

# Avoidant/Restrictive Food Intake Disorder

## What is Avoidant/Restrictive Food Intake Disorder (ARFID)?

Avoidant/Restrictive Food Intake Disorder (ARFID) is a serious eating disorder in which individuals restrict their dietary intake and struggle to obtain adequate nutrition. This occurs in the absence of the fear of weight gain and preoccupation with body shape and weight which characterises other eating disorders, such as anorexia nervosa and bulimia nervosa. ARFID can lead to problematic weight loss, significant nutritional deficiencies, and sometimes even a dependence on tube feeding or oral supplement drinks. Importantly, ARFID can have significant impacts on an individual's overall functioning and psychological wellbeing.



While it has a low prevalence rate (Deloitte Access Economics, 2024), and it can affect anyone regardless of their gender or age.

People with ARFID may sometimes be misperceived as being “stubborn”, “fussy”, or a “picky eater”. However, it is much more complicated. Research suggests there are 3 types of ARFID presentations; people may fall into one, two, or all three of these categories.

- **Lack of interest in eating or food:** This occurs when a person undereats due to a disinterest in eating food, poor appetite, or has little awareness of their hunger and fullness cues. They might experience getting full really quickly or experience physical discomfort after eating. Others often describe eating as “a chore” and get little enjoyment from food.
- **Fear of aversive consequences:** Some people hold fears about certain negative consequences from eating. This could include a fear of choking on food, having an allergic reaction, or experiencing nausea or vomiting, which can lead to limiting their food intake in attempt to avoid these consequences.
- **Sensory sensitivities:** Some people avoid new foods due to sensory characteristics such texture, smell, taste, or appearance. These individuals may experience a disgust response when trying new foods and find this experience to be overwhelming or unpleasant. They often feel more comfortable eating a small range of foods that they are familiar with instead.

## What causes ARFID?

Like all eating disorders, there is no one cause of ARFID; it typically develops as a result of a complex interplay between genetics and environmental factors.

For many, ARFID develops in infancy and early childhood, and while “picky eating” is more common in young children (often peaking around 2 – 6 years old), this typically decreases as people age.



However, a small subset of these children who started out as “picky eaters” may go on to develop ARFID later in life. For others, ARFID may develop after a traumatic or aversive eating experience at any point in their life.

## Impacts of ARFID

ARFID can be associated with significant physical consequences as well as psychological distress.

- **Physical health problems:** ARFID can lead to significant weight loss, or low body weight. For children, this may be a failure to meet expected weight gain/growth for their stage of development. Some individuals may develop significant nutritional deficiencies due to the very limited variety of foods they're consuming. In addition, individuals may display physical symptoms of [Starvation Syndrome](#), such as reduced muscle mass, loss of periods (in those who menstruate), and increased risk of osteoporosis.



- **Psychological wellbeing:** People with ARFID may feel embarrassed or distressed by their eating, leading to self-criticism, and feelings of guilt, shame, and anxiety. They might be afraid to eat at different restaurants or avoid eating in front of other people due to concerns about what food will be available or because of fears of judgement. This can then negatively impact people's functioning and quality of life in a range of areas (their relationships, work, hobbies, etc.) and unhelpfully reinforce a negative self-image.

Just as with any anxiety disorder, the more we avoid something we feel anxious about, the more that fear persists and grows. Starvation syndrome can also impact the brain in ways that make it difficult to try new or anxiety provoking things, which can keep people stuck.

Due to these significant physical and psychological consequences, it is important for people with ARFID to access treatment.

## Treatment for ARFID

Cognitive Behavioural Therapy (CBT) has been adapted as treatment for ARFID in both children and adults, and has shown to be effective. Treatment involves understanding eating patterns, improving nutritional food intake and restoring weight to a range that is healthy for one's body. It also helps people test and overcome their fears through repeated exposure to consuming new foods, and developing strategies to help manage distress around eating. While it can be challenging, full recovery is possible and worthwhile.

If you would like help for ARFID, we recommend speaking to your doctor and seeking a referral to see a Clinical Psychologist or Dietitian who can deliver CBT for ARFID (CBT-AR).

**Please note that this handout is not a substitute for treatment for ARFID. ARFID is a serious eating disorder. If you or someone close to you has signs of an eating disorder it is important to see a GP and discuss seeking help as soon as possible.**