AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER

Spotting the signs and supporting children and young people

Dr Jo Holliday - Consultant Psychologist and Clinical Lead
John Stewart - Nurse Consultant
What is ARFID?
How to spot ARFID
Barriers in treating ARFID
How are ED services adapting
What interventions are available
Where to get further information
Avoidant Restrictive Food Intake Disorder (ARFID) is defined as a restriction of their own eating by consuming smaller amounts of food, or by avoiding certain foods or entire food groups.

ARFID differs significantly from bulimia or anorexia in that it is not accompanied by weight or shape concerns or fear of fatness.

It appears to be more prevalent among younger children (2-12 year olds) as well as those with autism, anxiety, and ADHD.

Left untreated, ARFID can lead to malnutrition.
WHAT IS ARFID?

DSM 5. (Now also in ICD 11)

1. 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.
2. The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.

3. 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.

4. 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.
Physiological Signs

- Low Weight for age – (%mBMI)
- Faltering Growth and weight
- Acutely Malnourished
  - Tired/Lethargic
  - Bradycardic
  - ECG changes
  - Hypothermic
  - Amenorrhea/ Low testosterone

Symptoms can’t be explained by any other medical condition.
**Psychological Signs**

- **Apparent lack of interest in food.**

- **Avoidance of food based on sensory characteristics of food.**
  - Taste
  - Textures
  - Smells

- **Concerns over the consequence of eating**
  - GI concerns
  - Vomiting
  - Choking
  - NOT Weight gain or fear of fatness.
SOCIAL SIGNS

Unable to join in at meal times

Struggles to eat at school or with friends.

Family dynamics accommodate the maladaptive eating pattern.
WHAT INTERVENTIONS ARE AVAILABLE

No evidence base yet

Comprehensive Assessment

Treatment
- Treatment that addresses the main drivers of avoidance/restriction. E.G Psychoeducation, family interventions, CBT and desensitisation.

Medical stability is a priority
- No pressure to eat anything but safe foods in the first instance.
- Increase Portion sizes of safe foods.
- Supplement nutritional deficiencies.

Food Chaining
- Incremental changes to food overtime to widen variety of food.
- Consider Texture, Colour Smell Size and Shape of the food.
BARRIERS TO TREATMENT

Lack of knowledge

Current provision lacks any consistency

2015 NHSE CYP CEDS commissioning excluded ARFID

Nationally, some CYP CEDS accept ARFID for treatment, some do not

ARFID stretches usual CYP ED remit

ARFID is a mental health diagnosis but straddles physical and mental health domain even more so that AN

Currently no clearly commissioned pathway in Bucks
MAPPING ARFID IN BUCKS

Project developed with Strategic Clinical Network

To educate and inform services about ARFID

To collect information from GPs and CYP services about current provision

To develop a case for change in the way that this cohort are identified, referred, and treated

PLEASE COMPLETE OUR BRIEF SURVEY TODAY....
Developed to support Community Eating Disorder services for CYP to adapt their treatment pathway to improve access for ARFID
Unique position with infrastructure and clinical networks

Transformation funding to support regional pilots to include training of staff, data collection and participation in national evaluation

Thereafter it is anticipated that all CYP CEDS will provide this care

HOW CYP CEDS ARE ADAPTING: AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID) PROJECT
Avoidant/restrictive food intake disorder (ARFID)

What is Avoidant/Restrictive Food Intake Disorder?

Avoidant restrictive food intake disorder, more commonly known as ARFID, is a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.

Some people might be avoiding and/or restricting their intake for a number of different reasons. The most common are the following:

- They might be very sensitive to the taste, texture, smell, or appearance of certain types of food, or only able to eat a small amount of certain food types (e.g. meats).
- They might feel that their family or friends will be upset or angry if they eat certain types of food.
- They might have had adverse reactions to specific foods in the past, such as vomiting from a meal containing these foods.
- They might associate certain foods with weight gain or becoming fat.
- They might associate eating certain foods with negative experiences (e.g. embarrassment, teasing, loss of control).