Working with ADHD in Dietetics

Key Considerations for Dietitians

ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a lifelong neurodevelopmental condition.

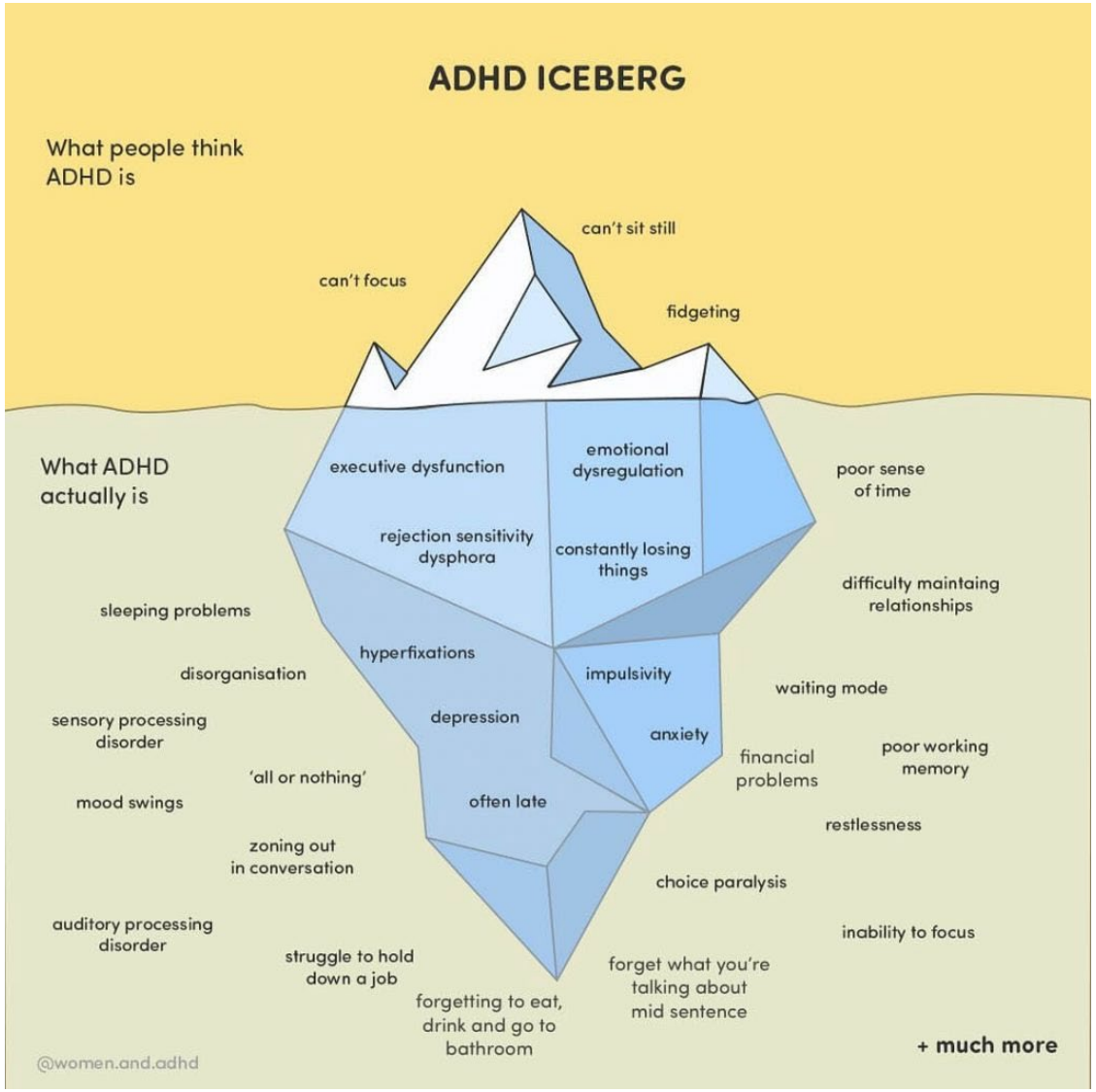
The three subtypes of ADHD are:
- Predominantly **inattentive** (~20-30% of cases)
- Predominantly **hyperactive-impulsive** (~15% of cases)
- **Combined** type (~50-75%)

