

Tapestry

Premier Program by Pyramid Healthcare



# Avoidant Restrictive Food Intake Disorder (ARFID)



# TABLE OF CONTENTS

Introduction . . . . . **3**

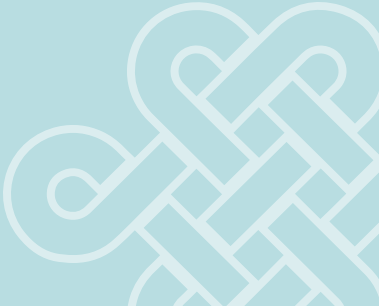
What Is ARFID? . . . . . **4**

How Is ARFID Different from Anorexia, Bulimia and Picky Eating? . . . . . **9**

Who Is at Risk of ARFID? . . . . . **13**

How Does ARFID Treatment Work? . . . . . **17**

ARFID Treatment Works . . . . . **22**



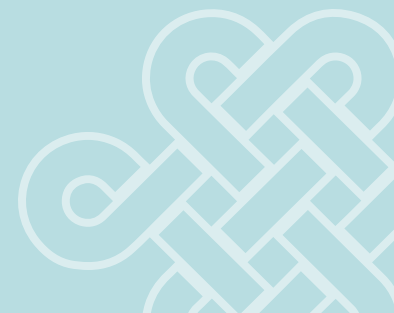
Avoidant restrictive food intake disorder, or ARFID, is a serious eating disorder that can lead to extreme weight loss and severe malnutrition. ARFID is a relatively new diagnosis, and while it most commonly affects children, adults, too, can suffer from ARFID. Examining ARFID and ARFID treatment can help you better understand this eating disorder and how it's successfully treated.





