

Treating Eating Disorders in Patients with Autism: *Should Treatment Standards be Implemented on a Spectrum?*

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Background:

- Autistic women have higher rates of AN than in the general population.¹
- Diagnoses of both autism (ASD) and anorexia nervosa (AN) are heavily affected by gender roles, stereotypes, and behavioral expectations; "camouflaging" of autistic traits by autistic women further complicates diagnosis.²
- It is unclear if increased rates of AN in autistic women is evidence of a true correlation, or representative of a missed ASD diagnoses.
- Women with higher autistic traits have poorer outcomes following anorexia nervosa treatment, including longer durations of illness and higher mortality rates, which creates a major clinical ethics issue with respect to justice.¹
- An improved approach to clinical treatment guidelines that considers both the neurological diversity of AN patients and the neurological impacts of AN can inform treatment for all patients.

Key Questions:

- What aspects of current treatment approaches fail to meet the needs of autistic women?
- What modifications, if any, can be implemented in a clinical setting to address these shortcomings?
- How can a neuroethics-driven approach be employed to modify current treatment protocols in order to effectively address discrepancies in AN care for autistic women?

Methods:

- Scoping literature review to examine the overlap between autistic traits and anorexia nervosa in women.
- Six databases were searched using keywords (Table 1) and a full PRISMA-guided review of articles was conducted
- Publication date was limited to 2014 or later to ensure information within the context of the DSM-5 definitions.

Table 1. Keywords used for database search.

Concept	Keywords*
AN	"Anorexia Nervosa" OR "anorexia"
	"autism" OR "autistic" OR "ASD" OR "autism spectrum disorder"
ASD	

AN = anorexia nervosa; ASD = Autism Spectrum Disorder

*NOTE: MeSH Terms and CINAHL Subject Headings were additionally used for respective databases.

References:

1. Saure, E., Laasonen, M., & Raevuori, A. (2021). Anorexia nervosa and comorbid autism spectrum disorders. Current Opinion in Psychiatry. <https://doi.org/10.1097/YCO.0000000000000742>
2. Lai, M.-C., Baron-Cohen, S., & Buxbaum, J. D. (2015). Understanding autism in the light of sex/gender. Molecular Autism, 6, 24. <https://doi.org/10.1186/s13229-015-0021-4>
3. Mandy, W., & Tchanturia, K. (2015). Do women with eating disorders who have social and flexibility difficulties really have autism? A case series. Molecular Autism, 6, 6. <https://doi.org/10.1186/2040-2392-6-6>

Results:

- 591 articles were identified; 48 met the eligibility criteria.
- Articles were categorized by the relevant information they provided on the topics (Figure 1).

