

## Understanding ARFID

### What is ARFID?

ARFID is a mental health condition (eating disorder) characterised by limiting the amount and / or type of food consumed.

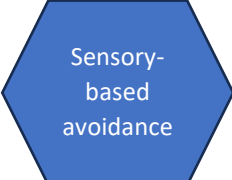
It can involve a person avoiding certain foods, or types of food, having restricted intake in terms of overall amount eat, or both.

Anyone of any age can have ARFID, however, it is most commonly detected in early childhood.

There is no one cause of ARFID

### Characteristics of ARFID

There are 3 common drivers are ARFID – however they exist on a continuum and may be present in all of us to a greater/lesser extent.




Sensory-  
based  
avoidance

Related to taste, smells, texture, temperature, appearance, colour of food or even the noise it makes when we eat it

High ability to detect even the slightest changes in food

Will be more extreme than just disliking certain foods

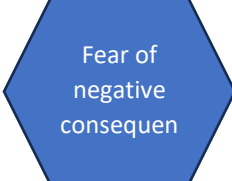


Persistent lack  
of interest in  
food

May be in relation to food, or eating in general

Difficulty making time to eat or remembering to eat either because they do not have a very good sense of hunger or appetite, or they are engaged in more interesting things.

Eating is a chore, or they do not gain pleasure or satisfaction from food



Fear of  
negative  
consequen

Feelings of fear or worry about certain foods, or eating in general due to previous experiences

Choking, vomiting, stomach ache, diarrhoea, constipation

May avoid certain foods and only eat the foods they think will not cause an issue

# To make a diagnosis of ARFID

In order for a diagnosis of ARFID to be given, limited intake must lead to one or more of the following 4 areas:

<b>Nutritional deficiency</b> <ul style="list-style-type: none"><li>•Restricted intake may result in missing key nutrients in their diet</li><li>•Particularly concerning for children who are in a period of continuing development</li></ul>	<b>Significant weight loss, failure to gain weight, faltering growth</b> <ul style="list-style-type: none"><li>•Whereby the variety of foods eaten is failing to meet the energy/calorie needs</li><li>•Impacted by not eating enough, or by the foods being eaten do not contain enough calories</li></ul>
<b>Dependent on oral supplements or tube feeding</b> <ul style="list-style-type: none"><li>•Prescribed nutritional supplements i.e drinks or powders – causing nutrition to be 'fine'</li><li>•Severe cases may result in being NG or PEG fed through a tube</li></ul>	<b>Interference to psychosocial functioning</b> <ul style="list-style-type: none"><li>•Day-to-day functioning is compromised i.e. mental wellbeing and/or ability to participate in 'normal' life interactions</li><li>•Impact upon relationships and family</li></ul>

## What could contribute to ARFID?



### Anyone, of any age

*Usually manifests in very early childhood, a ARFID diagnosis is most likely to be made from the age of 4 onwards.*



### Can be any weight

*The main characteristic for ARFID is not always weight loss. Individuals can also be a normal weight, or even overweight but be indicating severe nutritional deficiencies*



### Can be a long-term concern or can come on suddenly

*Due to sensory issues, or lack of interest – this may be over a long-term. Or it could occur from a sudden incident which has sparked fear.*

Common risk factors also include:

1. Those who don't outgrow normal picky eating habits
2. Neurodiverse conditions such as ASD, ADHD, Learning difficulties
3. Other mental health conditions such as Anxiety, OCD



# When is it NOT ARFID?

*It is more than just 'picky eating'.*

- Picky eating is common in children and is part of their development!
- Picky eating is when someone likes what they like, but it doesn't impact their growth
- We know some 'picky eating' rules might be rigid, but it may be enough to meet their needs
- Picky eating focuses less about the amount eaten, and more about the types of food eaten which is the opposite of ARFID



“The biggest difference is that the average picky eater is still hungry and wants to eat”



Related to scarcity of foods i.e if a family live in poverty/deprivation then the restricted diet may be coming from this

Any religion that has specific rules around food i.e a religious observation or common practice in their community (e.g Ramadan)

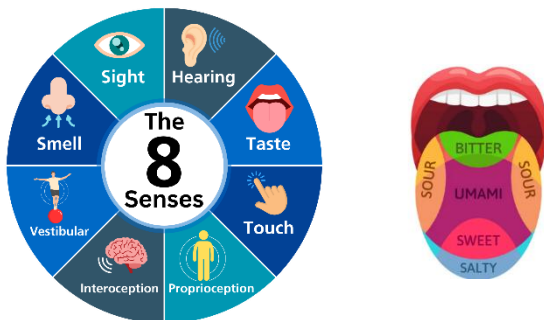
Related to any medical or psychiatric condition (i.e. depression that might leads to reduce food intake and consequently weight loss).

