



IMPROVING NUTRITIONAL OUTCOMES FOR NEURODIVERGENT PEOPLE

PRIMARY CARE CONFERENCE 2025.
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OVERVIEW

- 01 Terminology and stats
- 02 The big question
- 03 Human stories. Introducing Jane, Marlon, Ali (names of patients and significant others including pets changed for confidentiality.)
- 04 Fresh thinking



TERMINOLOGY

Neurodiversity is usually defined as the range of differences in brain function throughout the human population, whereas **neurodivergence** is variation from 'typical' function. (About 15% of the UK population. A few million maybe 10 million)

Burnout

Proprioception

**Strong long-term
memory**

Hyperfixation

**Sensory processing
differences**

**Executive functioning
challenges**

Creativity

**Emotion regulation
difficulties**

Interoception challenges

Rigidity

**Rejection sensitive
dysphoria**

Distractability

Impulsivity

**Social
awkwardness**

Passion for social justice

SO WE SEE MORE...

- People living in bigger bodies (64-70% more likely to be living with obesity) - diabetes, cardiovascular disease, musculoskeletal issues
- Nutritional deficiencies - energy, protein, micronutrients, fibre
- Functional gastrointestinal disorders, IBS, gut dysbiosis
- Eating disorders - binge eating, anorexia, RSH, OSFED, bulimia, ARFID, rumination syndrome, PICA
- Creates more demand down the line, more misery for people and greater need for public money.

CAN THE UK HEALTH SYSTEM OF 2025 IMPROVE
NUTRITIONAL OUTCOMES FOR
NEURODIVERGENT PEOPLE?

Human stories

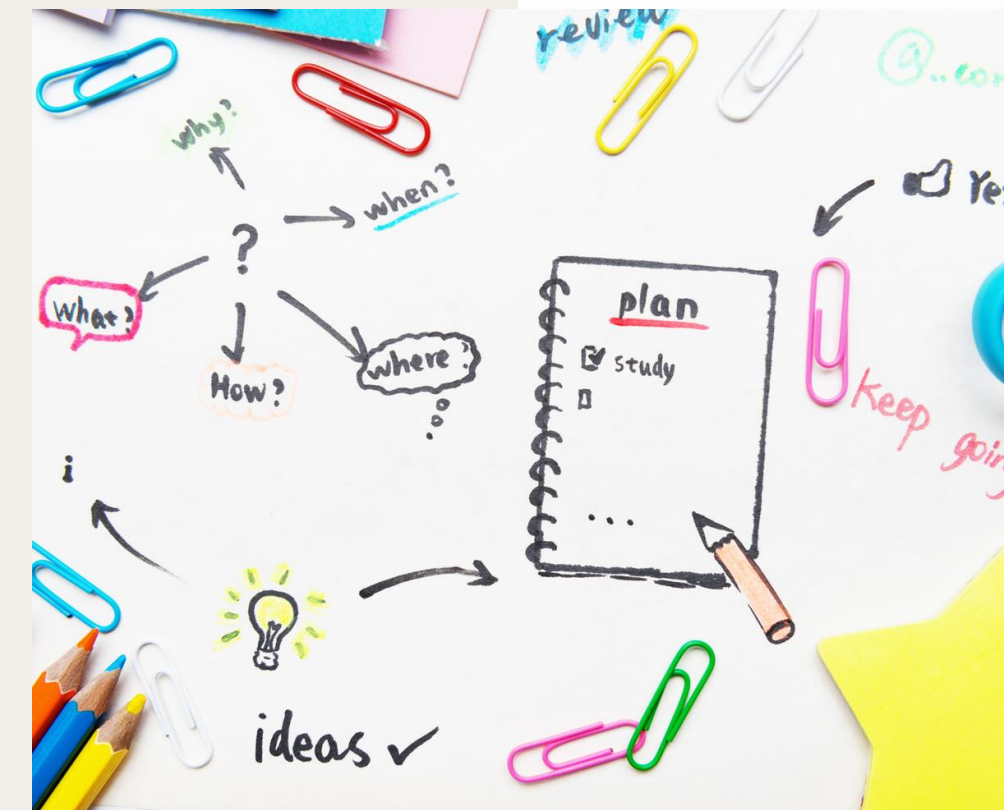


CHALLENGES

- Sensory preference
- Time allocated to support cooking/cooking skills of support staff
- Emotional and boredom eating
- Impulsivity
- Lack of physical activity
- It was very difficult to eat well
- It was very easy to make less helpful choices
- No PBS plan