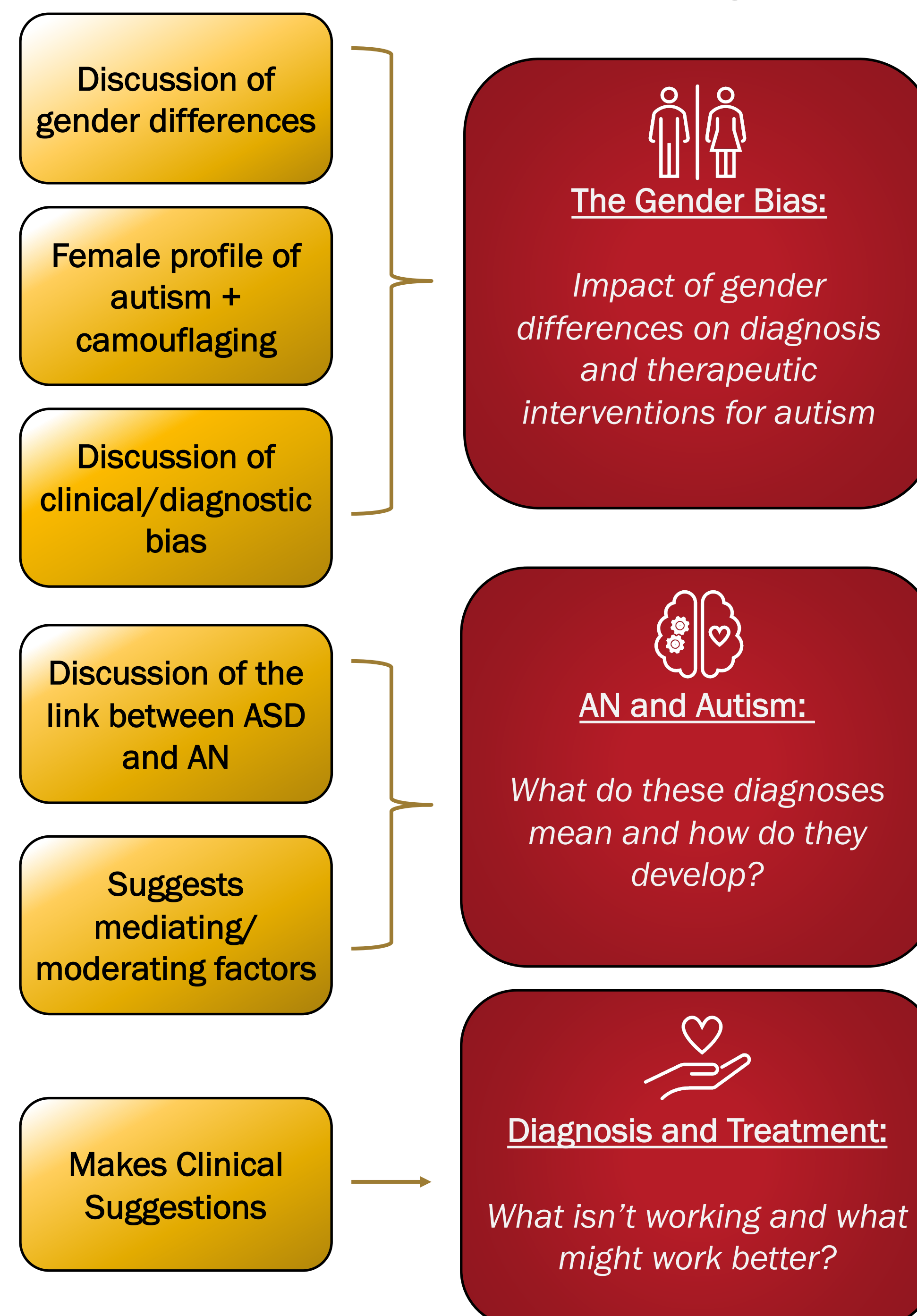


Figure 1. Themes and "Umbrella Themes" identified in the results of our database search.

- There is no consensus on the explanation for the overlap between AN and ASD diagnoses.
- Recent literature addresses the impact of gender differences, "camouflaging" (hiding) autistic traits,³ and clinical/diagnostic gender bias² on diagnosis and treatment options.
- Patients reported that the main barriers to AN treatment for autistic women were:
 - insufficient staff education
 - missed diagnoses by clinicians
 - unfavorable treatment facility conditions
- Several articles made clinical suggestions, including using specific therapies within AN programs and modifying treatment facility protocols.

Conclusions:

- Results of the literature suggest the need for modification to clinical practice in AN treatment, specifically for autistic individuals (Figure 2).