## Signs you might see

Mood	Food / Eating	Physical	Social
Tired and irritable Lack of energy to do basic tasks Concentration difficulties Anxious feelings Fearful	Taking a long time to eat Pouching food in cheeks Avoiding whole food groups Gagging or retching Diet limited to less than 10 foods Lack of interest / missing meals / not feeling hungry Taking supplements to meet nutritional needs Eats only with a distraction	Constipation Abdominal pains Bloating Weak Light-headed / Dizziness Stunted growth Significant weight loss Menstrual irregularities	Difficulty being around others during mealtimes Avoiding social events Struggling to stay / eat at a table during family mealtimes

# What can we do to help?

## Reflect on our senses



## Understand preferred foods



Originally known as 'safe' foods – we need to move away from this narrative as all foods are safe.

Instead, we can use 'preferred' foods.

- The preferred foods are often calorie dense food so you can eat more without feeling full so quickly
- This can be useful for a short period of time to aid weight gain (if needed) OR to increase interest about food again
- The preferred foods tends to be “processed foods” (in the sense of coming from a packaging) - this is because they know what to expect from that food, there are no surprises. This is the same reason why they tend to be brand loyal.



## Adjustments to consider

In schools	At home
<p>Reduced timetable to allow CYP to eat at home / in a car</p> <p>Create a safe space</p> <p>Allow CYP to take own food / cutlery / serving items</p> <p>Getting served first in queue</p> <p>Flexibility to where CYP eats</p> <p>Parent/carer coming in to help feed</p> <p>Low sensory space</p> <p>Use of distraction activities during mealtimes</p> <p>Allow food to be how they like it</p> <p>Don't contaminate preferred foods with disliked foods</p> 	<p>Allow for manageable portions</p> <p>Snack throughout the day</p> <p>Use visual aids to help understand what to eat and when</p> <p>Create a safe space to eat</p> <p>Take own food / cutlery / serving items</p> <p>Flexibility to where CYP eats</p> <p>Low sensory space</p> <p>Use of distraction activities during mealtimes</p> <p>Allow food to be how they like it</p> <p>Don't contaminate preferred foods with disliked foods</p> 

# Support services

## Alder Hey

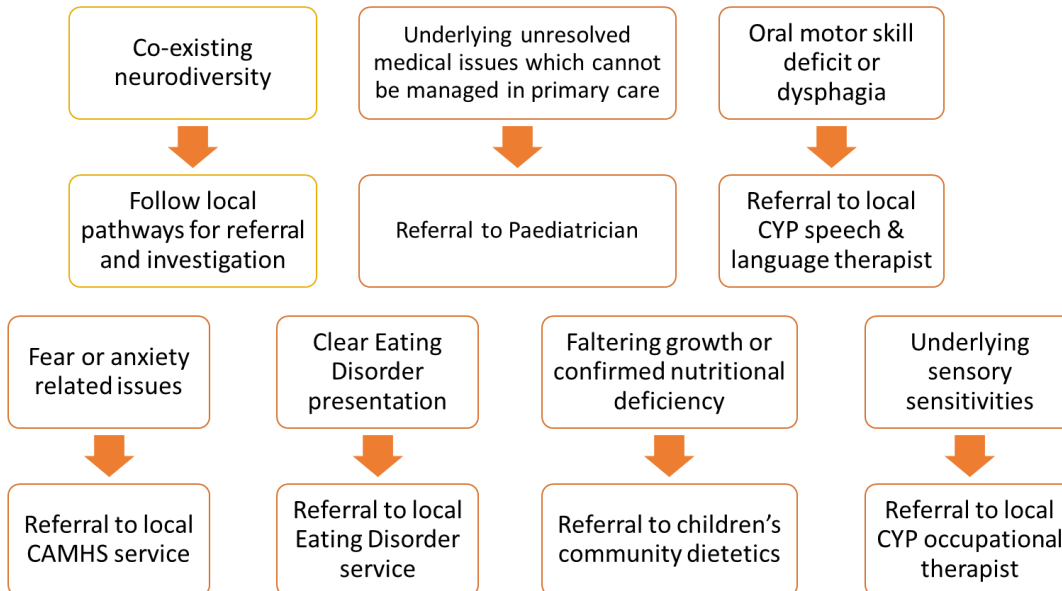
Alder Hey EDYS offers a service for young people with suspected or confirmed ARFID that have GPs in the Liverpool, Sefton, Southport and Formby areas.

The service accepts self-referrals and referrals from professionals

*Referral can be made by anyone!*

- Multi-disciplinary team approach that offers:
- Assessment,
- Signposting
- Intervention (group, individual and family)

**In the absence of a direct ARFID service in your area the following advice has been given to GPs:**



## Advanced Solutions

**For parent/carers in Liverpool** there is also an offer from Advanced Solutions

ADDvanced Solutions offer a 3-day Sensory Processing and Eating Difficulties Training

**Parent/carers can self-refer via ADDvanced Solutions website** – it is available for any families whose child has eating difficulties, not just those with/suspected ARFID

The aim of this learning programme is not to get your child to eat, but to improve their relationship with food

Day 1 – Sensory Processing, Day 2 & 3 – Eating Difficulties

The programme helps families identify reasons why their child doesn't eat, and provides practical activities around food.