

Understanding ARFID

July 17, 2024

WHO WE ARE: ARFID AWARENESS

We are the UK's only registered charity dedicated to raising awareness and furthering information about Avoidant/Restrictive Food Intake Disorder.

As a not-for-profit, we work to provide individuals, parents, carers and medical professionals with up-to-date relevant information, research and support.



OUR MISSION

We want to remove the uncertainty, ambiguity and frustration experienced by parents, carers and individuals over obtaining a diagnosis and treatment by providing general advice that may improve their journey.

Equally, we are committed to supporting medical professionals across varying specialities, by equipping them with the information they need to ensure that their patients receive an early diagnosis and have access to appropriate care..

OUR VISION

We want to make ARFID universally known, and understood.

WHAT THIS SESSION IS ABOUT

- Introduction to ARFID (what it is, and isn't)
- What we know about how common it is (including our observations as a charity)
- Overview of the different ARFID sub-types (and how they differ)
- What early onset ARFID presents as
- A typical ARFID timeline
- ARFID interventions and the importance of the MDT
- 10 things I wish I'd know/have learnt along the way

WHAT IS ARFID?

Avoidant/restrictive food intake disorder (ARFID) is a relatively new term, that was introduced in 2013 when it first appeared in the DSM-5 (American Psychiatric Association, 2013).

ARFID is characterised by a pattern of eating that avoids certain foods or food groups entirely or is restricted in quantity (eating small amounts). Avoidant and restrictive eating cannot be due to lack of available food, or cultural norms (e.g. someone who is fasting or chooses not to eat certain foods for religious or cultural reasons alone).

ARFID is different to other restrictive eating disorders in that:

- ARFID isn't affected by a person's beliefs about the size and shape of their body.
- Someone with ARFID doesn't restrict their food intake for the specific purpose of losing weight.

HOW MANY PEOPLE HAVE IT?

The Epidemiology of Avoidant/Restrictive Food Intake Disorder

“Prevalence estimates for ARFID vary considerably by methodology; setting, and population, but growing evidence suggests that ARFID is **just as common** as other more well-known eating disorders, affecting approximately 0.3% to 15.5 % of children and 0.3% to 4.1% of adults.

Despite common misconceptions, ARFID impacts a **wide range of individuals** across ages and genders, and both medical and psychiatric comorbidities are common.”

Dunford & Thomas Psychiatric Annals, 2024; 54(2)42-e46

AWARENESS OF ARFID IS GROWING

(THANK GOODNESS)

In the past 365 days, we've had 101,500 unique visitors to our website

- 13% of our traffic is returning
- This year, site Traffic is up 71% compared to last year, and site sessions are up 86%
- BEAT have also seen a dramatic increase in people seeking help for ARFID – its helpline received more than 2,000 phone calls in 2023
 - 10% of the total
 - This figure is up from 295 calls in 2018

UK eating disorder charity says calls from people with Arfid have risen sevenfold

Beat chief says NHS bosses must end postcode lottery in care for people with avoidant restrictive food intake disorder



Arfid is much less well-known than anorexia or bulimia and can be especially challenging to diagnose. Photograph: Ben Birchall/PA

Sharp Rise In ARFID Eating Disorder Sparks Warning From U.K. Charity

Katherine Hignett Senior Contributor @

I write about U.K. health policy.

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Feb 27, 2024, 01:12am EST



NOT EVERYONE'S ARFID IS THE SAME:

THE FOUR ARFID SUB-TYPES

Sensory



Lack of Interest



Fear



Combined



THE TWO MAIN PRESENTATIONS:



Sensory / Lack of Interest

- Most common combination
- Onset from early childhood
- Lack of appetite rarely seen alone – except in older age group

Usually reported as starting in infancy or from around 2 years – the onset of the **neophobic stage of food rejection – but can last a lifetime**



Fear

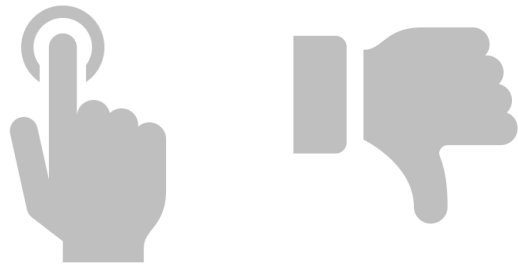
A QUICK WORD ON THE NEOPHOBIC STAGE:

- Food neophobia is the the fear of trying new food.
- Is considered as a normal stage in child development and affects between 50 and 75% of children.
- It generally occurs between the ages of two and six and then wears off, eventually disappearing as children grow up.