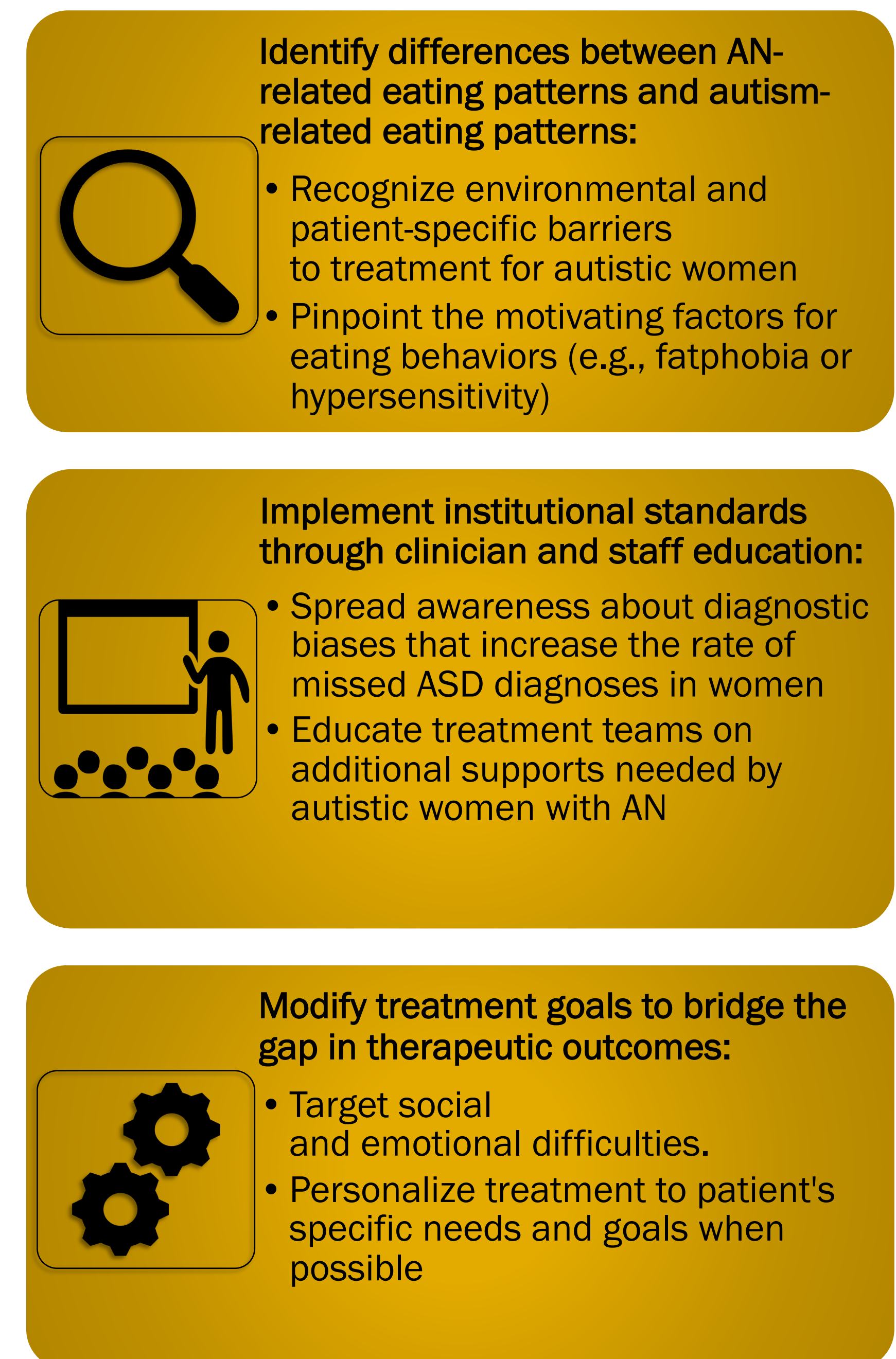
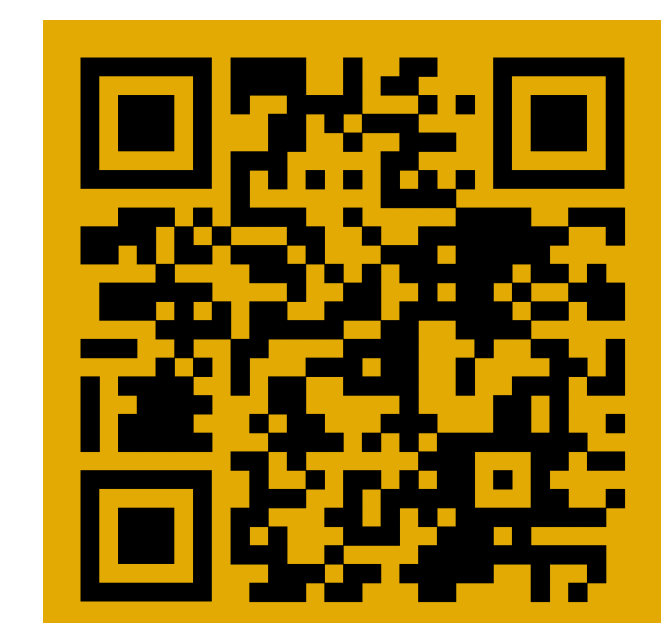


Figure 2. Proposed changes to clinical approach for diagnoses and treatment of AN in autistic women.

Significance:

- Clinical modifications that focus on the needs of individual patient can improve the quality of care for both autistic and non-autistic AN patients.
- A neuroethics-informed clinical approach to eating disorder management requires an understanding of autistic women's health needs, and may reduce disparities in outcomes and mortality rates among those receiving treatment for AN.



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Full list of references available upon request.

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