

ARFID (Avoidance and Restrictive Food Intake Disorder) Top Tips

What is ARFID?

Avoidant restrictive food intake disorder, more commonly known as ARFID, is a condition where children and young people are avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.

Someone might be avoiding and/or restricting their intake for a number of different reasons. The most common are the following:

- Sensitivity to the taste, smell, texture, look or temperature of food (sensory needs)
- Having had a distressing experience around food for example, choking or vomiting, or significant abdominal pain, which results in a fear of eating
- A low interest in eating or not recognising when they are hungry in the same way as others do. Eating can feel like a 'chore' which can result in them eating less.



Information taken from



What is Neophobia?

Neophobia (fear of new foods) is a normal developmental stage so:



Try not to..

- Panic! Very few neophobic children have health problems because of their limited-range diet.
- Prompt. This makes children less likely to try a new food.
- Coerce. This will make children feel more anxious.
- Bribe. If they are fearful about eating it, a bribe won't help.
- Hide food. If they find the new food, they might never eat the 'safe' food again.



Do

- Allow them to eat the foods that they like.
- Model eating new foods in front of the child.
- Play games with your child that:
 - Are fun
 - Involve them in touching, seeing and smelling new foods
 - Distract them from the foods with which they are playing

Sensory Sensitivity

If your child has problems with food acceptance, then look carefully to see whether or not they have sensory issues.

Do they:

- Dislike being messy, or getting their clothes messy
- Prefer clothes of a certain texture
- Dislike having their teeth cleaned, their hair washed, their nails cut
- React strongly to food smells, or other smells in the environment
- React to loud noises
- Find noisy places uncomfortable
- Seem not to experience pain
- Seem not to be aware of danger?

These are just some of the things that you might want to look for. If some of these do seem to be a problems, then just by being aware that these are real issues for your child, you can begin to help.



Early Stages

- Make sure your baby feels part of mealtimes as soon as they can sit in a chair.
- From birth, if possible and safe, have your baby in the kitchen when cooking food for the family.
- Give as many different food tastes as possible, as early as possible in the feeding process.
 - Even if your baby makes a face when you try a new taste do offer it again; gradually, your baby will get used to it.
- Get your baby used to the smell of the food that you are feeding them; cook food for them yourself whenever possible.
- Give your baby soft pieces of food to hold at mealtimes from around six months.
 - Your baby will get used to the feel of food in their hands and around their face. This will also get them used to the look of the food that you are feeding them.
- Get different textured food into the diet as soon as you can after six months.
 - The inside of the mouth is only desensitised if textured food goes in and around it. Oral-motor skills are only learned if the baby has experience of textured foods.
- Let your baby get messy! Babies who are allowed to get messy at mealtimes are more likely to try new foods. Let them put their fingers in the food you are giving them and paint the high-chair with it!



If your baby shows a strong negative reaction to the first foods offered to them then:

- Offer tastes which are more likely to be easily accepted – sweet and salt, then sour.
- Offer a small spoonful each day. If your baby is very distressed, then try another taste; if they just pull a face, then keep going.
- Offer bite and dissolve and bite and melt textures as first solid foods to babies who seem to gag frequently on lumpy solids.
- Avoid giving pureed food with 'bits' in. This is the most difficult texture for a baby to cope with.
- Desensitise with messy play wherever possible!
- If your child is mildly fussy, think about what it is that they have problems with. Tastes? Textures? Mixed foods? Try to cater whenever you can to their needs, but model good eating behaviour yourself. Sit with them to eat. Whenever possible, get them to touch and interact with foods that they are wary of.



Younger Children



- Always allow your child's preferred foods, and in times of stress offer only these.
- Add a vitamin and mineral supplement to your child's diet, if needed and where possible.
- Schedule regular eating opportunities. This helps your child learn to recognise being hungry.
- Desensitise your child and manage sensory overload. This reduces anxiety around foods and increases your child's ability to tolerate and cope with different sensory experiences.
- Watch for signs that your child is anxious. If you are concerned, seek a referral to an appropriate health professional.
- Use relaxation and distraction to reduce your child's anxiety, particularly around mealtimes.
- Keep as much variety and spontaneity in family life as possible. This will reduce the development and impact of rituals and routines.
- Introduce new foods to your child that are very similar to already accepted ones.
- Use any new context or routine as an opportunity to add a new food to your child's diet.

Older Children

- Always allow your child their preferred foods, particularly during stressful and anxious times.
- Encourage your child to use desensitisation and strategies for managing sensory overload themselves.
- Help your child in learning to manage their anxiety; this might include seeking professional help.
- Experiment with different relaxation techniques and find the one that works for your child.
- Schedule regular and achievable times for taste trials.
- When trying new foods, only work on one or two foods at a time.
- Keep a record of progress, including what new foods have been tried and/or added to the diet.
- Provide the young person with opportunities to transfer their new skills to real-world eating situations – for example, going out with friends to a café or restaurant.



