Avoidant/Restrictive Food Intake Disorder (ARFID)

What is ARFID?

Avoidant/restrictive food intake disorder (ARFID) is an eating or feeding disturbance that is characterized by a persistent failure to meet appropriate nutritional and/or energy needs that leads to one or more of the following:

- Significant weight loss (or failure to achieve expected weight gain or faltering growth in a child)
- Significant nutritional deficiency
- Dependence on oral nutritional supplements or enteral feeding (the delivery of a nutritionally complete feed, containing protein, carbohydrate, fat, water, minerals and vitamins, directly into the stomach, duodenum or jejunum)
- Marked interference with psychosocial functioning

It's also important to understand what ARFID is not. It is *not*:

- Associated with body image issues or any abnormalities related to how one perceives their body weight or shape
- The result of lack of available food
- A culturally sanctioned practice
- Explained by another medical or mental disorder ("If we treat that issue, the eating problem will go away").

ARFID vs. anorexia

ARFID is often confused with anorexia nervosa because weight loss and nutritional deficiency are common shared symptoms. However, the primary difference between ARFID and anorexia is that ARFID lacks drive for thinness.

Symptoms

Symptoms of avoidant/restrictive food intake disorder (ARFID) vary widely, and may evolve with the developmental context of the individual (especially in children and adolescents).

Types and symptoms of ARFID include:

- **Avoidant:** Patients who only accept a limited diet in relation to sensory features (sensory sensitivity); sensory aversion; sensory over-stimulation
- **Aversive:** Individuals whose food refusal is related to aversive or fear-based experiences (phobic avoidance) including choking, nausea, vomiting, pain and/or swallowing
- **Restrictive:** Individuals who do not eat enough and show little interest in feeding or eating (low appetite); extreme pickiness; distractible and forgetful
- **ARFID "Plus":** Individuals with avoidant, aversive, or restrictive types of ARFID presentations who begin to develop features of anorexia nervosa, including concerns about body weight and size, fear of weight gain, negativity about fatness, negative body image without body image distortion and preference for less calorically-dense foods
- **Adult ARFID:** Individuals with avoidant, aversive, or restrictive types of ARFID presentations beyond childhood; may have had similar symptoms since childhood including selective or extremely picky eating, food peculiarities, texture, color or taste aversions related to food.

Health Risks of Avoidant/Restrictive Food Intake Disorder (ARFID)

Health risks associated with avoidant/restrictive food intake disorder (ARFID) include:

1. Weight loss or being severely underweight.
2. Nutritional deficiencies (e.g., anemia or iron deficiency) and malnutrition that can be characterized by fatigue, weakness, brittle nails, dry hair/hair loss, difficulty concentrating, and reduction in bone density.
3. Growth failure in adolescents or an increased risk to not thrive. Many sufferers have stunted growth or have fallen off their growth curves for weight and height).

Complications associated with ARFID may mirror health risks of anorexia nervosa for low-weight patients. These risks include:

- Cardiac complications
- Heart
- Kidney and liver failure
- Bone density loss/osteoporosis
- Anemia
- Electrolyte imbalances
- Low blood sugar
- Constipation
- Bloating and other gastrointestinal issues.

FACTS & STATISTICS

In addition to understanding the symptoms, causes, health risks and treatment options for avoidant/restrictive food intake disorder (ARFID), it's also important to understand the facts and statistics:

- ARFID is more common in children and young adolescents and less common in late adolescence and adulthood.[1]
- ARFID is often associated with psychiatric co-morbidity, especially with anxious and obsessive compulsive features.[1]
- ARFID is more than just "picky eating"; children do not grow out of it and often become malnourished because of the limited variety of foods they will eat.[2]
- The true prevalence of ARFID is still being studied, but preliminary estimates suggest it may affect as many as 5% of children.[2]
- Boys may have a higher risk for ARFID than girls.[2]
- 63% of pediatricians and pediatric subspecialists were unfamiliar with the diagnosis of ARFID.[3]

Call to schedule a free consultation

Our ERC Master's-level clinicians are specially-trained and can speak with you about your concerns. Please call us at 877-825-8584 to schedule a free consultation.

1. ARFID: Some new twists and some old themes. Ovidio Bermudez, MD, FAAP, FSAHM, FAED, F.iaedp, CEDS. (2016)
2. 14. Norris, M. L., Spettigue, W., & Katzman, D. K. (2016). Update on eating disorders: current perspectives on avoidant/restrictive food intake disorder in children and youth. Neuropsychiatric Disease and Treatment, 12, 213-218.
3. Canadian Pediatric Surveillance Program

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Avoidant/Restrictive Food Intake Disorder (ARFID) Self-assessment Quiz

Avoidant/restrictive food intake disorder (ARFID) is a complex and widely misunderstood eating disorder. This short ARFID self-assessment quiz should help you determine whether further action is necessary for you or a loved one.

