NeuroFX
Changing Minds

DIET AND SUPPLEMENTATION · 14.6

Elimination Diets and the Few Foods Approach for ADHD

The elimination diet for ADHD has real trial evidence and real methodological caveats. A subset of children have identifiable food triggers; the proportion is smaller than the marketing implies. NICE NG87 allows this under dietetic supervision but does not recommend it as routine first-line treatment.

FOR
Parents considering an elimination diet for a child with ADHD

AUDIENCE AGE
All ages

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PART OF
The NeuroFX resource library

IN SUMMARY

Elimination Diets and the Few Foods Approach for ADHD

What the protocol actually involves

- **Elimination phase, two to five weeks.** The child eats a severely restricted list (typically lamb or turkey, rice, pears, lettuce, water) unlikely to provoke reactions. Parents observe whether symptoms change.
- **Reintroduction phase, weeks to months.** Individual foods are added back systematically with several days between additions. Foods that produce a symptom flare are identified as triggers and excluded long-term.
- **Maintenance phase, ongoing.** The child eats a varied diet that excludes identified triggers. The findings are individual to your child; they do not generalise to other children with ADHD.

What the evidence shows

- **The Pelsser INCA trial showed substantial effects.** 100 children randomised to elimination or healthy-diet control. Around 64 percent of the elimination group met response criteria. The trial was not double-blind; parents knew their child was on a restrictive diet.
- **Effects shrink with blinded rating.** The Sonuga-Barke 2013 broader meta-analysis confirmed that dietary intervention effects fall when blinded outcome measures are used. The honest population-level effect is meaningfully smaller than the headline.
- **NICE NG87 allows it with dietetic supervision.** Not recommended as routine first-line treatment. Where parents associate specific foods with their child's symptoms, refer to a registered dietitian rather than starting unsupervised.
- **Nutritional risk is real.** A poorly designed restriction diet in a growing child can produce iron deficiency, vitamin D deficiency, low calcium and protein intake, and growth faltering. Supervision is essential.

Before you start

- **It is more demanding than parents anticipate.** Five weeks of preparing every meal from a small list. No school dinners, no birthday cake at a party, no eating out. The social cost to the child and family is real.
- **Reintroduction is harder than elimination.** Most families who report disappointing results have given up before completing the systematic reintroduction that actually identifies triggers.
- **It is not a cure or a substitute for medication.** Where elimination identifies real triggers, trigger avoidance may reduce symptom severity; it does not remove the diagnosis or replace medication where medication is otherwise indicated.

WHEN TO SPEAK TO A PROFESSIONAL

If you are considering an elimination diet for your child with ADHD, speak to your GP about referral to a registered dietitian who has experience with paediatric elimination protocols. Do not attempt the few-foods diet without dietetic supervision, particularly in younger children where nutritional risk is highest. NeuroFX can advise on where dietary intervention fits in the wider ADHD treatment plan; supervised elimination work belongs with a specialist dietitian.

SOURCES

Pelsser INCA 2011 Lancet; Pelsser 2009; Nigg 2012; Sonuga-Barke 2013 Am J Psychiatry; NICE NG87; BDA

NEXT STEPS

Speak to NeuroFX

Private ADHD and autism assessment for adults and children aged 6 and upwards. CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

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