Avoidance/ restrictive Food intake disorder (arfid)

INFORMATION FACTSHEET FOR HEALTHCARE PROFESSIONALS (HCPs)

Definition

Avoidance/ Restrictive Food Intake Disorder (ARFID) was classified as an eating disorder in 2013. ARFID is characterized "by avoiding eating food or restricting food intake; it does not include having a distorted body image or being preoccupied with body image (as occurs in anorexia nervosa and bulimia nervosa)[1]."
Table 2 highlights the main differences between picky eating (PE) and ARFID.

ARFID is characterized by avoiding eating food or restricting food intake.

Diagnosis

A child must meet four criteria, as set out by the Diagnostic and Statistical Manual of Mental Disorders (DSM), see table 1[2].

ARFID Diagnostic Criteria

A	An eating or feeding disturbance manifested by persistent failure to meet appropriate nutrition and/or energy needs associated with one or more of the following: • Significant weight loss (or failure to achieve expected weight gain or faltering growth in children) • Significant nutritional deficiency • Dependency on enteral feeding or oral nutritional supplements (ONS) • Marked interference with psychosocial functioning
B	The disturbance is not better explained by lack of available food or by associated culturally sanctioned practice.
C	The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.
D	The eating disturbance is not attributed to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.

Table 1

Sub-types

There are three sub-types of ARFID:

1. Sensory sensitivity (e.g. avoids fruit and vegetables)
2. Lack of interest in eating or food
3. Fear of adverse consequences (e.g. a choking phobia)

Children with ARFID may exhibit one or more of the above.

Presentation

Patients may present with the following:

- **Underweight**
- **Mental health conditions**
- **Learning problems**
- **Chronically ill (colds etc.)**
- **Short stature**
- **Slow eaters**
- **Only eats 'safe' foods**

The main differences between picky eating and ARFID are summarised in table 2.

Differences of Picky Eating/ARFID

Picky Eating	ARFID
Mild to moderate eating disturbances causing minor or no changes to growth trajectory	Eating disturbance causes major changes in growth trajectory and/or delayed onset of milestones and maturation
More likely to have micronutrient deficiencies and the use of ONS is reserved for nutritional gaps	More likely to have macronutrient deficiencies due to inadequate intake and reliance on ONS or tube feeding
No effects on psychosocial functioning	Negatively affects psychosocial functioning
Does not express anxiety and fear around eating	Exhibits fear and anxiety with eating
Decreased interest and poor appetite exclusive to the avoided food	Overall decreased appetite and interest in eating/food
No fear of swallowing, choking, vomiting, feeling full or stomach aches	Reports fear of swallowing, choking, vomiting, feeling full or stomach aches

Table 2

Prevalence

The global prevalence of ARFID is unclear due to limited research. However, it is estimated that ARFID may affect 5-14% of children with eating disorders[3]. Compared to other eating disorders, ARFID patients are more likely to be younger and male[2]. Research shows 75% of children with ARFID have an anxiety disorder and nearly 20% have a condition on the autistic spectrum[4].

Concerns and consequences

There are a number of medical and nutritional concerns and consequences (see table 3) associated with a diagnosis of ARFID[3,4,5].

TIMEFRAME	Short-Term	Long-Term
CONSEQUENCES	**Weight:** underweight/overweight **Growth:** failure to thrive/meet centiles **Endocrine:** e.g., late onset puberty **Digestive:** e.g., constipation **Physiological:** poor cognition/focus **Physical:** impactive physical activity/muscle strength	**Growth:** stunted growth (height), underdeveloped **Immunity:** weakened immune system **Digestive:** chronic intestinal problems and dependence on bowel regimen medications **Fatty liver disease** **Nutritional deficiencies:** e.g., vitamin D, iron, calcium **Bone:** osteoporosis/rickets

Table 3

Management

ARFID is best managed using a multidisciplinary team (MDT) approach when possible. The following steps are commonly used:

- Medical nutrition: weight restoration to correct nutritional deficiencies and support catch up growth/meal management (use 'safe foods' and ONS).
- Identify the child's accepted/fear foods and create food hierarchy
- Expose child to foods: at least 30 exposures are needed per food
- Food chaining: start with accepted food and make small changes in taste and texture with similar foods
- Food play: creative play with foods to increase acceptance

3 top tips for handling arfid

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Maximise intake of accepted foods

In an effort to ensure the diet contains adequate macronutrients and to stop or prevent weight loss, it is important to maximise the amount of the child's accepted foods that they are eating.

Presence not pressure

Making sure to give the child sensory exposure to new foods, separate to a meal. For example, letting the child smell, taste and touch a small amount of the food.

Give it time

Allocate at least one month per food, to allow for at least 30 exposures of this new food.

Summary

- **ARFID** is a recognised **eating disorder with severe long-term nutritional and medical consequences.**
- Although different to picky eating, ARFID patients **may present with similar characteristics.**
- **There is no clear treatment model for ARFID,** but nutritional and dietetic input is an important part of an MDT approach to treatment

References:

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3. Norris M et al. Neuropsychiatric Disease and Treatment. 2016;12:213-218.
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