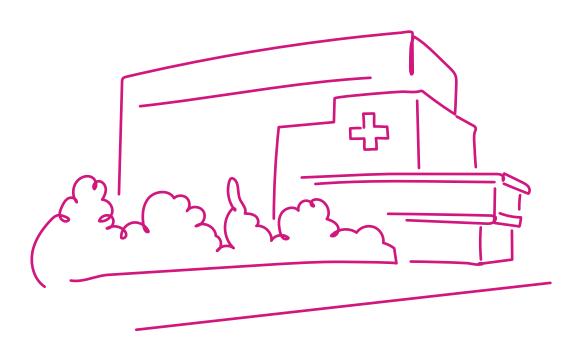




Overview

Hospital stays can be distressing for neurodivergent patients for a variety of reasons, including, but not limited to, differences in communication (e.g., difficulties expressing needs due to alexithymia and/or poor interoception, medical trauma from being misunderstood by clinical staff), sensory processing (e.g., exposure to loud noise and bright lights), and demand avoidance (e.g., having to abide by expectations and demands). The objective of this document is to provide hospital-based clinical staff with key insights and practical suggestions for working with neurodivergent individuals with eating disorders. Some core considerations to help create a more accessible and inclusive hospital environment and care are therefore listed. Please note that this resource is intended to be used in conjunction with the *General Considerations for All Health and Allied Health Professionals* factsheet and relevant discipline-specific factsheets (e.g., *Dietitians, Mental Health Professionals*).





Considerations to support sensory needs during a hospital consultation

- Put duty phones and/or radios on silent mode
- Wherever medically safe, use a quiet and/or dimly lit area or room other than the patient's bedside if not in a single hospital room
- Use written material to support information processing regarding ongoing treatment and/or allow the patient to record conversations to help with remembering key points
- Ask about what items are needed, including those brought by friends and/or family members (e.g., specific eating utensils, self-soothing items)
- Consult with occupational therapists for sensory processing assessments (if not already done as an outpatient) and sensory regulation tools and strategies
- Create a specific neurodivergent support plan that can be used for any admission (see <u>Eating Disorders Queensland's Eating</u> <u>Disorder Passport</u>)

Considerations for nasogastric tube insertion

The use of a nasogastric tube (NGT) may become necessary when medical safety is compromised. NGT insertion may be particularly overwhelming for a neurodivergent person (e.g., being touched by clinical staff, physical discomfort during the procedure). If an NGT is required, the following measures can be used to mitigate the traumatic nature of NGT insertion:



Consider anticipatory measures (e.g., discussing the possibility of NGT insertion with the patient at the beginning of their admission)



Undertake the procedure in a sensory-friendly environment (e.g., dimmed lighting, quiet, as few people present as possible)



Ask if a support/trusted person can be present during the procedure



Ask about self-regulation/soothing items (e.g., plush toy, fidget tools) the person can bring during the procedure



Allow for the patient to talk about and process the distressing emotions related to the psychological impact of the procedure in a non-judgmental manner (avoid telling the patient that it is their 'fault' the NGT insertion was necessary in the first place)



The following is a list of considerations for supporting neurodivergent patients' needs during mealtimes:

- Adapt the eating environment to minimise sensory overwhelm or under stimulation. This can done by:
 - Having meals in a quiet and/or dimly lit area before or after other patients
 - Considering the patient's need for personal space (e.g., positioning of support staff - at the same table or at a distance, sitting across or on the side)
 - Supporting access to self-regulation tools/stimuli (e.g., viewing content on an iPad, eating while standing up or stimming, using noise cancelling headphones while eating, listening to music or audiobook, reading)
- Take into account the social pressures and expectations associated with eating in the presence of others. For example, ask the patient if:
 - Talking during a meal is helpful, distracting, or distressing
 - They have specific interests they would like to discuss during mealtimes (e.g., dinosaurs, specific movies or books)
 - They are triggered by eating sounds such as chewing or the use of metal cutlery (e.g., if the person experiences misophonia, they may not be able to tolerate staff members/co-patients eating next to them)
- Identify specific support needs around how the food is served and relaying this information to the dietitian (e.g., whether should food touch or not - deconstructed meals)



- The generally overwhelming environment present in hospitals puts neurodivergent patients at a high risk of experiencing meltdowns and shutdowns. There are various reasons for this, such as loss of autonomy, increased demands and expectations, sensory overload, and changes in individual routines (1).
- The risks of meltdowns and shutdowns can be mitigated by gathering some crucial information on intake and putting strategies in place according to specific support needs (Eating Disorders and Neurodivergence: A Stepped Care Approach, p. 88).

References

(1) https://journals.sagepub.com/doi/abs/10.1177/13623613221145783

Further reading

- Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings https://www.magonlinelibrary.com/doi/full/10.12968/hmed.2023.0006
- How can we make hospitals more accessible for autistic children?
 https://dart.ed.ac.uk/hospitals-accessible-autistic-children/
- Improving the Sensory Environments of Mental Health in-patient Facilities for Autistic Children and Young People https://www.tandfonline.com/doi/full/10.1080/13575279.2022.2126437
- More Than Words: Supporting effective communication with autistic people in health care settings https://www.boingboing.org.uk/wp-content/uploads/2022/09/ More-than-words-supporting-effective-communication-with-autistic-people-in-health-care-settings.pdf
- What does it mean to be neurodiversity affirmative?
 https://www.bps.org.uk/psychologist/what-does-it-mean-be-neurodiversity-affirmative
- Eating Disorders and Neurodivergence: A Stepped Care Approach https://nedc.com.au/eating-disorders/types/neurodivergence