- ❏ Do you struggle with a lack of interest in or an avoidance of food or eating?
- ❏ Do you avoid certain or most foods because you cannot tolerate the texture or consistency?
- ❏ Have you had significant weight loss but are not concerned with the size or shape of your body?

If any or all of these feelings or behaviors apply to you or a loved one, ERC can help.

Call to schedule a free consultation about ARFID

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	INPATIENT*	RESIDENTIAL*	PARTIAL HOSPITALIZATION*	INTENSIVE OUTPATIENT*
Description:	• 24/7 Supervision and medical support to provide medical, psychiatric and nutritional stability	• 24/7 supervision and medical support to prevent harmful behaviors in a total containment environment	• Up to 11 hours of daily treatment, including weekends, after which patients return home or to supported apartment	• Intensive weekly treatment, up to 22 hours a week
Patient Status:	• Medical issues, psychiatric instability, detox, malnutrition	• Inability to contain self, inability to refrain from behaviors	• Possess ability to practice recovery skills independently	• Does not require medical support at this level of care
Program Goals:	• Medical, psychiatric and nutritional stabilization • Interrupt behaviors	• To interrupt behaviors, improve co-morbidities, stabilize weight and begin learning recovery skills	• To improve medical co-morbidities, stabilize weight plus learn and apply life skills in a home environment	• To integrate recovery skills into everyday life and maintain treatment gains from higher levels of care
Treatment Team:	• Psychiatrist, therapist, RD, internal medicine doctor, nurse and often family therapist	• Psychiatrist, therapist, family therapist, dietician, internal medicine physician and nurse	• Psychiatrist, therapist, family therapist, dietician, internal medicine physician, nurse	• Family or Individual Therapist and Dietitian
Medical Care:	• 24/7 nursing, daily MD visit, complete physical by internal medicine, Labs/EKG as needed, daily vitals and weights	• 24/7 nursing care • Complete physical by internal medicine physician • Internal medicine physician visits • Labs, EKG, vitals as needed	• Complete weight physical by internal medicine physician • Internal medicine physician visits • Labs, EKG, vitals as needed	• Internal medicine as needed
Psychiatric Care:	• Daily psychiatric appointment, medication management, team rounds	• Individual psychiatry • Full treatment team rounds with patient present	• Individual psychiatry • Full treatment team rounds with patient present	• Individual psychiatry
Behavioral Care:	• Trauma-informed care and intensive therapy, including: - Acceptance & Commitment Therapy (ACT) - Dialectical Behavior Therapy (DBT) - Exposure & Response Prevention Therapy (ERP) • Weekly individual psychotherapy • Daily group therapy and skills-based education groups • Weekly family therapy	• Trauma-informed care and intensive therapy, including: - Acceptance & Commitment Therapy (ACT) - Dialectical Behavior Therapy (DBT) - Exposure & Response Prevention Therapy (ERP) • Weekly individual psychotherapy • Daily group therapy and skills-based education groups • Weekly family therapy	• Trauma-informed care and intensive therapy, including: - Acceptance & Commitment Therapy (ACT) - Dialectal Behavior Therapy (DBT) - Exposure & Response Prevention Therapy (ERP) • Weekly individual psychotherapy • Daily group therapy and skills-based education groups • Weekly family therapy	• Trauma-informed care and intensive therapy, including: - Acceptance & Commitment Therapy (ACT) - Dialectal Behavior Therapy (DBT) - Exposure & Response Prevention Therapy (ERP) • Individual psychotherapy • Group therapy
Nutritional Care:	• Individualized meal planning based on patient's status • Daily supervised and supported meals and snacks • Individual nutrition counseling • Daily group activities to learn various nutrition skills	• Individualized meal planning based on patient's status • Daily supervised and supported meals and snacks • Individual nutrition counseling • Daily group activities to learn various nutrition skills	• Individualized meal planning based on patient's status • Daily supervised and supported meals and snacks • Individual nutrition counseling • Daily group activities to learn various nutrition skills	• Individualized meal planning • Individual nutrition therapy • Nutrition groups (skills, education, exposure) • Supervised meals

* Treatment is individualized to optimize patient recovery. This information is a general guide to the services provided and should not be interpreted as a contract for services.

For a free assessment by a Masters-level clinician, call 1-877-825-8584 or visit www.EatingRecovery.com

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