



Autism and Eating

Why has Autism Accreditation created this booklet?

Eating a varied diet is good for your health, but many people don't achieve this. Some autistic people have a restricted diet, eating only a limited range of food. Others may over-eat.

This booklet is based on information provided by the National Autistic Society:

<https://www.autism.org.uk/about/health/eating.aspx>

It is aimed at people who are supporting an autistic person. It may also be helpful for autistic people themselves who may have concerns about their eating habits.

It identifies what problems to look out for, how to work out the cause, general pointers, ways you can help, professionals who could help, and how to find further information.

Problems to look out for

Rigidity around foods is very common, not just for those on the autism spectrum. There's no need to be too

concerned if a person is eating foods from each of the main food groups, and if appear healthy.

Get advice if you or a person you know is:

- accepting fewer than 20 foods
- refusing all foods from one or more food groups
- constipated – constipation can have a huge impact on appetite and may require medication
- suffering from tooth decay as a result of their diet
- losing weight or not growing well
- gaining weight excessively
- displaying behaviour, e.g. tiredness or pica (eating non-edible items) that might indicate a vitamin or mineral deficiency (e.g. iron deficiency anaemia)
- missing work or school due to eating problems
- coughing and choking while eating, or has recurrent chest infections, especially if they have developmental delay or physical disabilities
- missing out on social opportunities, e.g. if they and their family can rarely go out due to the eating problems.

Finding the Cause

Start to take note of what is eaten and when. Sometimes, a food diary can be reassuring – you may in fact see that a person eat a wider range of foods than you originally thought.

Here are some examples of what to include.

- What time of the day did they eat? – 11.05
- What did they eat? – Salt and vinegar crisps
- Where did they eat? – In the living room
- How much did they eat? – Two bags
- Who was there? – Mum, friend
- How did people around respond to then eating the particular food? – Mum praised, friend had no reaction
- Were there any environmental factors? – Radio was on in the background

This could reveal some causes of the eating difficulties, whether over-eating or restricted eating. Try to work out whether it is the amount, type or range of food being eaten which is the core issue, and then what underlying problems, or sensory issues, may be involved.

General pointers: communication, rewards, exercise, modelling

Communication

With any approach, it is important that you communicate in a clear, consistent and calm way.

A social story could help someone to understand why we eat and the function of food, eg:

- food provides us with fuel/power, which enables us to do things we enjoy
- eating food from all the food groups gives us energy
- missing out food groups can make us tired.

Presenting information visually can also help. You could:

- produce clear daily and/or weekly menus of foods – display the time of next meal in a prominent position
- provide visual tools to help the person express and recognise their needs, feelings and preferences, such as stress scales, hunger and fullness scales, or happy/unhappy face pictures
- have a food group chart, with a rule that they must have at least one food from each group each day.

Try not to categorise foods into healthy and unhealthy, or good and bad. This can sometimes be taken too literally and can cause further problems.

Try to be very specific when talking about food, or using pictures of food. For example, apples look and taste different, but we call them all apples. It's possible that the person likes golden delicious apples, and dislikes braeburns, but is confused by you showing them a picture of a green apple, then bringing them a red one.

Find out more about communication, visual supports and social stories.

Rewards

Using reward systems can be effective. However, avoid using a preferred food as a reward for trying a new or non-preferred food. It could make the preferred food even more attractive, and the new food appear like a chore. Also, ensure the emphasis of the reward is not just on eating a certain amount of a non-preferred food, but on tolerating new food being around, or tasting a new food.

Exercise

Encourage activities which involve movement and exercise. This can help with weight loss (if that's needed) and reducing stress, which may have contributed to over-eating or under-eating. If the person is reluctant, think

about whether there could be any underlying reasons, eg difficulty with balance, or socialising.

Read more about sensory issues such as balance, social skills and physical activity.

Modelling

It can be helpful to model the behaviour you're trying to encourage. This might mean that the whole family takes part in exercise, avoids snacking between meals, or follows a rule about eating something each day from each food group.

Ways you can help

Always speak to a GP, dietitian or other medical professional about the problems.