MAIN SUB-TYPES CONTINUED

Sensory / Lack of Interest



**Fear of aversive consequences:
vomiting/choking/swallowing**

- Less common
- Onset from later childhood/adolescence/adulthood
- Can result from a choking incident.
- Often triggered by a transition between schools or a major life change which increases anxiety

THE TELLTALE SIGNS THAT IT'S ARFID

- Will only eat very few foods (range 0-20)
- Sensory reactive – specific to smell, texture, taste; only eats one flavour of an accepted food
- Strong brand loyalty – appearance is key (the packaging predicts the safety of the food)
- Child shows extreme anxiety if offered new foods, or foods that they don't like
- May gag or vomit if offered disliked foods; disgust response
- Anxiety at mealtimes; avoidance of others eating
- Cannot sit with others to eat
- Might need distraction at mealtimes



THE PEOPLE THAT CAN HELP: YOUR MDT TEAM

For younger children:

- **Prioritise growth** – all medical and health professionals
- **Manage appetite** – short frequent meals and snacks – dietician
- **Ensure dietary balance** – supplements – dietician
- **Manage sensory issues** – occupational therapy/play therapist
- **Manage anxiety/psycho-social distress** (child and parent) – psychologist, counsellor, educational provision

For older children, adolescents and adults:

- All of the strategies for younger children, CBT, Relaxation, Taste trials – Psychologist, CBT therapist

ARFID TIMELINE: WHAT TO LOOK OUT FOR, AND WHEN

- Food preferences develop
- Signs of Sensory Sensitivity
- Aversive experiences
- Lack of interest in eating

- Food preferences develop
- Signs of Sensory Sensitivity
- Aversive experiences
- Lack of interest in eating

* Neophobic stage*

- Child's diet stays very restricted
- Disgust and Fear

* Diagnosis of ARFID is possible *

- Special arrangements needed at school
- Management of sensory issues and anxiety

* Child's cognition enables them to think about their own eating *

- May be motivated to change
- Taste trials
- Anxiety management and CBT

FIRST YEAR



SECOND YEAR

FROM THREE YEARS



FROM EIGHT YEARS

ARFID TIMELINE CONTINUED: ADOLESCENCE AND BEYOND

- Motivation to try new foods may increase as young adult wants to fit in socially
- Anxiety management and CBT

- Transition to Secondary School / Further Education
- Anxiety and Depression – Early food avoidance may reappear
- Fluctuating pattern triggered by stress