Inattentive symptoms can include:

- having **a short attention span** and becoming **easily distracted**
- **forgetfulness**
- **careless mistakes**
- **difficulty completing tedious or time-consuming tasks**

Hyperactive/ impulsive symptoms can include:

- **fidgeting** and being **unable to sit still**
- **excessive talking**
- being **unable to concentrate on tasks**
- **interrupting conversations** and
- **acting without thinking**



ADHD

Symptoms not currently in DSM-5 diagnostic criteria but commonly cited by ADHD researchers, advocates, charities, blogs etc. include:

- Emotional dysregulation
- Poor working memory
- Rejection sensitivity dysphoria

What might be different?

Post in the chat – How could ADHD impact engagement with dietetics?

Communication Differences

- Inattentive symptoms can cause difficulty with:
  - **active listening,**
  - **staying on topic**
  - **focussing** during conversations
  - **remembering details** of conversations

- Hyperactive and impulsive symptoms can cause difficulty with:
  - **restlessness** or physically moving during conversation
  - **interrupting others**
  - **speaking too quickly** to be clearly understood
  - **struggling to control emotions** during conversation
  - **speaking before fully formulating thoughts**

What else you might see

- Arriving late or missing appointments
- Appearing distracted during an appointment or losing train of thought
- Forgetting their goals/ plan, or not achieving goals previously agreed
- Fluctuating motivation
- Impulsive eating/ behaviours
- Struggling to set goals or setting too many/ unachievable goals

Mental Health

Mental Health

"Specialist ADHD diagnosis is key to managing both primary and secondary issues effectively"

- **People with ADHD** are **more likely to experience mental health conditions** than the general population.
- Mental health conditions are often **secondary to poorly managed** (possibly undiagnosed) **ADHD.**
- Common secondary mental health conditions include:
  - Depression
  - Generalised anxiety
  - Social anxiety
  - OCD traits
- When **ADHD is well-managed, secondary mental health conditions can decrease in severity.**

- **People with mental health conditions** are **more likely to have ADHD** than the general population.
- Common primary mental health conditions include:
  - Depression
  - Anxiety disorders
  - Bipolar disorder
  - Substance use disorder
  - Personality disorders
- **Overlapping symptoms between mental health conditions and ADHD** may lead to:
  - **ADHD being mis-diagnosed** as a mental health condition
  - **ADHD being missed/ not diagnosed** due to a pre-existing mental health condition

Disordered Eating

- **People with ADHD** are **more likely to experience eating disorders** than the general population
- **People with eating disorders** are **more likely to have ADHD** than the general population
- Eating disorders commonly associated with ADHD include:
  - Bulimia Nervosa
  - Binge Eating Disorder
  - Anorexia Nervosa
  - ? ARFID (limited evidence base)

- Disordered eating can be a contraindication to prescribing certain medications for ADHD

Diet

Post in the chat - How might ADHD affect someone’s diet?

What you might see

- **Difficulty with meal planning** and sticking to planned meals
- **Irregular eating**/ skipping meals/ struggling to establish routine
- Taste fatigue/ **boredom** with food/ need for more variety
- **Impulsive eating/ impulsive food choices**
- Tendency towards more **snack foods, convenience foods and takeaways**
- **Seeking stimulation through food** i.e. intense flavours, fizzy drinks, 'junk' food
- **Difficulty recognising hunger cues**/ reduced hunger through medication
- **Difficulty recognising or responding to fullness cues**, continuing to eat past point of fullness
- **Overwhelm**/ procrastination with **food preparation/ planning/ food shopping**
- **Disorganised food storage** i.e. duplicate items, food spoiling before use, missing ingredients
- **Fixations on specific foods** for short periods of time
- **Cycles of making healthier changes for short periods** then losing momentum