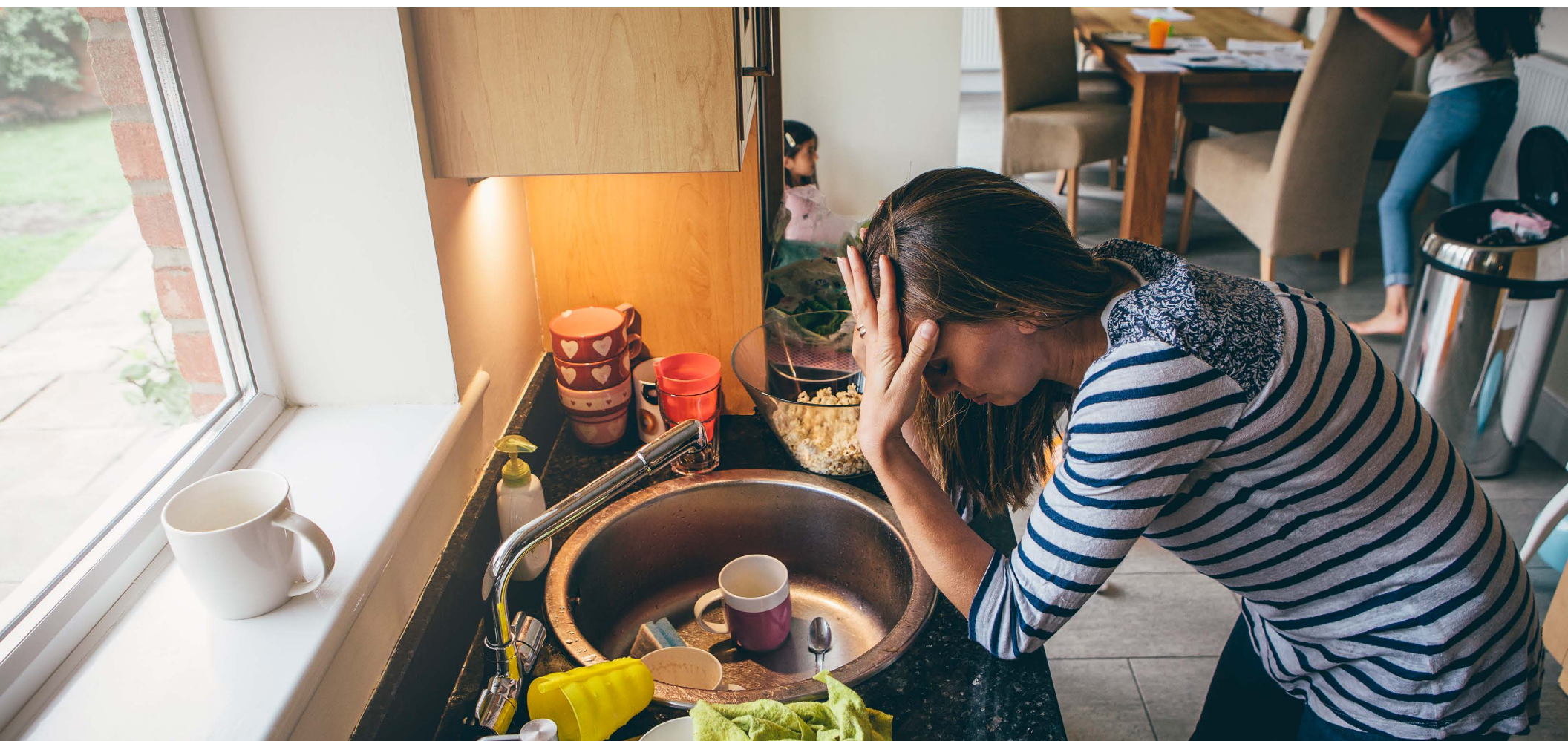


## What Is ARFID?





Avoidant restrictive food intake disorder (ARFID) is an eating disorder that was added to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, more commonly known as the DSM-V, in 2013. Before that, ARFID was typically diagnosed as "Selective Eating Disorder" or "Eating Disorder Not Otherwise Specified," or EDNOS. There were no ARFID treatment guidelines, and according to an article published in the journal *Neuropsychiatric Disease and Treatment*, since the previous diagnosis doesn't describe any symptoms, people suffering from ARFID were left without a meaningful diagnosis or ARFID treatment options.<sup>1</sup>



# How ARFID Is Diagnosed

According to the DSM-V, ARFID is an eating disturbance that prevents someone from meeting their nutritional and energy needs, and is associated with one or more of the following:

- » Significant weight loss or the failure of a child to achieve expected weight gain
- » Significant nutritional deficiency
- » Dependence on tube feeding or oral nutritional supplements
- » Significant interference with psychosocial functioning

Avoidant restrictive food intake disorder is diagnosed and given treatment only when the eating disturbance:

- » Isn't the result of a lack of access to food, an underlying medical condition such as cancer or a cultural practice like fasting during Lent or Ramadan
- » Doesn't occur along with anorexia nervosa or bulimia nervosa
- » Doesn't occur along with distortions in the way a patient sees or experiences his or her body
- » Can't be attributed to a medical condition or better explained by another mental disorder

ARFID may be characterized by a number of eating problems that will be addressed in ARFID treatment, including:

- » A lack of interest in eating food
- » Avoidance of certain foods based on their sensory characteristics, such as color or texture
- » Being afraid to eat after a frightening choking or vomiting episode
- » Difficulty digesting certain foods
- » Eating only very small portions due to a lack of appetite





## Signs and Symptoms of ARFID

ARFID treatment addresses a wide range of symptoms and underlying issues behind the eating disorder. Common signs and symptoms of avoidant restrictive food intake disorder that indicate a need for ARFID treatment include:

- » Dramatic weight loss
- » Feeling cold most of the time
- » Gastrointestinal problems
- » Consistently claiming to be full or having a vague gastrointestinal problem with no known cause
- » Restricting the types of food eaten or the amounts consumed
- » Only eating certain textures or colors of food
- » Being afraid of choking or vomiting
- » A consistent lack of appetite or interest in food
- » Picky eating that grows worse with time
- » Having no body image problems or fear of weight gain despite restricting food intake

ARFID treatment can help restore normal eating habits and good health.



## Why Avoidant Restrictive Food Intake Disorder Treatment Is Essential

Without treatment, Avoidant restrictive food intake disorder can interfere with normal social functioning. For example, someone with ARFID who detests eating in public may avoid work or school lunches or social events where food is served. ARFID treatment can help restore individuals' social lives and improve their relationship with food.

