. Bodily sensations can also get confused in some autistic people.

“I can overeat all day and still feel like I have had nothing at all to eat, this is because I can confuse thirst with hunger and sometimes even worry with hunger.” (Amy)

Eating disorders

Anorexia is a condition that causes people to try and keep their weight as low as possible. They may limit how much they eat and drink, exercise excessively, take laxatives or make themselves vomit. They can often have a distorted view of their bodies. 20-35% of adults with anorexia are autistic or have autistic characteristics.

Avoidant Restrictive food intake disorder (AFRID) is a condition where someone avoids certain foods or types of foods and has a restricted intake in the total amount eaten. 44% of AFRID cases are in individuals diagnosed as autistic.

Food may be being avoided or restricted for various reasons. The three most common reasons include:

- A sensory based avoidance
- A concern around the consequences of eating such as choking or vomiting
- A low interest in eating due to interoceptive differences.

Pica is when people eat things that are not food. It can happen if a person has a compulsion to satisfy a sensory need. It can also be caused by a person not knowing the difference between edible and inedible items. Stress and anxiety can also cause pica or, if the person already has pica, can make it worse.

Pica can cause bowel and gut problems. It can also be extremely dangerous if the person eats something toxic or damaging to their insides. A person with pica may also feel too full to eat actual food.

If a person has pica due to sensory needs, you may be able to help by replacing the sensory input with something similar but safer. For example, some people may eat faeces. This may be for the texture or the strong taste or smell. Try giving the person something to eat that will fulfil each of these needs.

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Some people may find that they get attention or some input from other people when they eat inappropriate things. You should remain calm and encourage them to seek out the meeting of their needs in a more helpful way. Reducing your use of language and backing up your requests with visual supports can help a person feel less overwhelmed and process information more easily.

Intolerances and allergies

1 in 3 autistic people have gastrointestinal issues which can affect the food they prefer to eat

Autistic people can be affected by allergies or intolerances. If this affects what they can eat, you should try to make sure that their diet is as balanced as possible to replace any nutrients they may be missing. You should see a GP and or dietician before making big changes to any diet.

Obsessive Compulsive Disorder

Obsessive compulsive disorder (OCD) is a condition that means a person experiences obsessive thoughts and compulsive behaviours. 17% of autistic people also have OCD.

OCD can affect a person's diet because they may become obsessed with whether their food is contaminated. They may also need to eat in a particular way to fulfil a ritual and they may refuse to eat at all if any part of this is disrupted. If you are concerned about somebody that you think may have OCD, you should seek medical advice.

Behaviour related to eating may look outwardly similar, but the function of the behaviour is different in autism and OCD. It is important to understand these differences in order for the correct support to be given.

Ritualistic eating behaviours sometimes engaged in by autistic individuals are not inherently distressing but may be a source of enjoyment and enhance their wellbeing. With OCD the ritualistic behaviours can be distressing and a result of the person feeling that they need to engage in unwanted compulsions to avoid upsetting consequences.

Misophonia

Is a condition where a specific sound can trigger an intense emotional reaction in an individual. In relation to eating this could be the sound of chewing or slurping for example. Research suggests that there is a relationship between autism and misophonia. An autistic individual with misophonia may avoid situations where they will hear trigger sounds and become distressed such as restaurants or joining others at a dinner table.

The experience of eating

There are many different processes going on while we eat. We are using all of our senses to process the food in front of us, and our organs and muscles are all working together to digest each mouthful. We are also using our intellectual abilities to make sense of our environment and our situation as well as to understand what the food is in front of us: whether we have had it before; whether we enjoyed our last experience of it; whether it is good for us, and many other considerations.

This is already a potentially overwhelming experience for an autistic individual and may be made worse if they have preferences that are not being met. For example, some people will have a preferred way of presenting their food, perhaps on a particular plate or with a particular set of cutlery. Other people will have a specific way of organising their food and may not like different foods to touch.

While a person may understand what baked beans are and what chips are, they may not recognise or tolerate the sensation of them if they are touching or mixed together. Some people may struggle to generalise their understanding of each food item in other ways as well, for example when does an apple become an apple core – and therefore rubbish? Or, if the person has only ever seen green apples, then they may not know what a red apple is or trust that it is safe to eat. This may make it difficult for them to eat certain foods.

Sometimes the person's rituals associated with mealtimes have not been observed and so they no longer know what to expect from their food. If things have changed from what they are used to then an autistic person may become anxious. When presenting food, you should consider all of these possibilities and ensure that the environment is set appropriately for that individual. If they are struggling to eat, then you should make alterations wherever possible until you find a solution that works for that person. It is also important to remember that a person's anxiety level will have a huge impact on their ability to compromise on any of these aspects.

Therapeutic diets

There are several diets that claim that they offer some therapeutic benefit to autistic people. These are often not evidence-based and so you should take great care before considering them. These diets can be hard work to keep up, particularly in an already stressful environment, and they may exclude important parts of a healthy diet. If you want to try one of these diets you should see a GP or dietitian first.

Top Tips

- **Treat medical symptoms first:** if a person is suffering from diarrhoea, constipation, or mineral deficiencies then they may feel quite unwell and have difficulties with eating. Consult your GP about treating these as separate medical conditions first.
- **Think about the things that may be causing problems around food.** Trial and error: investigate each detail until you see an improvement, test different ideas. Is the sensory environment too stimulating? Is the sensory experience of eating the food affecting the individual? Is the person anxious around mealtimes? Could you try presenting the food in a different way or try different types of food?
- Try adapting the **schedule** around food in collaboration with the autistic person. Create more of a build up to mealtime with prompts and explanations to encourage the person to be prepared to eat. Also try to stick to a specific helpful schedule if it will reduce anxiety.
- Continue to allow the person their **safe and preferred food** whilst trying to increase the range of food thoughtfully and at an appropriate pace. Do not mix safe and unsafe foods together because a previous safe food may then be rejected.
- If it would be helpful to adapt the person's diet or you aren't sure how to provide the best balance for them, visit a **registered dietitian** and ideally someone who specialises in autism and who can offer more tailored support. Autistic people need professionals who understand autism and can offer specialist support from eating disorder services.

Resources

Websites:

<https://www.peacepathway.org/>

<https://www.arfidawarenessuk.org/>

https://www.beateatingdisorders.org.uk/get-information-and-support/support-someone-else/endeavour-arfid-carer-support-group/?utm_source=CRM&utm_medium=Blog&utm_campaign=Services Blogs

Books:

Food refusal and avoidant eating in children including those with Autism Spectrum conditions: A practical guide for parents and professionals by Gillian Harris and Elizabeth Shea

Autistic teens avoidant eating workbook by Eliabeth Shea

Autism and eating disorders in teens: A guide for parents and professionals by Fiona Fisher Bullivant and Sharlene Woods

Supporting autistic people with eating disorders: A guide to adapting treatment and supporting recovery by Kate Tchanturia