ADHD and Diet: Questions and Answers from the Session

This information has been adapted from the question-and-answer section of a session on ADHD and diet with Paola Falcoski, Dietetic Service Lead for Eating Disorders. It is intended as general information for individuals, families, carers and professionals. It does not replace personalised advice from a GP, dietitian, mental health professional, occupational therapist or other appropriate clinician.

Key messages

- There is no single diet, supplement or strategy that works for everyone with ADHD.
- Food and eating patterns should be understood in the context of the whole person, including sensory needs, executive functioning, emotional regulation, sleep, appetite, medication, anxiety, trauma, eating disorder history and daily routines.
- Regular eating, balanced food groups and hydration can support mood, energy and concentration, but diet is not a cure for ADHD.
- Where eating is very restricted, appetite is poor, weight is changing, or there is a history of an eating disorder, personalised professional advice is important.
- A kind, non-judgemental approach is essential. Shame, criticism and pressure can make eating difficulties harder.

Supplements: what should people consider?

Rather than starting with a general multivitamin, it can be more helpful to think about what may be missing from the person's diet. If someone has a very restricted diet or avoids whole food groups, a dietitian or GP may be able to advise whether a supplement is needed and which nutrients should be prioritised.

For children and young people, sensory needs can make a big difference. Some people may tolerate a liquid, spray, powder, sprinkle or gummy supplement better than a tablet. The most suitable option is often the one the person can manage consistently and safely.

Food, emotions and regulation

Eating can be linked to emotional regulation as well as hunger. Some people use food for comfort, sensory input, distraction or a quick reward when they feel overwhelmed, anxious, low or dysregulated. This does not mean they are doing something "wrong". It means the food may be meeting a need in that moment.
For binge eating or overeating, it can be helpful to ask: "What do I need right now?" or "What is the food helping me with?" The aim is not to remove food as a coping strategy suddenly, but to understand what is happening and gently build other ways of regulating alongside food.

Social media, phones and gaming

Social media and online content can strongly influence beliefs about food. Young people may see messages that label foods as "good" or "bad", promote restriction, or give advice from unreliable sources. This can increase anxiety, confusion and shame, especially if symptoms remain despite cutting out foods.

Phones, gaming and scrolling can also keep the nervous system highly stimulated through light, sound, speed and constant input. If someone moves straight from screens to eating, they may find it harder to sit, notice hunger and fullness, or feel regulated enough to eat. Reducing screen use close to mealtimes may help some people.

Alexithymia, body signals and emotional awareness

Some neurodivergent people experience alexithymia, which can make it difficult to identify or describe emotions. In these situations, it may be more helpful to start with body-based noticing rather than asking someone to name an emotion. For example: “Are your shoulders tense?”, “Is your breathing fast?”, “Does your stomach feel tight?”, or “Do you feel restless?”
Visual tools such as a feelings wheel, pictures, traffic light systems or body maps can support people to recognise patterns. No single tool works for everyone, so it is useful to offer options and adapt to the person in front of you.
The Feelings Wheel | Neurodivergent Insights

Sensory needs and eating

Sensory differences can affect food choice, appetite, mealtime tolerance and eating routines. Someone may be sensitive to texture, smell, taste, temperature, noise, lighting, cutlery, packaging, food touching, or the social environment. They may also seek sensory input through crunchy, chewy, spicy, cold or strong-flavoured foods.
It can help to notice “micro-stresses” across the day. Small sensory demands may build up until the person feels overwhelmed by mealtimes. Understanding what regulates or dysregulates the individual can help make eating feel safer and more manageable.

Meal planning, shopping and executive functioning

Meal planning, food shopping and cooking can be overwhelming for people with ADHD, especially when living alone or managing medication effects. Start with one small change rather than trying to change everything at once.

- If remembering to eat is the biggest issue, set labelled alarms or reminders.
- Keep easy foods visible and accessible.
- Use repeatable meals, simple shopping lists or online shopping favourites.
- Plan around appetite patterns, especially if ADHD medication reduces appetite during parts of the day.
- Use external prompts such as visual schedules, phone reminders, whiteboards or apps.
- Build one habit first, then add another when it feels manageable.

Nutrition deficiencies and ADHD symptoms

Some signs of not eating enough or missing key nutrients can overlap with ADHD-related difficulties, such as tiredness, poor concentration, low motivation, broken sleep or irritability. It is not always possible to tell the difference without looking at the full picture.

A helpful approach is to support regular eating and nutritional adequacy first, then notice what remains. However, food is only one part of wellbeing. Sleep, sensory regulation, anxiety, trauma, medication, physical health and daily demands also need to be considered.