Diet

- People with ADHD are at increased risk of **obesity**, **type 2 diabetes** and **cardiovascular disease**.
- Strong evidence base suggests **correlation between ADHD and poor diet** (i.e. more processed food, fewer fruits and vegetables, less protein).
- Dietary supplements are commonly marketed towards ADHD, promising to aid symptom management.
- Evidence base for **dietary supplements** for ADHD is **inconclusive**.
- NICE guidelines recommend **referral to dietitian if dietary triggers for ADHD are suspected:**

NICE Guidelines for ADHD:

- **Advise people with ADHD to eat a normal healthy diet and take regular exercise:**
  - Do not routinely recommend eliminating artificial colourings and additives from the diet. However, if there appears to be a link between certain foods or drinks and ADHD symptoms:
    - Advise parents or carers to keep a diary of food and drink consumed and associated behaviour.
    - Refer the person to a dietitian if the diary supports a relationship between specific foods or drinks and behaviour. Joint management by a dietitian, specialist, the parent or carer and the child or young person, is recommended before specific dietary elimination is considered.
  - Do not routinely recommend dietary fatty acid supplements for people with ADHD.

Potential symptoms of a poor diet



Irregular eating → fatigue, headaches, difficulty concentrating, anxiety, low mood, irritability



Dehydration → fatigue, headaches, difficulty concentrating, anxiety, low mood, irritability



Nutritionally unbalanced diet → iron deficiency anaemia → fatigue, weakness, ? Difficulty concentrating



Nutritionally unbalanced diet → vitamin B12 or folate deficiency anaemia → fatigue, impaired memory/ judgement/ understanding

Management of ADHD

ADHD Medications

- The **first-line medications** recommended to treat ADHD in adults are **lisdexamfetamine** (Elvanse, Vyvanse) and **methylphenidate** (Ritalin, Concerta, Delmosart, Equasym, Medikinet). These are both classed as **stimulant medications**.

- Stimulant medications are effective in managing symptoms in around 70% of people with ADHD, and work by increasing levels of specific neurotransmitters in the brain (dopamine, noradrenaline and serotonin).

- Common or very common **side effects** of both medications **include:**
    - **weight loss**
    - **reduced appetite**
    - **dry mouth**
    - **gastrointestinal symptoms** including nausea and diarrhoea

ADHD Medications continued

Lisdexamfetamine is a licenced **treatment for binge eating disorder in America**. Not currently licenced for this in UK.

A UK double-blind RCT in 2022 investigated the appetite-reducing side effect of lisdexamfetamine:

- **A single dose of Lisdexamfetamine** caused participants to **eat less, and show less interest in high-fat food** compared to controls.
- The medication appears to **increase satiety, reduce food related reward when full and improve cognitive control**.

- If weight loss is a concern, limited **dietary strategies are recommended by NICE** including **taking medication after food** and including **more snacks** and **high-calorie food** in the diet.
- Obtaining dietary advice is recommended however **NICE does not specify who should provide this dietary advice**.

Benefits of exercise in ADHD

Exercise is recommended by NICE and NHS for adults and children with ADHD. It can:

- Improve symptoms of anxiety and depression
- Support sleep quality and energy
- Manage stress

- Reduce risk of obesity, heart disease, diabetes

Adapting practice

Reasonable adjustments

- Reasonable adjustments can help disabled people to **access services** (e.g. healthcare) **without being disadvantaged**
- We have a **legal duty** to provide reasonable adjustments under the Equality act 2010
- The requirement to make reasonable adjustments is also included in the **HCPC standards**