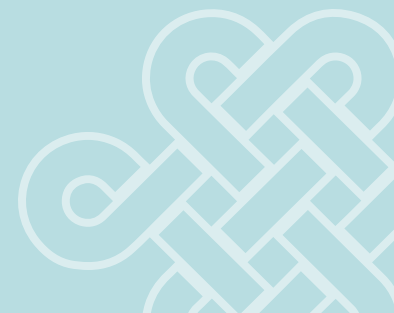
Avoidant restrictive food intake disorder treatment draws on what we know about other eating disorders and mental illnesses. Because ARFID is a new diagnostic category, and ARFID treatment is in its infancy, there is limited data about how ARFID develops, how it progresses or the prognosis of an ARFID diagnosis. But since avoidant restrictive food intake disorder treatment generally focuses on underlying issues and developing essential coping skills for dealing with negative feelings surrounding food, it is possible to fully recover from ARFID.







**How Is ARFID Different from Anorexia,  
Bulimia and Picky Eating?**



ARFID treatment is similar to treatment for anorexia nervosa and bulimia nervosa in that it addresses the disordered eating and the underlying issues that led to it. But avoidant restrictive food intake disorder is not the same thing as anorexia or bulimia, and it's more serious than a case of picky eating.

## Avoidant Restrictive Food Intake Disorder vs. Anorexia and Bulimia

Anorexia nervosa is an eating disorder characterized by severe restrictions on food intake. Bulimia nervosa is an eating disorder that involves purging behaviors like self-induced vomiting or using laxatives. Both anorexia and bulimia, like avoidant restrictive food intake disorder, can lead to extreme weight loss, malnutrition and a host of serious related medical problems. ARFID treatment, like treatment for anorexia and bulimia, is initially focused on restoring health and nutrition.

Unlike anorexia and bulimia, ARFID doesn't come with distress surrounding body shape or size or result from the fear of gaining weight. Body dysmorphic disorder, or dissatisfaction with one's weight or body shape, is central to anorexia and bulimia, but it's not an issue with avoidant restrictive food intake disorder. ARFID treatment differs from treatment for bulimia and anorexia primarily in that it doesn't address body issues.







## Avoidant Restrictive Food Intake Disorder vs. Picky Eating and How ARFID Treatment Helps

According to an article published in the *Journal of Eating Disorders*, avoidant restrictive food intake disorder can look a lot like picky eating because both picky eaters and people with ARFID have a limited range of food they're willing to eat.<sup>2</sup> However, there are some important differences between avoidant restrictive food intake disorder and picky eating.

- » ARFID may cause significant or sudden weight loss, while picky eaters are generally able to maintain their weight. ARFID treatment restores good health while addressing the issues behind the food avoidance.
- » People with ARFID may require tube feeding or supplements like Ensure to get essential necessary nutrients. Picky eaters are typically able to eat a broad enough range of food that they don't need supplementation.
- » People with ARFID may experience psychosocial problems, such as intense anxiety surrounding food and an inability to attend social events where food is present. These problems require ARFID treatment. Picky eaters don't generally experience food distress.







- » ARFID can be triggered by the fear of vomiting or choking. A picky eater's food choices aren't driven by these fears. ARFID treatment will likely include exposure therapies to address these issues.
- » Picky eaters typically have normal hunger cues and are interested in eating the foods they enjoy, while people with ARFID may have a complete lack of interest in food and very little appetite. However, once the core issues are addressed in ARFID treatment, people with ARFID typically develop a higher interest in food and eating.

Avoidant restrictive food intake disorder treatment isn't necessary for picky eaters, but it can save the life of someone who suffers from ARFID. ARFID treatment begins with assessments that help care providers differentiate ARFID from other eating disorders. Once ARFID is diagnosed, treatment will involve a variety of therapies that address issues like anxiety, developmental and learning disorders, which occur more commonly with ARFID than with anorexia or bulimia, according to the *Journal of Eating Disorders*.<sup>3</sup>

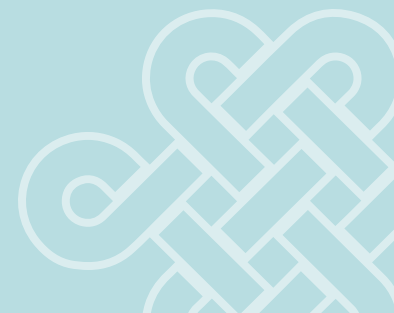
ARFID, like anorexia and bulimia, is a treatable eating disorder. Through ARFID treatment, individuals overcome their fears surrounding eating. ARFID treatment helps people learn to enjoy a variety of foods in a range of social settings.







