



OCCUPATION AND AGEING: BEYOND WALKING FRAMES AND SHOWER STOOLS.

WRITTEN BY JACQUI BRETT,
LLB (LAW), BSC (OT), PG CERT PROF DEV (OT) PG CERT (SI), MRCOT, HCPC REGISTERED
HIGHLY SPECIALIST OCCUPATIONAL THERAPIST AND SENSORY INTEGRATION PRACTITIONER

BASED ON THE SEMINAR NEURODIVERGENT AGEING: UNDERSTANDING UNIQUE OCCUPATIONAL FUNCTIONING THROUGH
TIME, DELIVERED AT THE NEURODIVERSITY SHOW, LIVERPOOL,
AND THE POST-DIAGNOSTIC SUPPORT GROUP AT AXIA ASD LTD.

What does ageing in place look like if you have never quite found your place, if you think, sense, and move differently than others? While the neurodiversity movement continues to gain momentum, a long-overlooked group is now stepping into the light: older neurodivergent adults.

This group were a lost generation, infrequently recognised and struggling in silence. However, these conditions are now better understood due to advances in medicine, psychology, and neuroscience, and we find an increasing number of individuals being diagnosed as a result of their children's or grandchildren's diagnosis. Now, more than ever, understanding how this impacts occupational functioning is key; that knowledge inspired me to speak at the National Neurodiversity Show.

Ageing differently

From the outside, ageing may appear to be a universal process. But for Dyspraxic, Autistic individuals or those diagnosed with ADHD, and Hypermobility Syndromes, the journey through later life brings a unique set of challenges, ones often missed in traditional healthcare, policy, and even research. Such neurodivergent conditions often co-occur and overlap in ways that defy neat categorisation and come with a number of cognitive and sensory differences. For many, being neurodivergent is not simply about struggling to focus, needing things a 'set way', or a fear of tripping over. It's about navigating life in a world that wasn't built for their ways of thinking, sensing, or moving. That becomes even more complex as the body changes with age.

Research highlights this complexity. Dyspraxic individuals are thought to be up to four times more likely to be overweight, experiencing higher BMI, lower endurance, flexibility, and strength, higher cholesterol, fatigue, and sleep problems (Joshi et al., 2015; Gamba et al., 2024). While up to 76% of Autistic and ADHD adults report chronic pain, over 50% experience joint hypermobility, often resulting in musculoskeletal discomfort (Asztély et al., 2019; Csecs et al., 2022). Many also face gastrointestinal, sensory, or executive functioning challenges that can intensify with hormonal shifts like menopause or andropause (Chen et al., 2024; Geurts et al., 2020; Powell et al., 2017; Liu et al., 2023).

One of the seminar's key considerations focused on hormonal changes, which can amplify existing neurodivergent traits and often result in increased sensory sensitivity, cognitive fog, and difficulty with emotional regulation.

This is thought to be a result of estrogen's effect on neurotransmitters such as dopamine, serotonin, and norepinephrine, which influence mood, memory, attention, and planning (Almey et al., 2015). Autistic and ADHD women describe more "extreme" responses to the change in hormones (Antoniou et al., 2021; Moseley et al., 2020). Little research has been conducted on the impact of hormonal change in Dyspraxic females; however, at a baseline, individuals report difficulties with orientation and perception, attention, concentration, planning, and memory (Callahan et al., 2021). Naturally, exacerbation of such difficulties may be intensified by this hormonal disruption, highlighting the need for occupational therapists to become familiar with such barriers and how to work collaboratively to restore meaning and function.

Data and usability in assessment tools

As occupational therapists, we often rely on standardised tests such as memory or frailty screenings. These tools are frequently used in community and hospital settings, but they are not built with neurodivergence in mind. The presence of ADHD or Dyspraxia might cause an individual to struggle with spatial tasks, fine motor skills, and data recall, not because they're cognitively or physically declining, but because they always have (Callahan et al., 2021).