ADOLESCENCE



ADULTHOOD

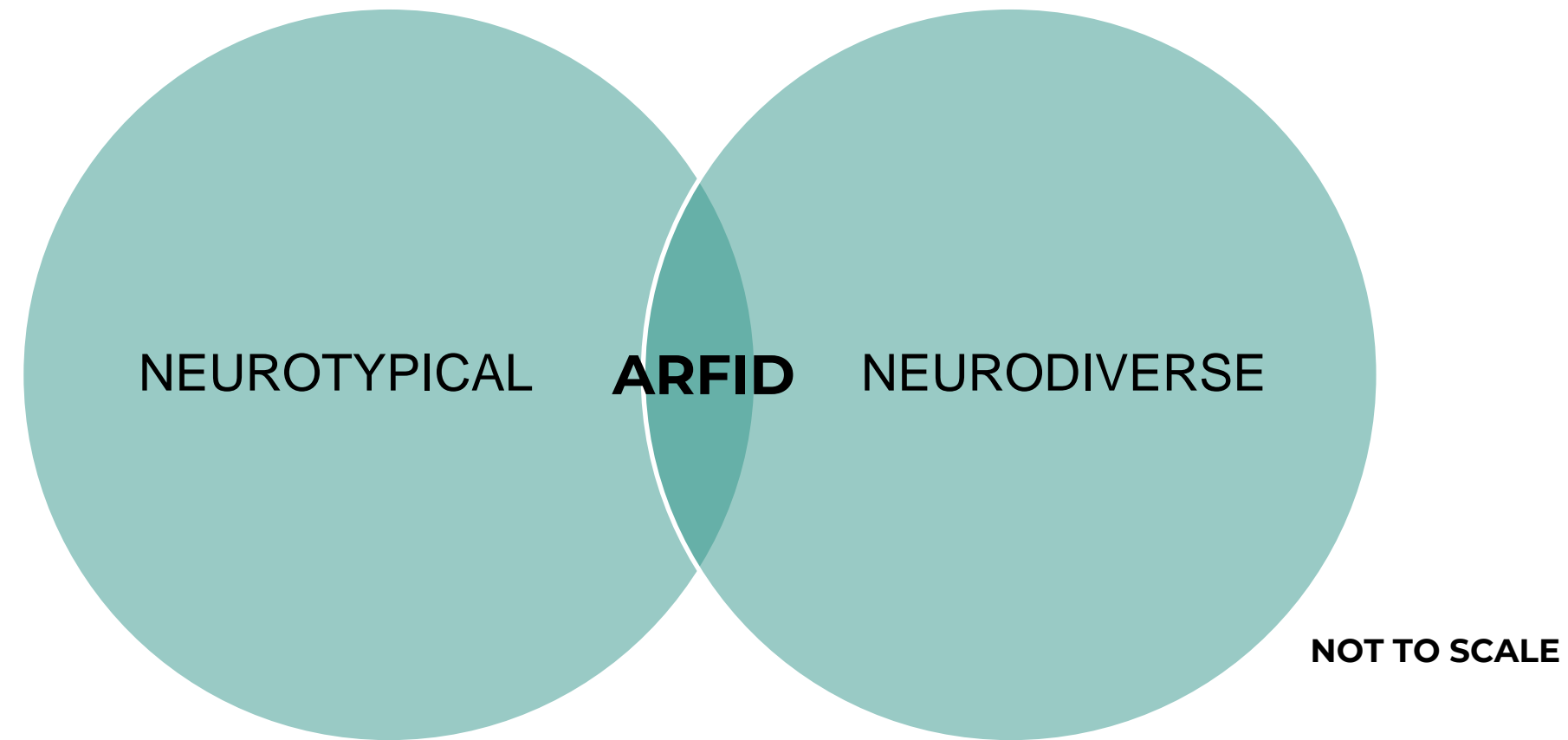
THE 10 THINGS I WISH I'D KNOWN/ HAVE LEARNED OVER THE YEARS

1.

THERE IS NO EVIDENCED-BASED CURE
(BUT THERE ARE TREATMENTS THAT HELP AND RESEARCH IS
HAPPENING)

2.

THERE IS A RELATIONSHIP WITH AUTISM, BUT NOT ALWAYS



3.

**ARFID MIGHT DISSAPEAR OVER TIME.
IT MIGHT BE FOR LIFE.**

4.

**A DIAGNOSIS ISN'T NECESSARY,
BUT IT CAN HELP.**

5.

**WHAT HELP IS AVAILABLE, IS A
POSTCODE LOTTERY.**

6.

**YOU HAVE A RIGHT TO CHALLENGE
MEDICAL PROFESSIONALS
(THEY ARE NOT 'GODS')**

7.

ALL FOOD IS GOOD FOOD

8.

**SEASONAL HOLIDAYS
WOULD BE HARD
(BUT IT DOES GET EASIER)**



9.

ARFID WILL PUT STRESS ON YOUR RELATIONSHIPS

10.

IT WAS/IS NOT OUR FAULT

RESOURCES AVAILABLE ON OUR WEBSITE



PDF File Viewer

ARFID Explained For HCPs
- Tri-fold leaflet



ARFID Explained - For
Parents & Carers



ARFID Vitamin &
Supplements For
Dieticians



ARFID Poster For
Healthcare Settings
(Landscape)



ARFID Poster For
Healthcare Settings
(Portrait)



ARFID Letter For Hospitals



ARFID Booklet For Early
Years Settings 2024



ARFID Booklet For Schools
2024



ARFID Letter For
Supermarkets

THANK YOU.

(WE'LL NOW MOVE TO A Q&A PERIOD)

NICOLE KIRKLAND, CO FOUNDER

www.arfidawarenessuk.org