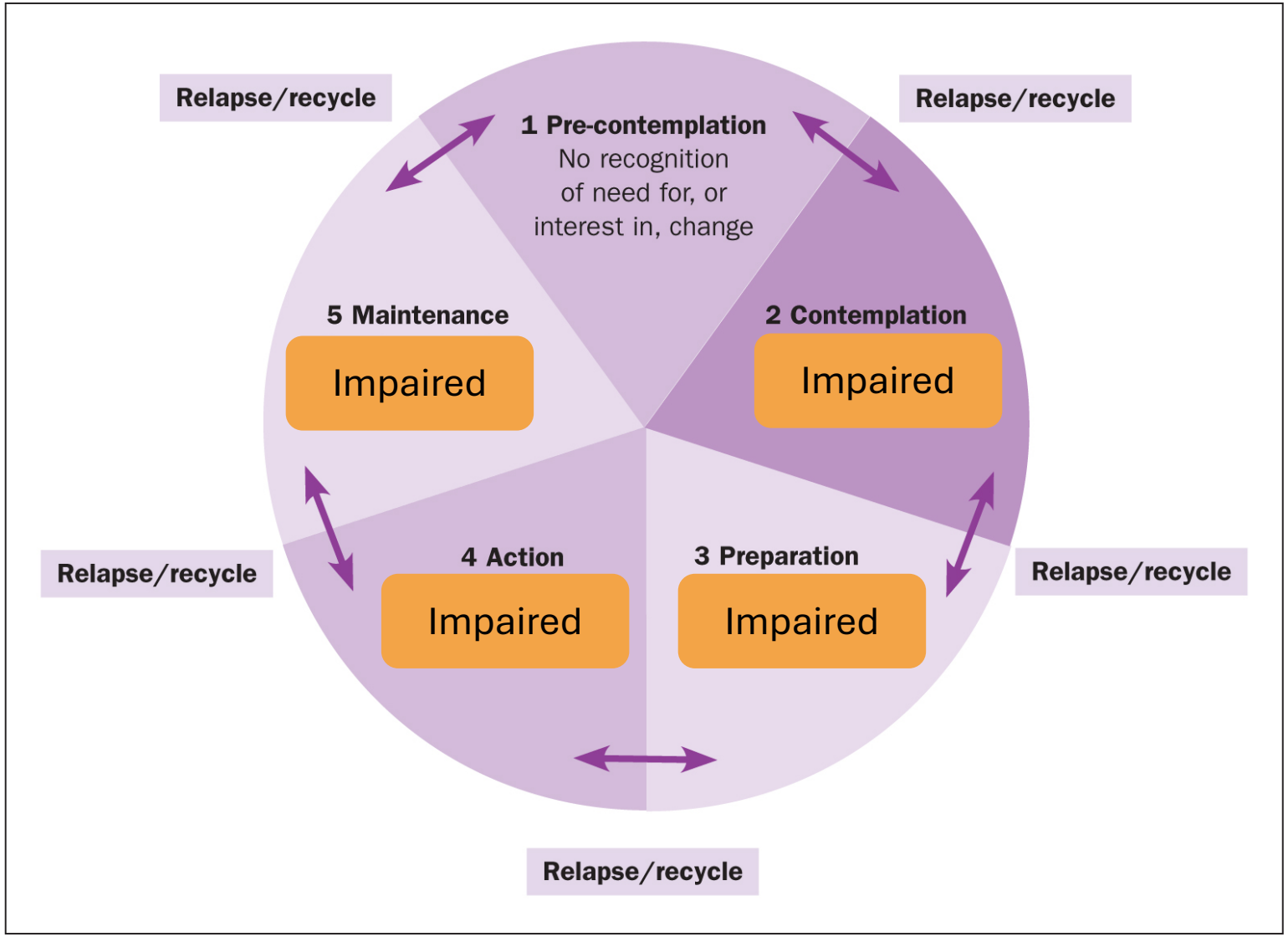
Reasonable adjustments will vary by person, but may include:

- Altering sensory environment i.e. lighting, background noise
- Allowing/ encouraging use of fidget toys/ sensory aids
- Longer appointments, later or earlier time of day etc.
- Appointment reminders (e.g. via pre-scheduled text or email)
- Follow up after appointments with written information

Behaviour change

Post in the chat - What barriers to behaviour change might people with ADHD experience?

