Valley Children's HEALTHCARE

Central California
Pediatrics

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Specialty information for physicians who treat children and expectant mothers.

Avoidant Restrictive Food Intake Disorder: What Are The Signs and Psychological Considerations

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Avoidant Restrictive Food Intake Disorder (ARFID) is a newer eating disorder diagnosis that is increasingly prevalent in the pediatric population. ARFID was introduced in the Diagnostic and Statistical Manual, Fifth Edition (DSM-5) to replace "feeding disorder of infancy and childhood." Eating disturbances for patients with ARFID go beyond just picky eating. Patients with ARFID have significant difficulty meeting nutritional needs and can have serious health consequences as a result.

What is ARFID?

According to the DSM-5, Avoidant Restrictive Food Intake Disorder is:

A. An eating or feeding disturbance as manifested by the persistent failure to meet nutritional and/or energy needs associated with one or more of the following:

1. Significant weight loss, failure to achieve expected weight gain or faltering growth in children
2. Significant nutritional deficiency
3. Dependence on enteral feeding or oral nutritional supplements
4. Marked interference with psychosocial functioning.

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

C. 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 one's body weight or shape is experienced.

D. 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.

Signs and Symptoms of ARFID

Pediatricians and parents should monitor for: dramatic weight loss, dramatic restriction in the types or the amount of food eaten, restriction of textures or other sensory aspects of food, increasingly limited range of preferred foods and lack of interest in food or decreased appetite. Patients with ARFID may complain of gastrointestinal issues such as nausea, vomiting, abdominal pain or feeling full around mealtimes. There may also be significant fear of adverse effects of food such as choking. Patients with ARFID may experience physical and medical consequences because of the inability to meet nutritional needs. The impact on physical health can be of a similar severity to that seen in anorexia nervosa, which can include electrolyte imbalances, syncope, gastrointestinal complaints and menstrual irregularities.

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Risk Factors

While ARFID does not have an age limitation, it is more common in younger males compared to other eating disorders. Current research suggests that people with autism spectrum disorder, attention deficit hyperactivity disorder and intellectual disabilities are more likely to develop ARFID. Many children with ARFID also have co-occurring psychological disorders such as anxiety disorders or obsessive-compulsive disorder.

Psychological Considerations

ARFID can be associated with significant impairment in psychosocial functioning. Parents and pediatricians should monitor for changes in mood, sleep disturbances, academic changes and/or lack of interest in socialization. There may also be increased challenges around food and mealtimes. For example, tantrums right before mealtimes or refusal to eat meals as a family. ARFID is different from other eating disorders in that there is no criteria for body image disturbances. Typically, patients with ARFID are more concerned with the experience of eating food or the fear of adverse effects with food. If a patient is experiencing body image disturbances, another eating disorder such as anorexia nervosa or bulimia nervosa should be considered.

Treatment for ARFID

Given the varied physical symptom presentation and psychological comorbidities, a specific treatment for ARFID has not yet been identified. Current studies suggest that a multidisciplinary approach is beneficial for diagnosis and management. This team can include physicians, psychologists, psychiatrists, dieticians and rehabilitation therapists. The goal of treatment includes medical stabilization of the patient, nutritional improvement and management of the fears around eating. Psychological management of symptoms can include cognitive behavioral therapy (CBT) or family based therapy (FBT) which are empirically supported treatment modalities for other eating disorders and anxiety disorders. A pediatrician may refer a patient who presents with symptoms of ARFID for a higher level of care in an inpatient hospitalization or outpatient gastroenterology clinic depending on the patient's needs.

Valley Children's VOICE

Valley Children's Voice, the podcast for pediatricians by pediatricians, releases monthly episodes addressing topics impacting pediatricians and children in the Central Valley. Last month, our Valley Children's team discusses ARFID and how to identify it. Tune in to our podcasts at **valleychildrens.org/podcast.**

Medical Staff News

The following pediatric specialist recently joined Valley Children's:

Primary Care
(Sky Park Pediatrics)
Gul-e-Shehwar Zahid, MD

Upcoming CME Opportunities

Medical Education Grand Rounds: Clearing the Error
Presented by Dr. Michael De Vita
Tuesday, May 10
12:15 p.m. – 1 p.m.

Physician Leadership Academy: Every Physician is a Leader
Presented by Brian James, Physician Engagement
Thursday, May 12
12:15 p.m. - 1:15 p.m.

Pediatric Clinical Symposium: What is Bronchopulmonary Dysplasia?
Presented by Dr. Deena Yousif
Wednesday, May 25
12:15 p.m. - 1:15 p.m.

Register for Valley Children's CME events through our CME Tracker, cmetracker.net/VCH

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