

Neurodiversity, nursing and diabetes – towards more inclusive care

Within the world of diabetes care, the increasing complexity we see within our patient populations requires nursing staff to be increasingly vigilant, aware and compassionate in responding to the diverse needs of people living with diabetes. But what does this mean for the neurodivergent patient?

As a member of this journal's Editorial Board, it is a privilege to introduce neurodiversity and diabetes in the context of clinical practice to our readers. This commentary provides a foundation for the [accompanying article](#) by Alison Holloway, a specialist dietitian who specialises in helping neurodivergent people living with chronic and medically complex conditions.

This has become a growing area of interest within both my own practice and wider clinical discussions, particularly as I have encountered increasing numbers of neurodivergent individuals for whom diabetes care needs to be tailored according to personal preference, communication style and individual requirements. Importantly, this adaptation is not only about supporting the patient, but also about considering how the clinical environment, consultation style and healthcare systems themselves can either support or unintentionally hinder effective diabetes management.

A question we need to ask ourselves is: what do we mean by the term neurodiversity? Neurodiversity refers to natural variation in how people think, learn, process information and interact with the world. It recognises that everyone's brain functions differently. These variations may affect mood, behaviour, learning and cognitive functions.

Often, people who are neurodiverse have more than one of the following conditions:

- Dyslexia.
- Dysgraphia.
- Dyspraxia.
- Dyscalculia.

- Attention deficit hyperactivity disorder (ADHD).
- Tourette's syndrome.
- Autistic spectrum condition (ASC).

It should be noted, however, that this list not exhaustive. Nursing staff should also be aware that the term specific learning difference (SpLD) refers to a difference or difficulty that an individual has with a particular aspect of learning. The most common SpLDs are dyslexia, dyspraxia, ADHD, dyscalculia and dysgraphia (Royal College of Nursing [RCN], 2025).

Neurodiversity extends beyond the commonly recognised conditions of autism and ADHD. Nursing staff working in diabetes care need an understanding of the range of neurodevelopmental differences and how these may impact individuals living with diabetes. Diabetes services must also consider how traditional approaches to education, self-management and communication may unintentionally disadvantage neurodivergent people. Conditions such as ADHD, ASC and dyscalculia can significantly affect how people process information, establish routines, make decisions and engage with long-term condition management (Young-Hyman, et al, 2016).

Evidence suggests that people with ADHD and diabetes often experience poorer glycaemic outcomes, potentially reflecting difficulties with executive functioning, organisation and sustained attention (Zare Dehnavi et al, 2024). However, this should not be framed simply as a matter of "adherence". Diabetes self-management is cognitively demanding, requiring continual planning, numerical processing, monitoring and behavioural adjustment. For some neurodivergent individuals, these demands may become overwhelming when services are inflexible or communication is poorly adapted (Zare Dehnavi et al, 2024).



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“Small changes, such as clear and literal language, slower speech delivery, written follow-up information, visual demonstrations and allowing additional processing time, can improve understanding and engagement.”

Practical adjustments can make a substantial difference. Consistent routines, structured appointments and simplified goals may support diabetes self-management and reduce cognitive burden (Mazurek et al, 2023). Visual prompts, checklists and digital reminders can improve organisation and medication adherence.

Where clinically appropriate and acceptable to the individual, diabetes apps and hybrid closed-loop systems may reduce the need for complex calculations and decision-making (Mazurek et al, 2023). This is particularly relevant for individuals with dyscalculia, as insulin dose calculations, carbohydrate counting and correction factors can create significant anxiety and increase the risk of error. Fixed insulin dosing for predictable meals, pre-programmed insulin-to-carbohydrate ratios and visual carbohydrate reference guides may help simplify care and improve confidence.

Communication within diabetes services also requires consideration. Many neurodivergent individuals struggle with information overload, ambiguity, sensory challenges or social interaction during consultations (Kirby et al, 2022). Small changes, such as clear and literal language, slower speech delivery, written follow-up information, visual demonstrations and allowing additional processing time, can improve understanding and engagement. Some individuals may also prefer virtual or written communication, which can reduce social and sensory pressures.

Sick-day management and the prevention of complications present additional challenges. Executive functioning difficulties may make it harder to recognise deterioration or follow complex guidance during illness (RCN, 2025). Personalised sick-day plans, co-developed with the individual and caregivers where appropriate, can provide clarity and reduce uncertainty during periods of acute illness (RCN, 2025).

Importantly, neurodiversity should not be viewed solely through a deficit lens. Many neurodivergent

individuals develop highly effective routines, pattern recognition skills and strong self-awareness when supported appropriately (Mazurek et al, 2023). The challenge for healthcare professionals is not to “fix” neurodivergence, but to adapt systems and communication styles so that diabetes care becomes more accessible, inclusive and person-centred.

As diabetes prevalence rises alongside increasing recognition of neurodiversity, nursing staff must move beyond awareness alone. Inclusive diabetes care requires flexibility, curiosity and co-production with those who live with both conditions every day.

I hope this comment piece has provided a foundation for understanding the importance of tailoring both nursing interventions and clinical environments to meet the needs of neurodivergent individuals living with diabetes. We may not always get it “right” the first time, but a willingness to remain open-minded, co-produce services and pathways alongside patients, and adapt our communication approaches is a strong starting point in promoting improved diabetes outcomes and patient experiences.

I would encourage you to read Alison’s article for further insight into this important area of practice. Finally, a thank you to all healthcare professionals for the care, compassion and support you provide across a wide range of clinical settings each and every day. ■

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