



# Avoidant Restrictive Food Intake Disorder (ARFID)



## What is Avoidant Restrictive Food Intake Disorder (ARFID)?

ARFID is a relatively new diagnosis that is used to describe people who have significant difficulties with eating and who severely restrict their diet due to difficulties with any or all of the following:

- **managing the sensory properties of foods** (avoids foods based on sensory properties such as smell, taste, texture or novel (new) visual appearance)
- **concern about aversive consequences of eating** (often relates to a previous illness the child connects to food, pain with eating such as in reflux, previous choking episodes or force feeding)
- **lack of interest in eating** (doesn't seem hungry, doesn't seek out food, goes long periods of time without eating)

In order to meet the criteria for a diagnosis of ARFID the above difficulties must also be associated with one or more of the following:

- Significant weight loss or failure to achieve expected growth in children
- Significant nutritional deficiency
- Dependence on tube feeding or oral supplements
- Marked interference with psychosocial function- your child may be highly anxious around food, unable to join in mealtimes and there is a high level of stress around mealtimes.

ARFID often appears in childhood and is noticed once a child fails to move on from the normal fussy eating stage (neophobia) that happens to all children between 2-5 years old. ARFID is more common in boys and more common in children with a diagnosis of autism. Unlike other eating disorders children with ARFID do not restrict their eating due to concerns about weight or body image.

Children with ARFID tend to present with the following

- Eating that is rigid and inflexible
- They are highly brand specific and brand loyal
- They will only eat certain foods in certain contexts (home foods or school foods)
- They will show extreme anxiety is offered a new or disliked food
- They may gag or vomit in response to offers of a disliked foods
- They often have tactile (touch) and other sensory sensitivities



- Difficulties noticing hunger and fullness, this is linked to their sensory processing especially interoception (awareness of internal body state)

## My child has been diagnosed with ARFID, What can I do to help them?

### DO...

- Allow your child to have their preferred foods at mealtimes. This will help reduce their stress and will help to maintain their growth and weight whilst you work on other areas of support.
- Remember that a healthy diet for a child with ARFID is one which meets their nutritional needs and allows them to grow. This may look vastly different to what the media tells us a healthy diet should contain but when a child is restricted in their eating **all foods are good foods!**
- Schedule regular opportunities for eating during the day, try to have three meals and three snacks a day but don't allow your child to graze constantly in between times. Children need breaks between meals in order learn to feel hungry and full.
- Reduce anxiety at mealtimes, adrenaline released when we are anxious reduces our appetite. This may mean not talking about food or commenting on what or how much your child is eating. It may also mean using something which distracts them and reduces their anxiety during eating such as the TV or an iPad.
- Address your child's sensory needs. Work with your child's occupational therapist to support your child's sensory preferences and to build in sensory activities that help calm and regulate your child before mealtimes.
- Use food chaining as a way of working towards expanding their diet. See advice sheet for further details.
- Play with your food! Getting messy and exploring food away from mealtimes in a messy play setting with no pressure to eat is a great first step in introducing new foods to children and removing some of the fear around them.
- Work with older children to discuss what they want to try and how they want to do this. Trying small amounts of food away from mealtimes and using relaxation to manage feelings of anxiety can work for older children.
- Remember that many teenagers become much more motivated to work on expanding their diet and will make progress during adolescence.
- Remember that the approach you take will need many repetitions and will need lots of patience and time.
- Involve your child in all aspects of food preparation, get them to help with shopping, grow some vegetables, cook for the family or clear the table. All of this increases their exposure to new foods in a safe and non-threatening way.



## Don't....

- Disguise foods, hide foods within preferred foods or hide medicine within foods. This will lead to a disgust response and most likely the rejection of the preferred food. When you make small changes such as in food chaining your child should be fully aware and involved.
- Withhold preferred food until they have eaten 'healthy' food (no ice cream until you have eaten your peas!). Research shows us that this leads to children liking ice cream even more and peas even less. It also raises anxiety and leads to battles and refusals at mealtimes. Instead offer a variety of foods at each mealtime, a buffet style can work well and small portions can help you limit the amount of treat foods on offer.
- Over-encourage, over pressure or force-feed. Whilst it can be tempting to bribe, praise and reward children for just taking a bite they are unlikely to manage a second bite and are not eating for pleasure but for the reward. Instead encourage exploring foods at their pace and descriptive rather than positive or negative talk about food.
- Withhold food to let the child 'go hungry'. ARFID children will not eat the new food just because they are hungry and will go without instead.
- Give the same foods at every mealtime. It is important to try and build variety into your child's diet and a good place to start is by offering different foods at different times of the day and building range within the foods your child already eats.
- Allow schools to dictate what is healthy or unhealthy in your child's lunchbox. Speak to your school about your child's diagnosis and contact your therapist if you need more support.



**Many children with a diagnosis of ARFID will go on to expand their diet often in their teenage years when they want to fit in with friends. The biggest predictor of success in ARFID children is reducing mealtime stress and anxiety. Try and find a long term approach which works for you and your family and feels comfortable for your child to manage.**