NOT JUST PICKY EATING:
AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER EXPLAINED

Avoidant/restrictive food intake disorder (ARFID) is a condition characterized by very limited food intake. This may mean an affected individual only eats a narrow range of food and/or small amounts of food. The food avoidance or restriction may be due to *high sensitivity to specific sensory characteristics of food* (such as flavours or textures); *fear of negative consequences of eating* (such as stomach pain, vomiting, or choking); and/or a *lack of interest in eating*. Eating often becomes a stressful activity for an affected individual, which can result in disruptions in their everyday life, including at school or work, or in social situations.

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According to the current criteria, ARFID is diagnosed when a person's restricted diet leads to one or more of the following issues:

1. Significant weight loss or, in children, lack of expected weight gain
2. Significant nutritional deficiency
3. Dependence on nutritional supplements or tube-feeding
4. Marked interference with psychosocial, and potentially physical, functioning

Note: a diagnosis of ARFID requires that the inadequate food intake is *not* better explained by limited access to food or a medical condition, is *not* related to negative body image or fear of weight gain, and that the avoidance or restriction is *not* a cultural practice.

You can complete an ARFID screening test on NEDIC's website – www.nedic.ca/arfid-screen

WHO IS AFFECTED?

There is currently very limited information available regarding the prevalence of ARFID in the general population. Evidence that exists at this time suggests that 3% of children and young adolescents, and 0.3% of older adolescents and adults experience symptoms sufficient for an ARFID diagnosis at any given time. People of all genders, socioeconomic classes, racial backgrounds, ethnicities, and abilities, and body sizes can be affected. Of note, some people do not experience weight loss with a restricted diet – ARFID affects people of all body sizes.

WHAT CAUSES ARFID?

Multiple biological, psychological, and socioenvironmental factors influence the development of ARFID – there is no single cause. A number of health conditions increase a person's risk, particularly:

- anxiety disorders
- autism spectrum conditions
- attention-deficit hyperactivity disorder (ADHD)
- digestive disorders
- food allergies

For some individuals, a distressing food- or eating-related experience (such as a bout of food poisoning) may trigger the development of ARFID.

HOW CAN I HELP SOMEONE WHO HAS ARFID?

- Seek credible information about ARFID and learn as much as you can – the more you know, the more you can help.
- Let them know you are concerned and that you are willing to provide support.
- Provide information about ARFID, taking into account that the amount and type of information that is appropriate for an individual will depend on factors such as age, developmental stage, and any neurodivergence.
- Aim to make their eating environment pleasant and relaxing. Take care to avoid coaxing or pressuring them to eat.
- Avoid making negative comments about their eating. Be non-judgemental towards their eating challenges.
- Provide practical support to reduce disruptions in their psychosocial functioning – for example, by communicating with school lunch supervisors or ensuring that familiar or preferred food is available to them at social gatherings.
- Understand your limits and take care of your own needs. Role-model healthy attitudes and behaviours around self-care.

HOW CAN I HELP MYSELF IF I HAVE ARFID?

- Seek credible information about ARFID and get informed about what it is, signs and symptoms, and treatment options. Know that you are not alone and that help is available.
- Talk to someone you trust about your difficulties with ARFID. Support and understanding can help decrease feelings such as embarrassment and anxiousness that may get in the way of eating.
- Plan for regular eating throughout the day. Particularly during the initial stage of addressing ARFID, eating regular meals and snacks spaced no more than a few hours apart helps restore hunger and appetite signals that might have become irregular after a long period of restricted food intake.
- Create a list of coping techniques to practice when you feel anxious or uncomfortable while eating.

HOW DO I GET PROFESSIONAL HELP?

You may benefit from seeking information and professional help even in the early stage of developing ARFID.

Primary care providers (doctors and nurse practitioners) play an important role in addressing ARFID, which can span diagnosing, referring to specialized eating disorder programs, and providing regular medical supervision. If you are seeking help for a child or adolescent, taking them to their pediatrician or other primary care provider for an evaluation would be a good starting point. If you are an adult seeking help for yourself, consider talking to your primary care provider as one of your first steps.

ARFID treatment should be individualized based on the presenting concerns, which are highly diverse among those affected. Many people living with ARFID need support in building positive eating experiences and/or psychological therapy that focuses on exposure to new and/or feared foods. Nutrition counselling can also be very helpful.

NEDIC maintains a national directory of service providers that have expertise in eating and feeding disorders, ranging from publicly-funded treatment clinics, to community-based organizations, to professionals in private practice (including counsellors, psychotherapists, psychologists, and dietitians) – you can contact us for referrals.

Sources

Bryant-Waugh, R. (2019). Avoidant/restrictive food intake disorder. *Child and Adolescent Psychiatric Clinics of North America*, 28, 557–565. https://doi.org/10.1016/j.chc.2019

Coglan, L., & Otasowie, J., (2019). Avoidant/restrictive food intake disorder: What do we know so far? *BJPsych Advances*, 25, 90–98. doi: 10.1192/bja.2018.48

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