

Hidden in Plain Sight: ARFID Affects 5% of Children.

Are You Informed?

What is ARFID?

Avoidant / Restrictive Food Intake Disorder (ARFID) is an eating disorder where an individual avoids eating specific foods, restricts the amount of food they eat, or avoids eating altogether. Far more than just “picky eating,” this can lead to a persistent failure to meet one’s nutritional needs.

Signs and Symptoms

- Lack of interest in food
- Avoiding foods due to texture or consistency
- Being a “picky eater”
- Refusing to try new foods
- Requiring food to be prepared in a specific way
- Feeling afraid to eat due to fear of possible allergic reaction, choking, or vomiting

ARFID Subtypes

AVOIDANT

People with Avoidant ARFID steer clear of certain foods due to sensory discomfort, often triggered by factors like the smell, texture, and appearance of those foods.

RESTRICTIVE

Individuals with Restrictive ARFID may lack interest in food, forget to eat, have a low appetite, get easily distracted during meals, and / or exhibit extreme pickiness, resulting in a limited diet.

AVERSIVE

Aversive ARFID can be fear-driven, leading individuals to avoid specific foods due to concerns about choking, nausea, vomiting, pain, or swallowing difficulties.

ADULT ARFID

ARFID isn’t limited to children and adolescents; it can persist into adulthood. Individuals may continue to display symptoms like selective eating and aversions to texture, color, or taste within the Avoidant, Aversive, or Restrictive types.

ARFID “PLUS”

When people have multiple ARFID types, they may also develop signs of anorexia nervosa, like body weight concerns, fear of weight gain, negative body image, and preferring lower-calorie foods. This combination is known as ARFID “Plus,” a co-occurring eating disorder.

Parents Need Your Help

ARFID treatment is most effective when managed by a specialized team comprising a doctor, dietitian, and therapist experienced in eating or feeding disorders. This approach often involves nutrition counseling, medical care, and feeding therapy. For cases where choking is a risk, a speech-language pathologist can conduct an evaluation of swallowing and feeding. In some instances, doctors may recommend medications to boost appetite or address anxiety.

Additionally, if anxiety related to food is an issue, therapists will provide strategies to children and their families to manage these food-related anxieties effectively.

Routine examinations in pediatric practice should include dietary assessments. This is crucial because more children and adolescents are adopting restrictive eating habits, which pose a significant risk of severe nutritional deficiencies.

Their Best Chance is in Your Hands: Help Us Conquer ARFID

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