

ARFID (Avoidant/Restrictive Food Intake Disorder)

What is ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder recognised in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)

ARFID requires understanding and appropriate support

ARFID involves persistent difficulty with eating that leads to one or more of the following:

- Significant weight loss (or failure to grow as expected in children)
- Nutritional deficiency
- Dependence on supplements
- Marked interference with psychosocial functioning (e.g., anxiety about eating socially)

What ARFID Is Not

It is not a phase of typical picky eating if it causes significant impairment.

It is not about weight or body image.

Unlike anorexia nervosa or bulimia nervosa, ARFID is not driven by body image concerns or a desire to lose weight.

ARFID is not caused by “fussy eating” or poor parenting.

How ARFID May Present

ARFID can look different from person to person. Common presentations include:

1. Sensory-based avoidance

- Strong reactions to texture, smell, taste, colour, or temperature
- Restricted/limited diet of “safe foods”
- Gagging or distress when trying new foods

2. Fear-based avoidance

- Fear of choking, vomiting, allergic reaction, or abdominal pain
- Often begins after a traumatic food-related event

3. Low interest in eating

- Limited appetite
- Forgets to eat
- Gets full quickly
- Finds eating effortful or uninteresting

Some individuals experience a combination of these.

Possible Causes

There is no single cause of ARFID. It is thought to develop due to a combination of:

- Biological factors (differences in sensory processing, appetite regulation)
- Temperament (high anxiety, sensory sensitivity)
- Gastrointestinal problems (reflux, constipation, food allergies)
- Traumatic experiences (choking, vomiting, illness)
- Neurodevelopmental differences (e.g., autism, ADHD)

Links Between ARFID and Autism

Research shows higher rates of ARFID among autistic individuals.

Autistic people may be more likely to experience:

- Heightened sensory sensitivity (texture, smell, taste)
- Strong preference for routine and predictability
- Anxiety around change
- Interoceptive differences (difficulty recognising hunger/fullness cues)

These factors can increase vulnerability to restrictive eating patterns.

It is important to understand that:

Not all autistic people develop ARFID and not all people with ARFID are autistic. However, the overlap is significant and clinically important.

Risk Factors

ARFID can affect children, adolescents and adults of all genders. Risk factors include:

- Autism or ADHD
- Anxiety disorders
- Gastrointestinal disorders
- History of choking
- Sensory processing differences

Possible Consequences if Untreated

- Weight loss or poor growth
- Nutrient deficiencies (iron, B12, vitamin D, etc.)
- Reduced bone density
- Increased anxiety around eating situations

Assessment

Assessment usually involves:

- Medical review (weight, growth charts, blood tests)
- Nutritional assessment
- Mental health assessment
- Exploration of sensory and anxiety factors
- Screening for neurodevelopmental conditions if relevant

This may be through a GP referral to CAMHS or an eating disorder service.

Treatment

Treatment depends on age, severity, and underlying drivers.

1. Psychological Therapies

- Cognitive Behavioural Therapy for ARFID (CBT-AR)
- Exposure-based therapy for fear-related avoidance
- Family-Based Treatment (FBT) for children and adolescents

2. Dietetic Support

- Gradual expansion of food range
- Nutritional rehabilitation
- Supplement planning where necessary

3. Sensory-Based Interventions

- Occupational therapy
- Gradual desensitisation to textures

4. Medical Monitoring

- Weight and growth monitoring
- Blood tests for deficiencies
- Supplementation if required

Treatment should be collaborative and adapted to sensory and neurodevelopmental needs.

When to Seek Help

Seek medical advice if you notice:

- Significant restriction of foods
- Weight loss or poor growth
- Nutritional deficiencies
- Severe anxiety around eating
- Dependence on supplements
- Social withdrawal related to food

References

- American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5-TR).
- Bryant-Waugh, R. (2019). Avoidant/Restrictive Food Intake Disorder: An illustrative case example. *International Journal of Eating Disorders*, 52(4), 404–409.
- Thomas, J. J., & Eddy, K. T. (2019). Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder. *Current Psychiatry Reports*, 21(8).
- National Institute for Health and Care Excellence (2017, updated 2020). *Eating disorders: recognition and treatment* (NG69).
- Fisher, M. M., et al. (2014). Characteristics of Avoidant/Restrictive Food Intake Disorder in children and adolescents. *Journal of Adolescent Health*, 55(1), 49–52.
- Koomar, T., et al. (2021). Prevalence of ARFID in autism spectrum disorder populations. *Journal of Autism and Developmental Disorders*.