Definition and Patterns of Behaviour

Language and definition

We understand that there is some confusion around the term disordered eating which has been used in several contexts. For the purpose of this work, we are using the term disordered eating to mean eating behaviours of all types, including restricted eating and acute food refusal, which when properly assessed do not constitute a primary eating disorder such as anorexia nervosa, bulimia nervosa, binge eating disorder or ARFID. This group of young people may often have other mental health difficulties or psychosocial challenges; for example emotional dysregulation, where disordered eating behaviours may be one of the ways used to modulate distressing emotional states. Eating disorder-focused treatment or admission may lead to an escalation in the presentation and a worsening clinical picture.

A key aim of this work is to raise awareness and understanding that not all young people presenting with disordered eating necessarily have an eating disorder. It is important for those referring and assessing young people to consider what is driving and maintaining the eating behaviour. In cases of disordered eating, it can often be a symptom relating to either their neurodevelopmental needs, or in the case of dysregulation, part of alternating patterns of disordered eating behaviours, self-harm, and other impulsive behaviours used as a means of managing distress.

Patterns of behaviour

It is important for those referring and assessing young people to not automatically assume an eating disorder when disordered eating is observed, but to consider other possibilities in a comprehensive and holistic formulation.

Outlined below are some common patterns of behaviour seen with young people presenting with disordered eating. The information focuses on autism spectrum condition and emotional dysregulation / emerging emotional unstable personality disorder (EUPD). The examples below explore patterns of eating and possible drivers for this.

Autism spectrum condition

Possible patterns to look out for:

- Acute food / fluid refusal in response to a crisis (can be severe, with medical consequences)
- Pre-existing patterns of picky or faddy eating, preference for beige foods, narrow or idiosyncratic diets (assessment for ARFID might be indicated)
- The crisis may have been provoked by any number of challenging contexts that the young person is unable to tolerate and may seek to avoid. The severity of the crises

may be exacerbated by rigid, black-or-white thinking, challenges with understanding social context and negotiating peer or family relationships, and/or challenges with understanding and communicating thoughts and feelings effectively to resolve interpersonal conflict.

Emotion dysregulation / emerging EUPD

Possible patterns to look out for:

- Acute food / fluid refusal in response to a crisis (can be severe, with medical consequences)
- Alternating patterns of eating behaviours, self-harm, and other impulsive behaviours (symptom-substitution patterns or disorganised patterns)
- Can be in response to perceived rejection / abandonment
- May be in the context of going to extreme lengths to be or feel part of a group
- Used to modulate emotions, or has that effect unintentionally
- May be an alternative to severe self-harm or other risk-taking behaviour (may happen when trying to reduce these behaviours, e.g., when starting a new treatment).

Other issues to be aware of

- There may be a discrepancy between what is reported and evidence for the reality of this
- which lead to increased anxiety in professionals and carers There may be difficulty engaging with the support offered, and behaviour patterns
- There may be an escalation in impulsive or risk-taking behaviour in response to perceived rejection or abandonment, e.g. when a primary eating disorder diagnosis is not made, and similarly there may be an increase in risk to self when there are attempts to remove the NG tube or increase the meal plan.