**Who Is at Risk of ARFID?**



While avoidant restrictive food intake disorder is most commonly found in children and adolescents, adults can be affected as well, and ARFID treatment is essential for improving the health and wellbeing of someone suffering.

Studies show that ARFID is becoming more common in adults, possibly due to an increase in the number of adults who eat specialized diets, such as vegan, gluten-free, fasting and other diets that restrict certain foods. Some adults with avoidant restrictive food intake disorder may refuse to try new foods. Additionally, some adults become picky eaters in an attempt to lose weight, and this can lead to ARFID as well as anorexia nervosa. ARFID treatment attempts to address all of the issues that may underlie the disorder.

According to the National Eating Disorders Association, some people may be at an elevated risk of developing avoidant restrictive food intake disorder and need treatment.<sup>4</sup> People who have ARFID may have very different experiences, symptoms and perspectives surrounding the condition. ARFID treatment must be highly individualized and focused on the unique needs and issues of the individual in order to be successful.

**Although it's still not clear exactly what puts someone at risk of developing ARFID, research shows that:**

- » People with ADHD, intellectual disabilities and autism spectrum conditions are more likely to develop avoidant restrictive food intake disorder and need treatment than those without.
- » Children who don't outgrow picky eating, and those who are severe picky eaters, appear to be at a higher risk of avoidant restrictive food intake disorder.
- » Some people who have ARFID also have an anxiety disorder, which may be a risk factor, and they're also at a higher risk for other mental illnesses. ARFID treatment must address all of these issues.





## Health Consequences of ARFID and How Treatment Helps

ARFID can result in serious health consequences, and without treatment, these can become dangerous or even deadly. Since people with ARFID don't eat the range of essential nutrients that the body needs to function properly, the body's processes slow down in order to conserve energy. This often leads to slowed digestion, which can lead to stomach pain and bloating, bacterial infections, blocked intestines and fluctuations in blood sugar levels. It also leads to cardiovascular problems, including dangerously low blood pressure and heart rate.

ARFID can have dire neurological consequences as well. The brain consumes up to a fifth of the body's calories, and when the brain doesn't get the energy it needs, it can lead to difficulties concentrating, fainting spells, dizziness, and even seizures.

Electrolyte imbalances can quickly cause death, and these are an important risk for those with ARFID. Malnutrition resulting from avoidant restrictive food intake disorder can lead to anemia, frequent infections, kidney failure, and other serious medical problems.



**Other health consequences that may occur without ARFID treatment include:**

- » Pancreatitis
- » Sleep disorders
- » Hormone disruption
- » Bone loss
- » Hypothermia

The longer ARFID treatment is delayed, the worse and more dangerous these problems can become.

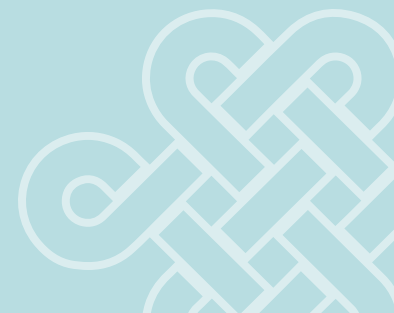
ARFID treatment helps individuals restore good health through adequate nutrition. During ARFID treatment, a variety of issues are addressed that may be contributing to the eating disorder. If medical intervention is needed, this will be an important part of ARFID treatment.







## How Does ARFID Treatment Work?







Since ARFID is a fairly new diagnosis, effective ARFID treatment is still being researched. However, many of the same cognitive and behavioral interventions used to treat anorexia nervosa have been shown effective for treating avoidant food restrictive intake disorder.

ARFID treatment should take place in a program that specializes in treating eating disorders. A high-quality program will address the individual's multiple, unique issues and needs. Since ARFID doesn't occur exactly the same way for every individual, ARFID treatment is only successful when it's based on the individual problems and challenges a person is facing. There is no one-size-fits-all ARFID treatment.

Depending on the severity of the disorder and an individual's state of health, ARFID treatment settings can range from inpatient or partial hospitalization treatment to outpatient treatment.