The Disgust Response

- We would not recommend forcing, persuading or coercing you child into eating a food that they cannot put into their mouth.
- If your child shows some reluctance to eat a food, stay very calm! Eat it yourself instead.
- The more you increase stress and anxiety around food and mealtimes, the more extreme the disgust response will be.
- Disgust foods act as contaminants to liked foods. Never put them on the plate together.
- Extreme disgust responses can cause gagging, retching and vomiting. Although, these behaviours should always be checked by a health professional, they could just be a response to food.
- Some foods are so disgusting that the child, or adult, cannot even be near them or in the same room. This is also true of other people eating.



Appetite and Appetite Regulation

- You might feel worried if your child seems to be eating less than other children of the same age, but you can check their weight against their height – they are probably growing as they should do.
- Try not to prompt children to finish up what is on their plate; let them decide how much they need to eat.
- Allow avoidant children their safe foods rather than withholding them to make them eat new foods. Good growth is more important in childhood than a varied diet.
- Give avoidant children small frequent meals throughout the day.
- If your child is pale and lethargic, do check with a health professional to ensure that they are not anaemic, and ask for help if your child is constipated.
- Any milk feeds or supplementary feeds that your baby or child is having will contribute to their calorie load; they might then not be hungry for food, so ask a health professional for help in reducing these feeds.



Managing the Environment

- Understand that your child's eating pattern is not your fault but has happened because of their ARFID. Don't blame yourself!
- Allow your child's preferred foods; this maintains weight, growth, health and nutrition.
- Explain ARFID to other family members
- Explain to other family members what they can do to support you and your child. This might include what not to do!
- Explain ARFID to your child's school. Ask them to support strategies you are using at home and to communicate with you about what your child is eating (and how) in school.



Are they ready to move on?

- Look at your child's range of foods. What clues does this give you about where they are in terms of texture acceptance?
- If it is safe to do so, offer foods from the next stage.
 - For example, from a milk diet, offer smooth purees or bite and dissolve foods.
- Involve appropriate health professionals, particularly if there are concerns about the safety of your child's chewing and swallowing skills.
- Work out your child's developmental age. This will help you tell whether they are ready to try new foods.
- Look for signs that your child is willing to try a new food. This typically starts around the developmental age of 8 years old.
- Allow yourself to wait if your child is not showing any signs of readiness yet.
- Go at a steady pace, particularly if your child has sensory needs or prefer sameness and familiarity. These children need more time to adjust in changes to routines.
- Keep a record of your child's progress; this will help you, and them, stay motivated.



What isn't helpful?

Sometimes you might think about using strategies that seem helpful because you really want the best for your child, and you want to take away the distress. However, there are some strategies that can risk making things harder for both you and your child -

- Pressurising children to eat.
- Hiding or disguising foods or medicine in other foods.
- Withholding preferred foods in favour of healthy foods.
- Using rewards or bribes.
- Expecting the child to imitate others eating.
- Leaving the child to go hungry.

Seek professional support to help stop negative anxiety cycles at mealtimes.



What else might be going on?

- Seek professional help if you are concerned about an eating disorder, particularly if there has been unexplained weight loss.
- Reduce demands and continue to use strategies for managing sensory sensitivities and anxiety to help with eating.
- Seek professional help if you are concerned about any mental health issue such as OCD or low mood.
- Manage the health risks in pica (eating non-food items), particularly if the pica items are potentially dangerous. Seek support from your GP or other health professional and provide safe alternatives to mouth or eat.
- Encourage independence in young people with ARFID by getting them involved in cooking and food preparation skills.
- Encourage and support opportunities for the young person with ARFID to participate in social eating situations.



Tips for Professionals and Schools

Tips for Professionals

- Understand the eating patterns seen in ARFID
- Listen to parents and take their concerns seriously
- Reassure parents that the eating pattern is not their fault
- Consult with colleagues to make sure that consistent advice is given

Tips for Schools

- Allow the child's safe and accepted/preferred foods at snacks and lunch times.
- Meet with the parents regularly to review the child's eating.
- Monitor the child's intake with a home-school food diary.
- Rebrand! For children with ARFID, there is no such thing as 'junk food'
- Allow the child, if necessary, to eat in a quiet location away from others.



Strategies for Young People

If a young person feels distressed at mealtimes, simple calming and grounding strategies can help them to manage anxiety around food.

Here are some apps with helpful content -



It can also be helpful for some young people to use strategies to help them shift their attention outside of their body – you could try this exercise together!



4 things
you can
see



3 things
you can
touch



2 things
you can
hear



1 good thing
about
yourself