Yet, fewer than 1% of Autism or Dyspraxia studies, and less than 5% of ADHD research, focus on older adults or their care (Birtwell et al., 2025; Meachon et al., 2022; Viner et al., 2024; Young et al., 2020). We must ask ourselves: how can clinicians be sure that the data they interpret is relevant and reflective of the individual's functioning in light of their baseline differences, when this isn't considered within test manuals and current research?

Rethinking risk and resilience

There is a need for a change in care, an approach that is truly person-centred, promoting autonomy and dignity, and honouring the neurodivergent experience across the lifespan. Dr Linda Buchan, Consultant Clinical Psychologist and Director of Axia ASD Ltd, regards individuals as the experts in their own experience and notes that this belief has helped shape the work she does. Dr Buchan received her own diagnosis only after identifying with her son's diagnosis of Dyspraxia and his interactions in occupational therapy.

As a Dyspraxic woman in her 70s, Dr Buchan shared her lived experience to help others. She states that "you don't worry as much as you used to" about the perception of others, such as spilling a drink or knocking into furniture, and wonders if this self-acceptance is a universal ageing experience. She described the benefits of age in allowing her to extricate herself from activities that used to hinder her, having more control over clothes, activities, and finances.

Ageing has allowed her to focus energy on meaningful pursuits. She advised readers to:

“ **Be kind to yourself, and surround yourself with people who accept and support you.** ”

Considering falls, older individuals often become sedentary and avoid activity due to fear, a phenomenon sometimes called ‘PJ Paralysis.’ Dr Buchan points out that her experience with falls has built resilience; she is less likely to be “off her feet” for long.

During the seminar, we discussed the importance of making your neurodivergent baseline known; this could include documentation such as a lasting power of attorney. Many cognitive and functional tests are based on a neurotypical scale, so neurodivergent individuals may appear to be experiencing decline when they are not. Being misunderstood, dismissed, or misdiagnosed can be both frustrating and frightening. Understanding that many older individuals are undiagnosed, have masked or adapted behaviours, often at the cost of mental health, is key to ageing in place successfully.

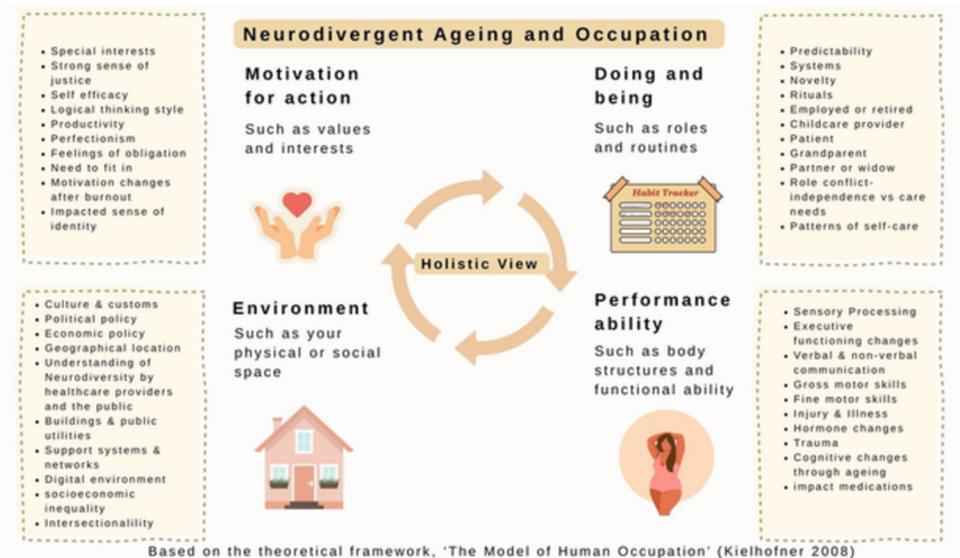
Identity and meaningful occupation

Ageing doesn’t erase identity; it often intensifies the need to affirm it. Neurodivergent adults may hold tightly to special interests, require routine, or shy away from social gestures due to fear of embarrassment. Societal expectations to conform or suppress traits can be suffocating. Older adults are free to pursue hobbies and interests without age limits. Staying engaged in joyful, self-directed occupations is vital for well-being.