Below are some examples of possible underlying problems – sensory issues, illness, food presentation, social issues, obsessions and routines, coping strategy, volume and variety, other conditions – and things you could try to address them.

What works for one person may not work for another.

Sensory experience

Many autistic people experience sensory issues; being over or under-sensitive to sights, sounds, smells, tastes and textures. This can affect a person's experience of meals

and relationship with food, and cause anxiety around food.

Environment

The person might find it too distracting to eat in a noisy canteen – find out if they could eat in a quiet room instead. The chair they sit on may be too hard – add a cushion.

Playing some favourite music or a story in the background can be relaxing, distracting the person from the usual anxiety around eating.

Food

People who are very sensitive to smells and taste may prefer to eat quite bland food, and may find strong food smells overpowering. Under-sensitivity to taste or smell may mean the person prefers stronger flavours. Particular smells and flavours may be a source of intense pleasure. Some people might find the feeling of hard food, or sloppy food, unbearable.

"I had a big problem with food. I liked to eat things that were bland and uncomplicated...I didn't want to try anything new...I was supersensitive to the texture of food, and I had to touch everything with my fingers to see how it felt before I could put it in my mouth."

Baron and Baron (1992) in Attwood (1998), p.96

Try modifying food to improve the sensory experience, for example by puréeing or using food colouring, and

introduce a new food or textures in small steps, for a gradual desensitisation.

First let the person just look at it, then touch it, then invite them to put the food on their plate, then smell it, lick it, put it into their mouth, bite it, chew it, and swallow it. Try not to react negatively to food being spat out. This is helping them to become comfortable with different foods being in and around their mouth.

These steps could take months to complete. Try to see the goal as learning about and being comfortable around different foods, rather than getting them to eat all of the different foods presented.

Read more about sensory issues.

Discomfort and illness

Physical pain and discomfort can affect how a person eats. Gut pain could cause a person to over-eat for comfort. Constipation can dampen appetite. Heartburn can stop someone wanting to continue to eat. Toothache and mouth ulcers can make someone reluctant to put things in their mouth. Some medication can affect appetite (eg Ritalin) or cause stomach upsets (eg antibiotics). A bloated intestine could cause a person to feel full when in fact they aren't.

Support the person to communicate physical pain or discomfort, eg by using a visual stress scale, PECS (Picture Exchange Communication System), pictures of body

parts, symbols for symptoms, or pain scales, pain charts or apps.

Food presentation

Attention to detail, and difficulty with change, is characteristic of autistic people. The way the food is presented or positioned on the plate, or the food's packaging, may dictate whether it is eaten or not.

Has the positioning of the food on the plate been altered? Is the food over- or undercooked? Are there 'bits' on the food? Has the packaging changed? Is the logo a different colour? Is the box damaged? Have you bought a different brand?

Social considerations

Some people eat better in the company of their family or peers. They may be more willing to try new foods if they see other people trying the same food and enjoying it.

For others, the social nature of mealtimes can be stressful. They might be more relaxed, and eat more volume or variety, if they ate alone in another room.

If a meal is not going to be at home, prepare the person in advance by telling them who will be there, who will they be sitting with or next to, what people might talk about, and what they could say to start a conversation.

Obsessions, special interests and routines

Many autistic people have obsessions. If certain foods, or calorie counting, are an obsession, this could lead to over-eating, under-eating or a rigid diet.

But obsessions, or special interests, can also prove helpful.

You could try to channel an obsession with eating, or with weight loss, into something positive such as cooking and writing recipes. You could use a special interest to encourage them to eat more volume or variety, eg by eating from a Thomas the Tank Engine plate, cutting food into rocket shapes, or exploring foods from the country or region of their favourite singer or sports team.

Many autistic people rely on routine and sameness. To eat well, they may need to have meals at the same time every day, be seated in the same position at the table, or always use the same plate or cutlery.

This need for sameness could also explain a person's preference for processed foods. Processed foods are predictable, designed to look and taste the same each time. In contrast, there will always be natural variation in fresh food. Introduce new foods or textures in small steps.

Read more about obsessions, repetitive behaviours and routines.

