



Eating difficulties in PDA girls are common, complex, and frequently misunderstood. This guide explains the drivers, what helps, what to avoid — and when to seek additional support.

■ Important

If you are concerned about a child's eating disorder, restrictive eating, or purging behaviours, please contact the Butterfly Foundation National Helpline on 1800 33 4673 (1800 ED HOPE). Available 7am–midnight, 7 days. Do not wait — early support matters.

Why Eating Is Often Difficult for PDA Girls

Eating involves an unusually high concentration of demands — at set times, with specific foods, in specific places, often socially. For a PDA nervous system, the demand load around food can be overwhelming.

Sensory Drivers

- Texture, temperature, smell, and taste sensitivities that make many foods genuinely intolerable
- Foods touching on the plate creating distress
- Cafeteria noise and smell making school eating impossible
- Oral sensitivity affecting tolerance of different food consistencies

Demand Avoidance Drivers

- Eating at prescribed times as an unacceptable demand
- Being told what to eat triggering avoidance
- Family mealtimes structured around social rules that are exhausting
- School canteen or lunchroom as a high-demand, low-control environment

Anxiety Drivers

- Anxiety reducing appetite significantly
- Fear of choking, vomiting, or food contamination (ARFID presentation)
- Stomach upset and nausea as genuine physical anxiety symptoms
- Eating as the site of control when other areas feel out of control

Interoception Drivers

Many autistic children have reduced interoceptive awareness — difficulty sensing hunger and fullness signals. This means a PDA girl may genuinely not notice she is hungry until she is very hungry, making regular eating harder to sustain.



Avoidant/Restrictive Food Intake Disorder (ARFID)

ARFID is a feeding and eating disorder characterised by restrictive eating not driven by body image concerns. It is common in autistic and PDA young people. ARFID is distinct from anorexia but can be equally serious in its nutritional impact.

Signs that may indicate ARFID rather than PDA-typical food selectivity include: significant nutritional deficiency, growth concerns, very limited food range (under 20 foods) that is narrowing over time, or extreme distress at food exposure. If you are concerned, seek assessment with a paediatric dietitian or feeding therapist.

Puberty, Body Image, and PDA Girls

Puberty adds complexity. As bodies change, PDA girls may experience new sensory aversions to food, intensified anxiety, and potentially early engagement with restrictive eating or disordered eating ideation. Social media exposure is a risk factor. PDA girls may be particularly vulnerable to online eating disorder communities — the sense of belonging and the structure appeals to the demand-avoidance pattern.

Any restriction in eating that

Any restriction in eating that appears motivated by body image, weight, or appearance — or that involves hiding food, purging, or excessive exercise — requires immediate professional input. Contact the Butterfly Foundation: 1800 33 4673.

What Doesn't Help

- Pressure to eat specific foods — increases demand, increases avoidance
- Commenting on body or food choices — particularly during adolescence
- Forcing attendance at school lunch in the cafeteria
- Using food as reward or consequence — links eating to control, worsens PDA-driven avoidance
- Dismissing eating concerns as 'fussiness' or 'attention-seeking'

What Does Help

For Parents

- Offer food without demands or expectations — 'here's something if you're hungry'
- Provide safe foods reliably — don't suddenly remove accepted foods
- Reduce demand load around mealtimes — social pressure, timing pressure, specific food expectations
- Separate eating from family meals when mealtimes are consistently distressing
- Consult a paediatric dietitian with autism experience for nutritional support



For Schools

- Allow her to eat away from the cafeteria if sensory environment is the barrier
- Avoid monitoring or commenting on what she eats
- Don't withhold recess or breaks if she hasn't eaten — this adds demand
- Support flexible eating arrangements at the plan level

When to Seek Help

- Weight loss or growth concerns — speak to your GP urgently
- Eating range narrowing to under 20 foods or becoming very restricted — paediatric dietitian
- Signs of eating disorder (restriction, purging, body image concerns) — Butterfly Foundation, GP, paediatrician
- Mealtimes causing significant family distress consistently — feeding therapist with autism experience
- School eating concerns affecting learning or energy — allied health referral via GP or NDIS

Key Takeaways

1. Eating difficulties in PDA girls have multiple drivers — sensory, demand avoidance, anxiety, interoception
2. Pressure consistently makes eating harder, not easier
3. ARFID is a real eating disorder that requires professional support
4. Puberty and social media introduce additional eating disorder risk for PDA girls
5. Early support for eating concerns is always better than waiting

Helpful Tip

Butterfly Foundation: 1800 33 4673 (1800 ED HOPE) | 7am–midnight daily

For other PDA eating and regulation resources, visit pdaaustralia.com.au/resources