

## **Thoughts from the Autism Sub-Group Committee on unanswered questions from the autistic burnout webinar 20.10.25**

### **Several questions around safety along lines of “what to do when diet is very restricted and health problems are arising”**

It may help to refer to July’s webinar with Paola Falcoski on highly restricted intakes and ARFID in autistic people, available on the autism sub-group’s website along with other resources shared by Paola to support highly restricted intakes.

Some key points from Paola’s presentation which were echoed today by Jodie include creating felt-safety and supporting the nervous system e.g. through co-regulation; supporting the individual holistically to reduce stressors and demands. Burnout support and low demand approaches are not “doing nothing”, it is working to identify the individual needs, ensure expectations are in line with their capacity, meeting them where they are at, supporting sensory needs. Nutritionally this might look like using micronutrient supplements to address micronutrient inadequacies or polymeric supplements for overall nutrient inadequacy whilst increasing food repertoire or volume is not possible. Facilitate preferred foods. It might involve signposting families/individuals to sources of support around for example anxiety, school attendance difficulties, meeting sensory needs or advocating for their needs with education or health professionals. Working with the family or carer/s may be more appropriate than directly with the individual in significant burnout. Jodie talked about the potential need to present to A&E if there are serious concerns of harm to the individual. Our peer support session in June looked at advocating for a patient with severe malnutrition (incl. scurvy), autism & ARFID (tube feeding case study) with medical colleagues – we may need to escalate concerns to dietetic and medical managers if high risk concerns are not being listened to.

### **Any tips for when someone is struggling a lot to eat and is losing weight quickly/significantly underweight, as it may take time to get appropriate support in place for burnout?**

Would need to fully understand the reasons behind the eating difficulties to further support as this is very individual. Are any foods tolerated, can they be increased? Reassure that previous food / nutrition goals have shifted and focus would now be on eating as act of self care / keeping body gently fuelled. Any calories count - convenience foods, ready meals, smoothies, meal replacement drinks. Explore if softer, blended, or predictable-texture foods are easier (soups, yoghurts, noodles, porridge, smoothies) or if warm foods or drinks (soups, toast, tea) can help activate interoceptive awareness and comfort.

Reduce effort barriers: eg pre-cut fruit, microwave rice, frozen meals, snack boxes, pre-made sandwiches.: batch-prep small portions on a good day or use meal delivery if possible List low-effort options on the fridge to help reduce decision fatigue.

Have medical reasons been ruled out or is medical review of physical health needed due to malnutrition risks? June’s peer support case study might be helpful (tube feeding for ARFID-

related malnutrition) along with July's webinar on highly restricted intakes and the accompanying resources & guidance.

Usual nutrition support principles apply, if nutritional needs are not able to be met orally, including via supplements, enteral feeding may need to be considered. For some this may be a lower demand option than eating as the pressure to eat and anxieties around weight loss are removed. Provide information, be clear about nutrition risks and promote autonomy with decision making to help the person/family decide on best/least distressing options. Seek support from experienced colleagues if required; the autism sub-group has a discussion group that might be useful here and can be accessed via our website. Use MEED guidance but be aware this doesn't adequately cover micronutrient deficiencies.

### **Several questions around differentiating between burnout/PDA/physical health conditions/depression**

Using burnout approaches to support eating are unlikely to be detrimental, so if burnout/nervous system overwhelm seems likely or possible (history taking should indicate this) it seems sensible to try burnout support approaches. Focus on the individual and their needs more than diagnoses. Burnout is not a medical diagnosis and it can co-exist with other conditions. The overlap between similarly presenting conditions is not fully understood. Obtaining other diagnoses is not always possible e.g. waiting lists of many years (e.g. neurodivergence), exclusions to diagnostic services (e.g. autism and ARFID/eating disorders) or many years of investigations to reach a diagnosis (e.g. ME/CFS, Ehler's Danlos). If we suspect other things might be impacting the clinical presentation we need to signpost or refer to other professionals or medical colleagues.

Specifically wrt PDA, the PDA Society website is a useful resource for understanding more about the PDA profile and presentation. December's upcoming webinar on PDA and eating may also be helpful. With PDA the demand avoidance extends to things that are not "logical", for example things the individual wants to do will be avoided. Low demand/low arousal approaches that promote safety and support the nervous system are helpful for all types of demand avoidance whether it is PDA or not.

### **Is restrictive eating always a sign of burnout?**

No, there may be many other reasons contributing to restricted eating. Careful dietetic history taking will help to indicate whether burnout may be in the mix. Exhaustion is a feature of burnout, though this may appear differently with ADHD.

### **Could you get burnout on top of ARFID?**

In theory yes. Typical ARFID support may contribute to burnout if the approaches are not in line with the individual's capacity/place too many demands and expectations that are not able

to be met. Though perhaps for neurodivergent people the burnout might more likely/ often underpin some ARFID or ARFID-like tendencies when restricted eating intensifies.

### **How to reintroduce food to an NG fed autistic teen refusing food?**

This is likely to need an individual approach based on the reasons behind the individual's difficulties with eating which may vary between different foods. Understanding the likely complex reasons behind the various eating difficulties will be important. If burnout is in the mix then they may need to be further on in their recovery journey before they are able to engage with thoughts about food and eating. They will likely need autonomy and to lead the process when they are ready.

Jodie highlighted the importance of promoting safety – initially within the home and their key people, and then safety with key professionals as they can widen their social circle. How can we as professionals promote this safety and be a safe person to the individual? Is trauma-informed practice understood and in place? We may need to work through other safe people rather than directly with an individual. Similar to Jodie today, Laura Hellfeld's talk in May about sensory aspects of eating also made reference to this area and the state of our nervous system impacting our ability to engage with food and eating (available on the autism sub-group website).

Professional reflection on whether there may be ableism or neuronormativity in expectations around eating/"normal eating" might also be worthwhile. Perhaps we might reframe the difficulties as being unable to eat. Aim to ensure we are providing neurodivergence-affirming care in line with the BDA (2025) Autism Position Statement (see BDA website/autism sub-group website). We may need to have conversations with others in the MDT who may be using a medical model approach and trying to normalise autistic eating.

### **How to approach if not yet on the journey of being autistic?**

Approach it from a needs perspective. The same support can be provided, i.e. low demand, rest, supporting autonomy, meeting sensory needs etc. without discussion of autism.

### **How to support and reassure parents that doing less may be more helpful as they are understandably anxious?**

There are a number of resources available to parents to support understanding of autistic burnout. If parents are open to finding out more, signposting to some of the following may be useful e.g.

- Jodie's website and resources (some free, some paid) <https://jodieclarke.co.uk/autistic-burnout/>
- Viv Dawes is another excellent autistic advocate on burnout with a range of resources <https://www.autisticadvocate.co.uk/autisticburnout>

- NHS resources include [Autistic fatigue and burnout | Autism Space | Leicestershire Partnership NHS Trust](#)
- National Autistic Society [Autistic fatigue - a guide for parents and carers](#)
- Resources for teens/young autistic people <https://autismunderstood.co.uk/struggling-as-an-autistic-person/autistic-burnout/> [Autistic burnout - what helps - Autism Understood](#)

Books on burnout (some for adults/parents, some for teens/YP):

- Jodie Clarke – Stop the World I Want to Get Off, Young Autistic & Burnt Out
- Viv Dawes - Supporting Autistic Children & Young People Through Burnout, The Young Person's Guide to Autistic Burnout
- Dr Naomi Fisher – The Teenagers Guide to Burnout