Inclusivity at the heart of practice

Considering barriers to occupation related to ageing and neurodiversity only highlights the need to adapt such standardised approaches.

To encourage open dialogue among professionals in areas such as frailty, dementia or when discussing discharge, the theoretical framework of the Model of Human Occupation (Keilhofner, 2008) can effectively guide considerations for neurodivergent ageing and offer valuable prompts for reflection.



Ensuring evidence-based care across the lifespan, with attention to changing needs, improves lives and reduces healthcare costs.

Well-being as an older adult

Living purposefully supports individuals who might otherwise experience feelings of otherness, low self-esteem, inadequacy, or frustration.

Ageing brings challenges such as bodily change, loss of autonomy, shifting social roles, retirement, financial pressures, or concerns regarding care and independence. This stage can be as challenging as childhood, yet healthcare providers are often ill-informed and ill-prepared for this transition. With education, adaptation, and the right supports, neurodivergent individuals can thrive.



Final thoughts

Preparing for the seminar allowed me to reflect on and adapt my practice to ensure this age group isn't forgotten.

I created workbooks to record and explore neurodivergent baselines, empowering individuals to advocate for themselves and overcome occupational barriers.

Occupational therapists are ideally placed to support neurodivergent ageing, understand the biopsychosocial model, work across the lifespan, and recognise the environmental impact on occupation. With the right care, neurodivergent individuals can age not just with dignity but with identity, purpose, and understanding.

References:

