INSIDE OUT
Institute for Eating Disorders

Avoidant/Restrictive Food Intake Disorder

Overview

Avoidant/Restrictive Food Intake Disorder (AFRID) was introduced in the DSM-V and describes individuals who do not meet criteria for traditional eating disorder diagnoses but still have troubles eating and receiving sufficient nutrition. ARFID symptoms typically present in infancy or childhood and can persist to adulthood.

ARFID can be diagnosed for a number of reasons. The DSM-V criteria states that it involves "an eating or feeding disturbance" that can include disinterest in eating, or specific avoidance due to the sensory characteristics of food or fear and anxiety about the consequences of eating. For a diagnosis, this has to cause significant weight loss, or an inability to reach the expected weight in the case of childhood development, an inability to receive sufficient nutrients, a dependence on nutritional supplements and interference with psychological and social wellbeing.

Symptoms (Physical and Psychosocial)

ARFID is somewhat similar to anorexia nervosa, in the sense that it involves extreme restriction of dietary intake. However, this restriction is not necessarily based on a fear of weight gain, rather a fear of the consequence of eating a specific type of food, or an aversion to a particular type of food. Such aversions can be to a food itself, its texture, colour, smell or food group. Usually, individuals with ARFID will refuse to consume specific foods and sometimes will use physical measures, such as constricting their throats, to prevent the consumption of food. It can be difficult to distinguish between ARFID and regular picky eating behaviours. However, regular picky eaters typically meet their nutritional requirements, but those with ARFID struggle to meet these requirements and demonstrate a much stronger and pervasive refusal to eat specific foods.

One study demonstrated that amongst the Australian population, ARFID may be just as common as other more widely-known eating disorders.

It is still unclear why people develop ARFID. It appears that it can be the result of some traumatic food-related experience, such as choking, feeding issues, vomiting or becoming sick. ARFID typically presents with comorbid anxiety or obsessive-compulsive disorder, and children with ARFID report high numbers of worries, generally about the physical symptoms associated with eating. People with autism spectrum

disorder and ADHD and children who do not outgrow picky eating are more likely to develop ARFID.

Treatment

Treatment for ARFID is focused on increasing flexibility so that they are more comfortable eating non-preferred foods so that they increase their food intake and are able to meet nutritional requirements. However, at present there is no standardized treatment for ARFID, due to its extremely diverse presentation and relative recency as a clinical diagnosis. Family-based treatment for children and adolescents with ARFID aims to help the family support the patient with increasing their variety and food intake through exposure to novel foods. Cognitive behavioral therapy aims to help to encourage regular eating, self-monitoring of food intake, exposure to novel foods and prevention of fear responses and relaxation training.

https://www.verywellmind.com/what-is-arfid-4137232
https://www.eatingdisorders.org.au/eating-disorders-a-z/arfid/
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