How does ADHD impact behaviour change?

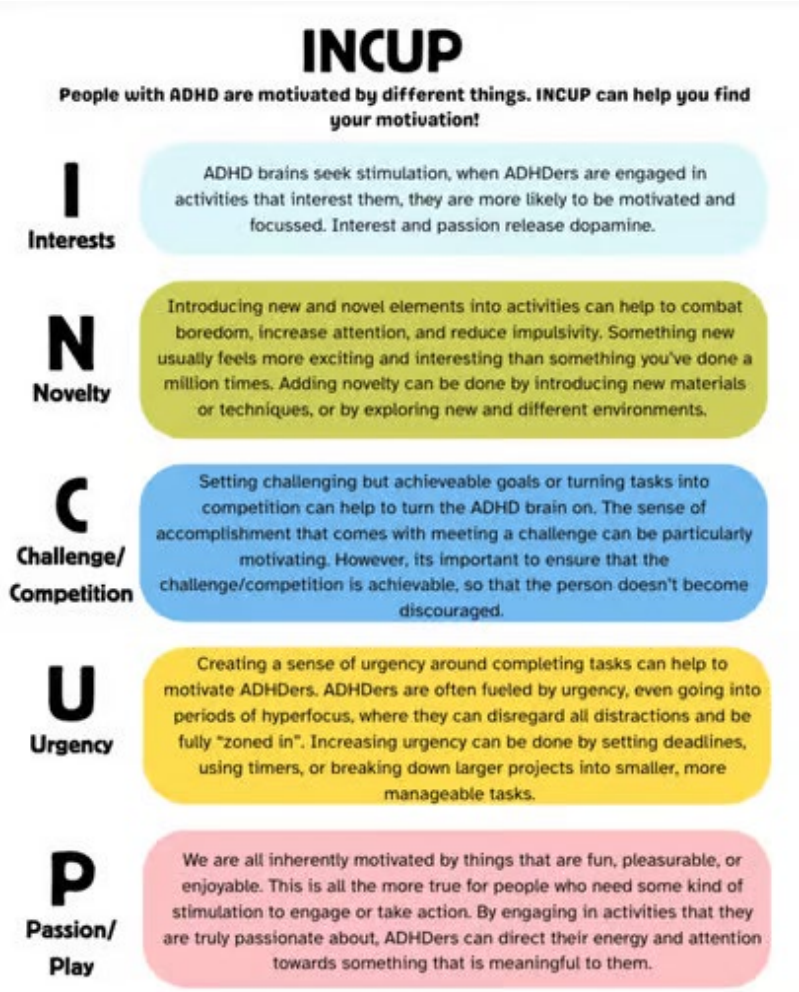


Motivation



A popular theory on ADHD and motivation by Dr William Dodson states that people with ADHD usually **have interest-based reward systems** whereas neurotypical people usually have **importance-based reward systems**.

- ADHD is liked to altered dopamine signalling, meaning **mundane and non-preferred tasks are less satisfying**. Therefore, **motivation is more strongly driven by** factors such as **immediate interest, novelty and urgency** rather than long-term importance.
- In neurotypical people, dopamine signalling typically works well, meaning tasks which are **mundane or non-preferred but important, are more satisfying than they would be for someone with ADHD**. Therefore, **motivation is driven more strongly by importance.**
- People with ADHD can experience a **disconnect between what they think is important and what they are able to do.**



Motivation continued

The **INCUP** acronym for ADHD motivation:

Interest – *e.g. rather than 'join a gym', 'I know you like watching football on TV, why don't you join a walking football club?'*

Novelty – *e.g. rather than 'stop takeaways on Fridays', 'try a meal popular in another country/ region every Friday, colour in a map as you go'. – note, goals might need to change frequently to remain 'novel'.*

Challenge – *not too hard or too easy. Consider how to track progress e.g. habit tracking apps, wall charts, calendars, bullet journals. Create milestones based on effort rather than just outcomes e.g. eating a piece of fruit or veg daily.*

Urgency – *e.g. must drink this whole bottle of water before 12:00 each day. Also consider more regular dietetic appointments.*

Passion – *What is the person really passionate about? i.e. their identity, core values etc. how does this intervention fit with that? E.g. being an active parent is important, but current poorly controlled IBS makes this difficult – therefore need to prioritise improving diet.*

Practical tips for balanced eating

- **Semi-structured meal planning** e.g. Fakeaway Fridays, slow cooker meal on Mondays
- **Balanced convenience food** i.e. stir fry kit, fajita kit, jars of pasta sauces, adding veg to ready-meals etc
- **Meal kit subscriptions** e.g. HelloFresh, Gousto, Mindful chef, Simply cook
- Convenient ingredients e.g. **pre-chopped frozen vegetables, microwave rice, baked beans**
- Alternative appliances e.g. **air-fryers** or **slow cookers** to reduce risk and increase convenience
- **Simple recipes** or/and keep a **list of easy meals ideas** (tomato pasta, jacket potato with tuna, chicken goujon + salad wrap)
- **Preparing meals in advance** to reheat later i.e. batch cook at weekend or another time of day
- **Keep snacks/ drinks in sight** if needed, **or out of sight**/ not easily accessible if appropriate
- Use **apps/ reminders** to prompt regular eating and drinking

Encourage the person to work **WITH** their brain, not against it.

ADHD in students and colleagues

Post in the chat - What value can a colleague with ADHD bring to a team?

Supporting ADHD in the workplace



Useful resources for ADHD for students and staff

Students/ supervisors:

- https://www.hee.nhs.uk/sites/default/files/documents/Guide%20to%20Practice-Based%20Learning%20%28PBL%29%20for%20Neurodivergent%20Students_0.pdf
- Speak to the university for further support including equipment

Staff:

- https://adhduk.co.uk/reasonable-adjustments/
- https://www.acas.org.uk/reasonable-adjustments/adjustments-for-neurodiversity
- https://www.gov.uk/access-to-work
- https://www.gov.uk/reasonable-adjustments-for-disabled-workers
- https://www.nhsemployers.org/publications/making-workplace-adjustments-support-disabled-staff
- Speak to occupational health team/ HR for further support

More information

- ADHD article – dietetics today: https://www.bda.uk.com/resource/adult-adhd-not-just-a-trend.html
- https://adhduk.co.uk/
- https://www.youtube.com/c/HowtoADHD
- https://www.cntw.nhs.uk/resource-library/supporting-nutrition-in-those-with-adhd/
- https://adhduk.co.uk/diagnosis-pathways/
- ADHD Diagnostic screening tool: https://add.org/wp-content/uploads/2015/03/adhd-questionnaire-ASRS111.pdf



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Adult ADHD – not 'just a trend'

Rebecca Guerin highlights the need for dietitians to understand ADHD

Key points

1 Adult prevalence of ADHD is currently estimated at 3–4% in the UK, although some argue that ADHD is under-diagnosed in adults. ADHD UK estimates more than 80% of adults in the UK with ADHD are currently not diagnosed.

2 People with ADHD are likely to follow an unhealthier eating pattern compared with the general population. This includes eating more processed foods, fewer fruits and vegetables and less protein.

3 The symptoms of ADHD and any co-occurring conditions can mean people with ADHD need reasonable adjustments to support their engagement with dietetic practice.

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