POSITIVE BEHAVIOURAL SUPPORT PLAN

- Collaboration with NHS psychologist allocated to the supported living setting
- Antecedent, behaviour, consequence
- <https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/05/pbs-comp-framework.pdf>
- Desire in the moment triggered by antecedents that can be managed and is not the same as a long term personal wish



□ EASY

□ HARD

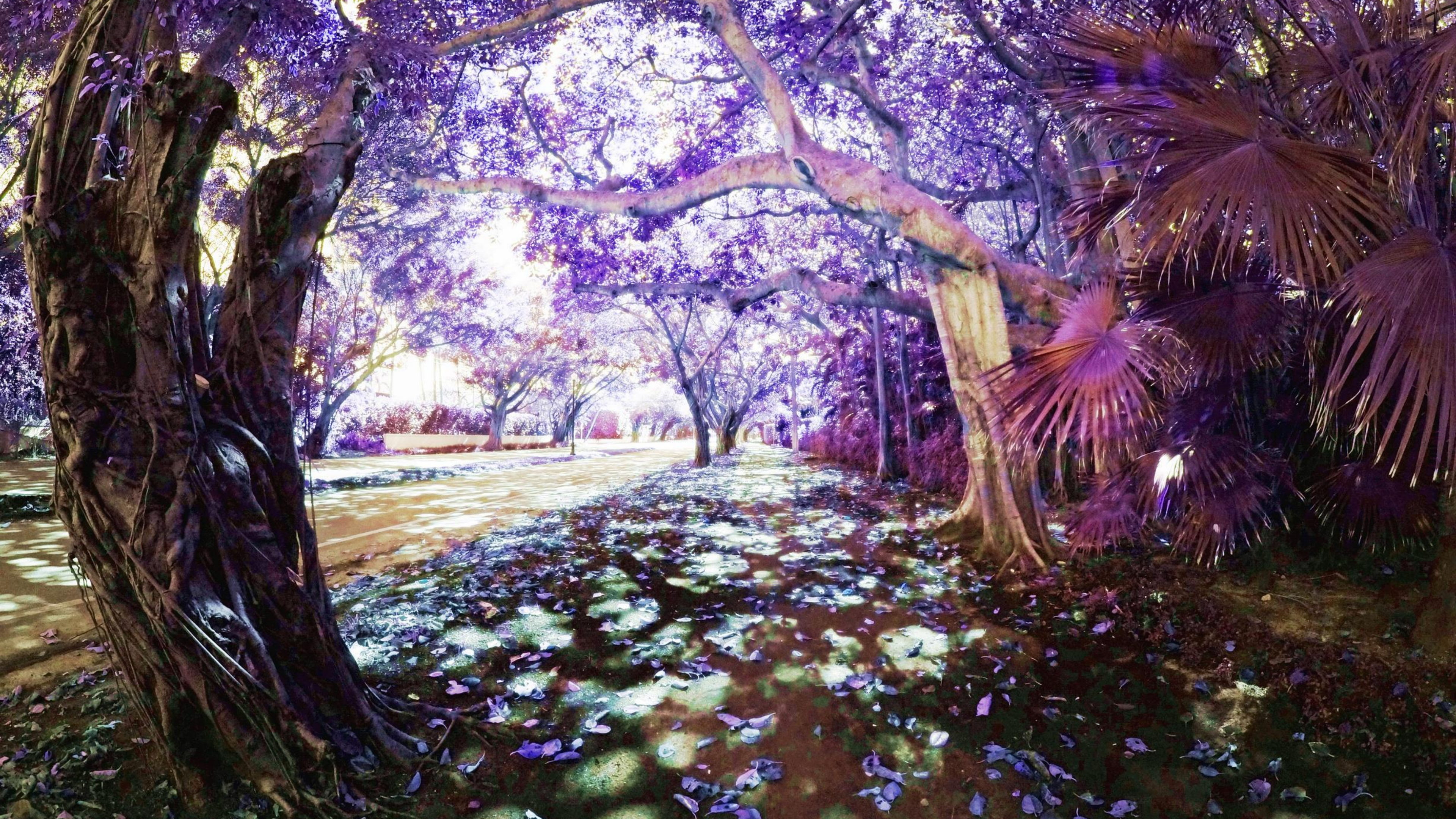
OUTCOMES - 1 YEAR

- Reduced asthma and BP meds, DM reversed
- BMI 29.4
- Improved self esteem, enjoying buying new clothes
- Dance classes - teaching staff
- Running and walking
- PBS plan reducing behaviours that challenge