- Almey, A., Milner, T. A., & Brake, W. G. (2015). Estrogen receptors in the central nervous system and their implication for dopamine-dependent cognition in females. *Hormones and Behavior*, 74, 125–138. <https://doi.org/10.1016/j.yhbeh.2015.06.010>
- Antoniou, E., Rigas, N., Orovou, E., Papatrechas, A., & Sarella, A. (2021). ADHD symptoms in females of childhood, adolescence, reproductive and menopause period. *Materia Socio-Medica*, 33(2), 114–118. <https://doi.org/10.5455/mmsm.2021.33.114-118>
- Asztély, K., Kopp, S., Gillberg, C., Waern, M., & Bergman, S. (2019). Chronic pain and health-related quality of life in women with autism and/or ADHD: A prospective longitudinal study. *Journal of Pain Research*, 12, 2925–2932. <https://doi.org/10.2147/JPR.S212422>
- Birtwell, K., Bramwell, D., Gowen, E., Brown, L. J., Hulme, L., Corsellis, E., & Rowland, C. (2025). "Our existence as whole individuals does not evaporate at age 50": A mixed methods study of autistic adults' perspectives on growing older. *Autism in Adulthood*. Advance online publication. <https://doi.org/10.1089/aut.2024.0028>
- Callahan, B. L., Ramakrishnan, N., Shammi, P., Bierstone, D., Taylor, R., Ozzoude, M., Goubran, M., Stuss, D. T., & Black, S. E. (2021). Cognitive and neuroimaging profiles of older adults with attention-deficit/hyperactivity disorder presenting to a memory clinic. *Journal of Attention Disorders*, 26(8), 1118–1129. <https://doi.org/10.1177/10870547211060546>
- Chen, Y., Jenkins, C. A., Charlton, R. A., Happé, F., Mandy, W., & Stewart, G. R. (2024). "Utterly overwhelming"—A mixed-methods exploration of sensory processing differences and mental health experiences in middle-aged and older autistic adults. *Autism in Adulthood*. Advance online publication. <https://doi.org/10.1089/aut.2024.0031>
- Csecs, J. L. L., Iodice, V., Rae, C. L., Brooke, A., Simmons, R., Quadt, L., Savage, G. K., Dowell, N. G., Prowse, F., Themelis, K., Mathias, C. J., Critchley, H. D., & Eccles, J. A. (2022). Joint hypermobility links neurodivergence to dysautonomia and pain. *Frontiers in Psychiatry*, 12, Article 786916. <https://doi.org/10.3389/fpsy.2021.786916>
- Craddock, E. (2024). Being a woman is 100% significant to my experiences of attention deficit hyperactivity disorder and autism: Exploring the gendered implications of an adulthood combined autism and attention deficit hyperactivity disorder diagnosis. *Qualitative Health Research*. Advance online publication. <https://doi.org/10.1177/10497323241253412>
- Gambra, L., Cortese, S., Lizoain, P., Romero, D. R., Paiva, U., Gándara, C., Arrondo, G., & Magallón, S. (2024). Excessive body weight in developmental coordination disorder: A systematic review and meta-analysis. *Neuroscience & Biobehavioral Reviews*, 164, Article 105806. <https://doi.org/10.1016/j.neubiorev.2024.105806>
- Geurts, H. M., Pol, S. E., Lobbestael, J., & Simons, C. J. P. (2020). Executive functioning in 60+ autistic males: The discrepancy between experienced challenges and cognitive performance. *Journal of Autism and Developmental Disorders*, 50(4), 1390–1390. <https://doi.org/10.1007/s10803-020-04368-9>
- Joshi, D., Missiuna, C., Hanna, S., Hay, J., Faight, B. E., & Cairney, J. (2015). Relationship between BMI, waist circumference, physical activity and probable developmental coordination disorder over time. *Human Movement Science*, 40, 237–247. <https://doi.org/10.1016/j.humov.2014.12.01>
- Kielhofner, G. (2008). *Model of human occupation: Theory and application* (4th ed.). Lippincott Williams & Wilkins.
- Liu, S., Larsson, H., Kuja-Halkola, R., Lichtenstein, P., Butwicki, A., & Taylor, M. J. (2023). Age-related physical health of older autistic adults in Sweden: A longitudinal, retrospective, population-based cohort study. *The Lancet Healthy Longevity*. Advance online publication. [https://doi.org/10.1016/S2666-7568\(23\)00067-3](https://doi.org/10.1016/S2666-7568(23)00067-3)
- Meachon, E. J., Zemp, M., & Alpers, G. W. (2022). Developmental coordination disorder (DCD): Relevance for clinical psychologists in Europe. *Clinical Psychology in Europe*, 4(2). <https://doi.org/10.32872/cpe.4165>
- Moseley, R. L., Druce, T., & Turner-Cobb, J. M. (2020). 'When my autism broke': A qualitative study spotlighting autistic voices on menopause. *Autism*, 24(6), 1423–1437. <https://doi.org/10.1177/1362361319901184>
- Powell, P. S., Klinger, L. G., & Klinger, M. R. (2017). Patterns of age-related cognitive differences in adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 47(10), 3204–3219. <https://doi.org/10.1007/s10803-017-3238-6>
- Viner, H. E., et al. (2024). A qualitative interview study on quality of life and ageing experiences of autistic adults. *Communications Psychology*, 2(1). <https://doi.org/10.1038/s44271-024-00142-0>
- Young, S., Adamo, N., Asgeirsdóttir, B. B., Branney, P., Beckett, M., Colley, W., Cubbin, S., Deeley, Q., Farrag, E., Guðjonsson, G., Hill, P., Hollingdale, J., Klíč, O., Lloyd, T., Mason, P., Pallokosta, E., Perecherla, S., Sedgwick, J., Skirrow, C., & Tierney, K. (2020). Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/hyperactivity disorder in girls and women. *BMC Psychiatry*, 20(1), Article 404. <https://doi.org/10.1186/s12888-020-02707-9>