## Setting Goals

ARFID treatment will begin with the individual and his or her treatment team setting goals surrounding eating. Goals may include:

- » Gaining weight and restoring good health
- » Eating a larger range of foods
- » Becoming comfortable eating in front of others
- » Becoming less fearful of choking or vomiting
- » Increasing interest towards food
- » Reducing anxiety surrounding eating

During ARFID treatment, a variety of therapies, services and interventions will address issues of body, mind and spirit for whole-person healing.





## Exposure Therapy

Exposure therapy is commonly used in avoidant restrictive food intake disorder treatment to help remove fear and anxiety attached to certain foods. This therapy involves mental visualization; writing and talking about the avoided foods; learning positive coping skills for overcoming the fear and anxiety surrounding food; and ultimately eating the avoided foods in a safe environment.

## Cognitive-Behavioral Therapy

For some people, unhealthy thought and behavior patterns are at the root of their eating disorder. ARFID treatment will likely include cognitive-behavioral therapy, or CBT, a "talk" therapy that helps individuals identify and change self-destructive patterns of thought and behavior. CBT also treats anxiety, depression and obsessive-compulsive disorder, which often co-occur with ARFID.

## Dialectical Behavior Therapy

Dialectical behavior therapy, or DBT, is another talk therapy commonly used in ARFID treatment. DBT helps people learn to live mindfully and within the moment in order to cope effectively with negative sensations and emotions. During DBT, individuals develop skills for distress tolerance that help them manage high-anxiety situations and identify the negative emotions they're feeling. By understanding and mindfully accepting negative feelings and emotions, people with ARFID are able to work through them in healthy ways.





## Group Therapy

Group therapy is an important part of AFRID treatment. Group therapy provides a sense of belonging and offers a high level of peer support during treatment. Members of the group identify with one another's struggles, offer support and resources and help each other work through difficult experiences or emotions. Group meals are also effective for helping people work through sensory issues and problems with eating in social settings.

## Nutritional Support

During ARFID treatment, nutritional support will be an important part of recovery. Nutritional support will include classes that help individuals with ARFID understand the tenets of a balanced diet and learn how to eat for the biggest nutritional impact. Nutritional support will also include meeting with a registered dietician to develop a healthy eating plan, identify any nutritional deficiencies and determine whether additional supplements are needed.





## ARFID Treatment Works





If you or someone you love suffers from avoidant restrictive food intake disorder, treatment can help restore good physical and mental health and balanced eating habits. ARFID treatment is effective for those who are engaged in their treatment program, and it can restore your quality of life and wellbeing for a happier, healthier future.

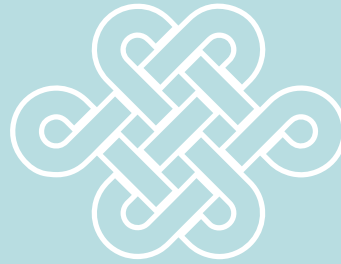


## SOURCES

1. Norris, M. L., Spettigue, W. J., & Katzman, D. K. (2016). Update on Eating Disorders: Current perspectives on avoidant/restrictive food intake disorder in children and youth. *Neuropsychiatric Disease and Treatment* Issue 12 (213–218). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4725687/>
2. H., M., & P. (2016, October 29). Adult picky eaters with symptoms of avoidant/restrictive food intake disorder: Comparable distress and comorbidity but different eating behaviors compared to those with disordered eating symptoms. *Journal of Eating Disorders* Issue 4 (26) Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4725687/>
3. Nicely, T. A., Lane-Loney, S., Masciulli, E., Hollenbeak, C. S., & Ornstein, R. M. (2014). Prevalence and characteristics of avoidant/restrictive food intake disorder in a cohort of young patients in day treatment for eating disorders. *Journal of Eating Disorders* Issue 2 (21) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4145233/>
4. Avoidant Restrictive Food Intake Disorder (ARFID). (2018, February 22). Retrieved from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/arfid>







# Tapestry

Premier Program by Pyramid Healthcare

Tapestry Eating Disorder Treatment Centers provides residential and outpatient treatment for eating disorders and co-occurring disorders in adults and adolescents. Located in Western North Carolina, clients feel safe to confront and overcome their eating disorders in our comfortable environment. Tapestry empowers clients by teaching life skills that will continue to strengthen their recovery long after they complete treatment.

[TAPESTRYNC.COM](https://www.tapestrync.com) | (855) 396-2604