AMEND NICE GUIDELINES TO GO BEYOND STRESSING
THE IMPORTANCE OF EATING WELL. HIGHLIGHT
HELPING PEOPLE MANAGE NEURODIVERGENT TRAITS
SO THAT THEY CAN EAT WELL





TEAM

- GP - monthly sessions, in person - NHS
- OT - weekly sessions online - Private
- Therapist - weekly sessions online - Private
- Dietitian - fortnightly sessions online - Private
- The patient
- The patient's pets





OUTCOMES - 2 MONTHS

- Multivitamin sprinkles in coffee - magic
- High dose vitamin D being taken as prescribed
- Bar now open 4 days/week with a “happy hour” (BOGOF)
- Keen to get loyalty card rewards
- Food chaining from crisps through diferent chips to potato wedges then to crispy bread and crackers
- Cold meats and vegan cheese added to “picky bits” at the bar



CAPITALISE ON PATIENT STRENGTHS
ICB INNOVATION
PUBLIC FUNDING (PIP)
FOR PRIVATE SERVICES
TO FILL NHS SERVICE GAPS?



**Vit D and
iron
deficient**

**Always up late
so never has
breakfast**

Never feels hungry

**Very distracted
only eating tiny portions**

**Hyperfixation
with Aymes
stopped**

**School lunches great
because can have chips
daily**

**Severe anxiety about blemishes
on fruit and vegetables**

**Sensory overwhelm from school day and
at meal table with large family.
Needs to be alone/game or to do boxing**

**Anxious about weight.
Described self as fat.**

**Worried might not be able to get through
doors or put on clothes to go to school.**

**Needed foods to have a very specific and
consistent texture**

**Impulsive
eating**

TEAM

- GP - NHS
- Dietitian - weekly sessions online - Private
- Recommended neuro-affirming psychologist and OT
- Signposted parents to information about demand avoidance on autism.org.uk website and sensory diet



EMPOWER

OUTCOMES - 6 MONTHS

- Eating breakfast daily - cereal and milk in his room - less overwhelm
- Using a “build a balanced meal tool” to choose a nourishing pre boxing lunch at school - autonomy
- Has a menu of milkshakes, picks 1 to have after boxing - helps with hyperfixation
- Eating meals cooked as per his crispiness spec. - helps with sensory challenges
- Eats with Dad less overwhelm, still connected
- Weight stable
- Taking vitamin D supplement and multivitamin with iron



RE-IMAGINE EATING DISORDER SERVICES AS EATING DIFFICULTY SERVICES?????

Watch this space for Zoe Connor et al Delphi
study

“THERE’S NO EVIDENCE” - SEE PUBLISHED CASE STUDY AT THIS LINK
[HTTPS://WWW.BDA.UK.COM/RESOURCE/HOW-DIETITIANS-CAN-BRING-HOPE-AND-BETTER-HEALTH-TO-PEOPLE-WITH-ADHD.HTML](https://www.bda.uk.com/resource/how-dietitians-can-bring-hope-and-better-health-to-people-with-adhd.html)

STRESS IMPORTANCE OF PROFESSIONAL OVERSIGHT
AND MONITORING.
HIGHLIGHT INCREASED RISK OF ED IN NICE
GUIDELINES

WHAT NEXT?

- Weave understanding of how to manage neurodivergent traits that impact eating into pre-registration curricula
- CPD courses
- Research
- Enhance NICE guidelines
- Seek to understand neurodivergent strengths and how they can support behaviour change
- More NHS private practice collaboration - take down the barriers
- Eating difficulties services vs Eating disorders services.



QUESTIONS

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