What is ARFID?

Scenario

Avoidant/Restrictive Food Intake Disorder (ARFID), also known as “extreme picky eating,” is an eating disorder impacting thousands of individuals, particularly children. The meaning of “fear” food differs in clients with ARFID in relation to anorexia nervosa and bulimia. For individuals with ARFID the fear may stem from knowing they must eat, when they have no interest in eating, fearing the temperature might not be what they like, fear of choking or becoming sick, or fear of eating a new food. As opposed to having the fear that a food may cause weight gain or not be “healthy”. It is very important for dietitians and clinicians to determine which type of fear is present.

Basic Principles

There is typically a team of medical professionals working with the dietitian to treat someone with ARFID including the medical doctor, therapist, and occupational therapist.

Diagnostic Criteria for ARFID (Based on the DSM-V)

• An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional 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.
  • Dependence on enteral feeding or oral nutritional supplements.
  • Marked interference with psychosocial functioning.
  • The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.
  • The eating disturbance does not occur exclusively during 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 [body image].
  • The eating disturbance is not attributable 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.
Types of ARFID

1. Lack of interest: clients with this type of ARFID have a genuine lack of interest in eating and food. They also get full quickly.
2. Sensory Avoidance: clients with sensory avoidance have issues with food tastes, textures, temperature and smells.
3. Fear of Aversive Consequences; fear of illness, choking, nausea and allergies

Symptoms of ARFID
• Avoidance of foods, based on texture, color, taste, smell, food groups, etc.
• Anxiety when presented with “fear” foods
• For adults, weight loss; for children, failure to gain weight
• Dependence on nutritional supplements, a feeding tube or both
• Frequent vomiting or gagging after exposure to certain foods
• Difficulty chewing food
• Lack of appetite
• Consumption of extremely small portions
• Social isolation

Health Risk Factors for ARFID
• Malnutrition
• Weight Loss
• Developmental delays
• Co-occurring anxiety disorders
• Failure to gain weight (children)
• Gastrointestinal complications

References:

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Written by SCAN registered dietitians (RDs) to provide nutrition guidance. The key to optimal meal planning is individualization. For personalized nutrition plans contact a SCAN RD for personalized nutrition plans. Access “Find a SCAN RD” at www.scandpg.org

Tips to Take With You

Recommended Dietary Guidelines for the Dietitian
Dietitians and practitioners have found behavior therapies such as exposure therapy, a technique used to overcome anxiety by exposing the client to the feared object or context without any danger, to be effective. During the initial intake, the Dietitian will determine the type of ARFID the client is presenting with; lack of interest, sensory avoidance or fear of aversive consequences. It is very important for dietitians and clinicians to determine which type of fear they are working with.

• Different interventions and food exposures, along with parent involvement, will be based on the type of ARFID

• Education:
  o Intention: to help the client recognize that education about the fear will not make it go away but it may help the client build cognitive strategies towards consuming the fear food
  o Taste: help the client to know that it may take up to 3 times of exposures to “like” a food. This is due to the taste buds needing to mature.

1. The first goal is to determine the extent of nutrition imbalance and how much weight restoration needed.
2. Asses for chewing problems
   • Is there pain in the mouth, issues with teeth?
3. Communication and trust are essential throughout the treatment process, this includes educating the child and family about nutrition and discussing the child’s fears about food
4. Food Chaining interventions can be used to help the client overcome the fear of eating or fear of eating certain foods

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