Coping strategy

Sometimes, what appears as an obsession is in fact a coping strategy. Some autistic people say the world feels overwhelming and this can cause them considerable

anxiety. Some people may over-eat, or avoid food, as a result of low self-esteem or anxiety.

Try to minimise any stressful things the food diary has revealed, or encourage a different coping strategy, such as spending time on their special interest, or using the Brain in Hand support app.

Volume and variety

If over-eating is still a problem after looking for causes and ways to address them, you could try:

- reducing food portions, and using a smaller plate
- showing them the empty saucepan, confirming verbally that the food has all gone
- setting rules relating to restaurants and food shops eg if you have a starter you cannot have a pudding
- creating a food timetable, eg snacks at 10am, 3pm and 7pm, reducing the amount of food intake gradually
- providing visual hunger and fullness scales to help with expressing and recognising cues.

If under-eating is still a problem, you could try:

- increasing food portions, and using a bigger plate

- increasing the person's contact with food – making simple things such as sandwiches, fruit kebabs, little cakes or pizzas – to encourage positive associations
- providing visual hunger and fullness scales to help with expressing and recognising cues
- introducing a food book – place pictures or drawings of foods that the person likes in the front of the book, and those they don't at the back. As they try new food and expand their diet, the pictures can be gradually moved forward in the book.

Other conditions

Eating can be affected by a delay in physical development or low muscle tone. You could encourage activities that help to develop mouth and jaw movement such as using straws, blowing a whistle, blowing bubbles or using a toothbrush.

Some people over-eat because they aren't able to know when they are full. This is a symptom of Prada-Willi syndrome, a rare genetic condition.

Professionals who could help

Your GP might refer you to one or more of the following professionals or places.

- Dentist: eating difficulties may result in, or be affected by, poor dental hygiene management or toothache.
- Dietitian: they offer assessment and treatment of dietary related health problems such as constipation, allergies and intolerances as well as practical advice on eating problems, weight gain and weight loss. Ask your GP or consultant to refer you to an NHS dietitian or find a private dietitian and visit Paediatric Autism, a specialist sub-group of the British Dietetic Association.
- Eating disorder clinic.
- Clinical psychologist or psychiatrist: if the problem is thought to be psychological, these professionals can help with cognitive and behaviour strategies.
- Paediatrician: experts in child health issues who can help provide solutions to dietary issues and investigate underlying problems.
- Occupational therapist (OT): may be able to offer advice on how you manage the situation at home. Find an occupational therapist with autism experience, and other OTs in private practice.
- Speech and language therapist (SALT): can advise on feeding issues and swallowing problems (dysphagia). Find a speech and language therapist with autism experience, and other SALTs in private practice.
- Counsellor: trained to talk through a variety of issues. Find a counsellor with autism experience.

Further information

Note: Whilst it is hoped that the following links may be helpful each autistic person is unique and there is no one size fits all approach or resource.

The NAS Online Community

<https://community.autism.org.uk/?Redirected=true>

Autism and eating issues: an interview with Dr Elizabeth Shea, 2016 (video)

<https://network.autism.org.uk/knowledge/insight-opinion/autism-and-eating-issues-interview-dr-elizabeth-shea>

Beat, the UK's eating disorder charity

<https://www.beateatingdisorders.org.uk/>

Can't eat won't eat: dietary difficulties and autistic spectrum disorders, Brenda Legge (2002)

<https://www.jkp.com/uk/can-t-eat-won-t-eat-2.html/>

Eating disorder or disordered eating?, Dr Elizabeth Shea (2016) - article looking at the differences between avoidant eating and anorexia nervosa

<https://network.autism.org.uk/good-practice/case-studies/eating-disorder-or-disordered-eating-eating-patterns-autism>

The Eatwell Guide (NHS)

<https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

Food chaining - The Proven 6-Step Plan to Stop Picky Eating, Solve Feeding Problems, and Expand Your Child's Diet, Cheri Fraker (2007)

<https://www.amazon.co.uk/Food-Chaining-Proven-Feeding-Problems/dp/1600940161>

Food...fun, healthy and safe, Books Beyond Words

<https://booksbeyondwords.co.uk/bookshop/paperbacks/food-fun-healthy-and-safe>

