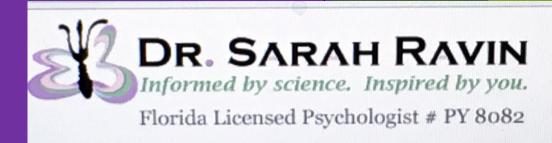
ARFID 101: Subtypes, Symptoms, and Effective Treatment



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What is ARFID?

Avoidant-Restrictive Food Intake Disorder

Characterized by a pattern of limited or restrictive eating which is associated with significant medical, developmental, and / or psychosocial consequences

Reasons for food restriction include sensory sensitivity, lack of interest in eating, and/or fear of aversive consequences of eating

No drive for thinness, fear of weight gain, or body dysmorphia



ARFID is a heterogeneous diagnostic group



History of ARFID

- Formally added to DSM-5 in 2013
- Prior to 2013, diagnosis could have been:
 - Feeding Disorder of Infancy or Early Childhood
 - Failure to thrive
 - Selective Eating Disorder
 - Food Neophobia
 - Food Avoidance Emotional Disorder
 - Emetophobia
 - Non fat-phobic AN
 - EDNOS





Epidemiology of ARFID

- Prevalence of ARFID in the general population may be 0.3% 3.2%
- Similar prevalence in males and females
- Onset is usually before age 5, except in some cases of trauma-related aversive subtype
- Approximately 75% of individuals with ARFID have anxiety disorders
- Approximately 20% of individuals with ARFID have Autism Spectrum Disorder
- Prevalence of mood disorders in ARFID is much lower than in AN, BN, or BED
- Average age at diagnosis is in childhood or early adolescence
- Amongst children and adolescents presenting for specialty ED treatment, 15-22% have ARFID diagnoses



ARFID Subtypes



AVERSIVE

- May have sudden onset if triggered by trauma
- Fear of choking
- Fear of vomiting
- Fear of contamination
- Fear of abdominal pain



AVOIDANT

- Usually present since infancy or early childhood
- Sensory sensitivity
- Extreme picky eating
- Often comorbid with ASD



RESTRICTIVE

- Poor appetite
- Apparent lack of interest in food
- Feels full easily
- Little pleasure or enjoyment from eating

Formulation of Avoidant & Restrictive ARFID

Biological predisposition

Negative feelings, thoughts, and beliefs about consequences of eating

Food restriction



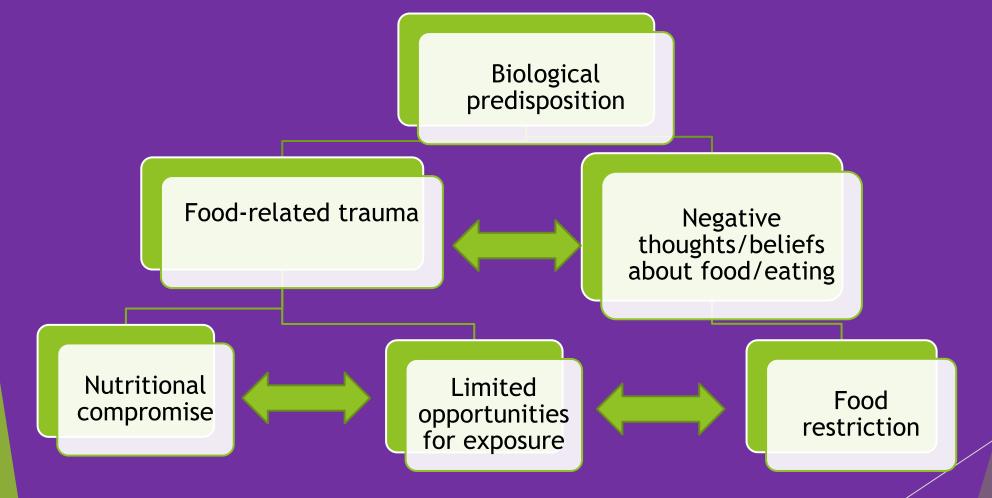
Nutritional compromise



Limited opportunities for exposure

Adapted from Thomas, J.J. & Eddy, KT. (2019). Cognitive-Behavioral Therapy for ARFID.

Formulation of Aversive ARFID



Adapted from Thomas, J.J. & Eddy, KT. (2019). Cognitive-Behavioral Therapy for ARFID.



Evaluation and Treatment Priorities



Treatments for ARFID

Cognitive-Behavioral Therapy (CBT)

- Family involvement for young patients
- Psychoeducation & self-monitoring
- Targets maintaining mechanisms

Family-Based Treatment (FBT)

- Increase urgency & mobilize parental anxiety
- Empower parents to take responsibility for helping child achieve treatment goals
- Establish healthy identity

Medical Interventions

- Hospitalization for medical instability
- Feeding tube
- Medications



ARFID Toolbox

- Strategies for increasing caloric intake
- Food hierarchy
- Exposure therapy
- Cognitive therapy
- Food chaining
- Fading in
- Deconstructing foods
- Food detective (explore with 5 senses)
- Relaxation training
- Values work
- Medications to reduce anxiety/obsessive thinking, increase appetite, and promote weight gain



Defining Recovery

Nutritional intake is good enough to sustain health

Reduction in distress Improvement in quality of life ARFID Recovery

Growth & evelopment are proceeding normally

Improvement in social/emotional health and family functioning



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QUESTIONS?



Please feel free to reach out to me directly!

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