

# **AFRID**

## **Avoidant Restrictive Food Intake Disorder**

Avoidant Restrictive Food Intake Disorder (ARFID) is a new diagnosis in the DSM-5, and was previously referred to as “Selective Eating Disorder.” ARFID is similar to anorexia in that both disorders involve limitations in the amount and/or types of food consumed, but unlike anorexia, ARFID does not involve any distress about body shape or size, or fears of fatness.

Although many children go through phases of picky or selective eating, a person with ARFID does not consume enough calories to grow and develop properly and, in adults, to maintain basic body function. In children, this results in stalled weight gain and vertical growth; in adults, this results in weight loss. ARFID can also result in problems at school or work, due to difficulties eating with others and extended times needed to eat.

### **DIAGNOSTIC CRITERIA**

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According to the DSM-5, ARFID is diagnosed when:

- An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:
  - Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
  - Significant nutritional deficiency.
  - Dependence on enteral feeding or oral nutritional supplements.
  - Marked interference with psychosocial functioning.
- The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.
- The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one’s body weight or shape is experienced.
- The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.

### **RISK FACTORS**

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As with all eating disorders, the risk factors for ARFID involve a range of biological, psychological, and sociocultural issues. These factors may interact differently in

different people, which means two people with the same eating disorder can have very diverse perspectives, experiences, and symptoms. Researchers know much less about what puts someone at risk of developing ARFID, but here's what they do know:

- People with autism spectrum conditions are much more likely to develop ARFID, as are those with ADHD and intellectual disabilities.
- Children who don't outgrow normal picky eating, or in whom picky eating is severe, appear to be more likely to develop ARFID.
- Many children with ARFID also have a co-occurring anxiety disorder, and they are also at high risk for other psychiatric disorders.

## **WARNING SIGNS & SYMPTOMS OF ARFID**

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### ***Behavioral and psychological***

- Dramatic weight loss
- Dresses in layers to hide weight loss or stay warm
- Reports constipation, abdominal pain, cold intolerance, lethargy, and/or excess energy
- Reports consistent, vague gastrointestinal issues ("upset stomach", feels full, etc.) around mealtimes that have no known cause
- Dramatic restriction in types or amount of food eaten
- Will only eat certain textures of food
- Fears of choking or vomiting
- Lack of appetite or interest in food
- Limited range of preferred foods that becomes narrower over time (i.e., picky eating that progressively worsens).
- No body image disturbance or fear of weight gain

### ***Physical***

Because both anorexia and ARFID involve an inability to meet nutritional needs, both disorders have similar physical signs and medical consequences.

- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities—missing periods or only having a period while on hormonal contraceptives (this is not considered a "true" period)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate)
- Postpuberty female loses menstrual period

- Dizziness
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Dry skin
- Dry and brittle nails
- Fine hair on body (lanugo)
- Thinning of hair on head, dry and brittle hair
- Muscle weakness
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

## HEALTH CONSEQUENCES OF ARFID

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In ARFID, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, resulting in serious medical consequences. The body is generally resilient at coping with the stress of eating disordered behaviors, and laboratory tests can generally appear perfect even as someone is at high risk of death. Electrolyte imbalances can kill without warning; so can cardiac arrest. Therefore, it's incredibly important to understand the many ways that eating disorders affect the body.

\*\*These statistics have been taken from [www.nationaleatingdisorder.org](http://www.nationaleatingdisorder.org)

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