When a child avoids cutlery

Avoiding cutlery may be sensory-related. It may be linked to the feel, sound, taste or temperature of metal, the motor skills required, or anxiety about messy food. First ask whether cutlery is essential for that food, or whether the child can meet their nutritional needs in another way while skills and tolerance are gently developed. Graded exposure may help, ideally with advice from an occupational therapist or feeding specialist where available. This might include tolerating cutlery nearby, touching it, bringing it near the mouth, trying different materials such as plastic or silicone, or using smaller child-friendly utensils. Progress should be slow, predictable and respectful.

Food and snack ideas: principles rather than “good” and “bad” foods

Families often ask for lists of “good” snacks. It is usually more helpful to start with what the child or young person already eats and build from there. The aim is to include a range of food groups over time, not to make meals perfect.

- For steady energy, consider foods that combine carbohydrate with protein or fat, such as toast with nut butter, yoghurt with cereal, cheese and crackers, hummus with breadsticks, eggs, beans on toast, or milk-based drinks.
- For sensory seekers, crunchy, chewy, cold or stronger-flavoured foods may be helpful if tolerated.
- For sensory avoiders, plainer flavours, predictable textures, separated foods or smooth options may be more manageable.
- Fruit and vegetables can be fresh, frozen, tinned, dried, blended, juiced, cooked into meals or made into smoothies or ice lollies.
- Cheap and simple options can still be nourishing, especially when they are realistic and acceptable to the person.

Supporting children who seek comfort from food

If a child uses food for comfort or sensory regulation, respond with curiosity and kindness rather than criticism. Try to understand what need the food is meeting. Is the child tired, anxious, bored, dysregulated, seeking sensory input, or struggling to notice fullness?

If the child has eaten enough but continues asking for food, a gentle distraction may help: “Let’s do something else for ten minutes and then check again.” Avoid shame-based comments about weight, greed or willpower. These can increase secrecy and distress around food.

Medication, appetite and different eating patterns

ADHD medication can reduce appetite for some people. Prompts, regular opportunities to eat and easy-to-manage foods may help. Some people do better with breakfast before medication, small frequent snacks, or a more substantial meal later in the day when appetite returns.

Where a child or adult seems never to feel full, rushes food, takes food from others, or becomes very distressed around food access, seek professional advice. Interoception, trauma, anxiety, medication, growth, physical health and other conditions may all need to be considered.

Movement, exercise and regulation

Movement can be an important nervous system regulator. For some people, this may mean walking, swimming, yoga, stretching, bouncing on a physio ball, using a

wobble cushion, or short bursts of proprioceptive activities such as pushing, pulling or carrying. It does not have to mean a long exercise session.
If someone is underweight, physically unwell, restricting food or has an eating disorder history, exercise should be discussed with an appropriate professional to check what is safe. Movement may increase appetite for some people, so food and snack timing may need to be adjusted.

Mood, sleep, caffeine and sugar

Not eating enough, eating irregularly, restricting intake or missing key food groups can affect mood, anxiety, energy and sleep. When sleep is poor, the body may seek quick energy, which can increase cravings for sugar or high-energy foods. This is a body response, not a character flaw.
Caffeine affects people differently. Some people find it helps alertness; others feel more anxious, dysregulated or sleepy. If stopping caffeine has helped, there may be no reason to restart. If someone uses sugar or caffeine to get through the day, it may be useful to look at sleep, regular meals, complex carbohydrates, protein, hydration and sensory regulation rather than simply removing the coping strategy.

Noticing hyperarousal before it escalates

It can be difficult to notice early signs of becoming hyperaroused or unable to relax. Tools such as traffic light systems, energy accounting, spoon theory, body check-ins or short notes during the day may help people spot patterns earlier.
For example, someone might notice that they become more dysregulated after meetings, busy environments, screen use, hunger, noise, changes in routine or too many demands. The goal is to build awareness before reaching crisis point.

Introducing new foods

Food exposure starts before eating. Looking at food, being in the kitchen while food is prepared, smelling food, touching packaging, helping with shopping, stirring, serving, or having food on the table can all be part of exposure.
Go slowly and avoid overwhelm. Predictable, regular and child-led exposure is usually more helpful than pressure. If the child shows distress through words, behaviour or physical signs, step back and make the task easier.

When to seek further support

Seek advice from a GP, dietitian, mental health professional, occupational therapist, paediatrician or eating disorder service if there are concerns about:

- significant weight loss or weight gain
- restricted eating, avoiding whole food groups, or very limited safe foods
- fainting, dizziness, weakness, dehydration or physical deterioration
- self-harm, suicidal thoughts, severe distress or eating being used as self-harm
- a current or past eating disorder
- medication-related appetite concerns
- children who are not growing as expected
- food stealing, distress around food access, or feeling unable to stop eating