BDA The Association of UK Dietitians

ARFID Mental Health Sub Group

Practical Tips for Managing ARFID in the General Paediatric Setting

Angharad Banner Ursula Philpot

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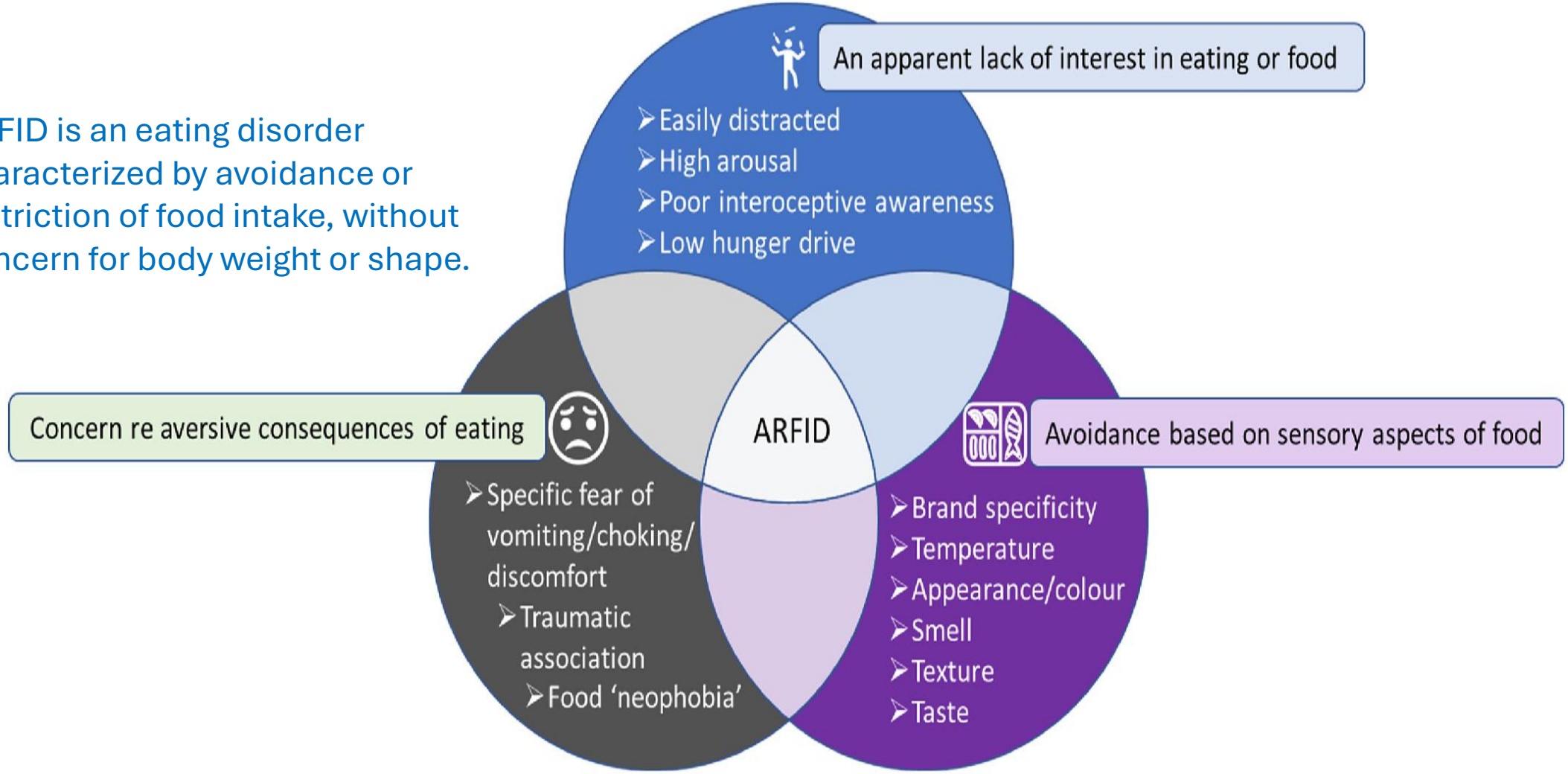
Overview

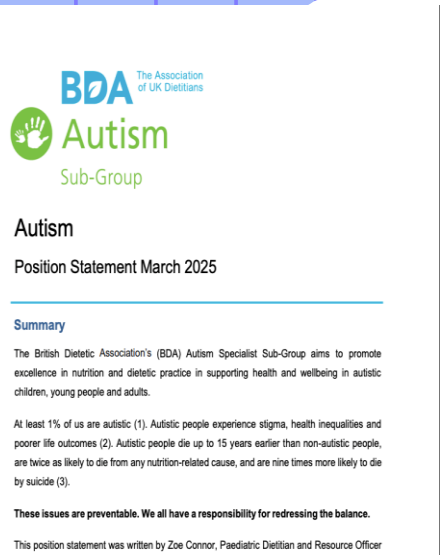
1. Brief outline of Drivers of ARFID
2. Neurodiversity & ARFID
3. PFD and ARFID
4. Common signs of ARFID
5. Assessment
6. What you can do
7. Acute admission & safe d/c

ARFID

ARFID is an eating disorder characterized by avoidance or restriction of food intake, without concern for body weight or shape.



Archibald T, Bryant-Waugh R. Current evidence for avoidant restrictive food intake disorder: Implications for clinical practice and future directions. JCPP Adv 2023;3(2):e12160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Autism
Sub-Group

Autism

Position Statement March 2025

Summary

The British Dietetic Association's (BDA) Autism Specialist Sub-Group aims to promote excellence in nutrition and dietetic practice in supporting health and wellbeing in autistic children, young people and adults.

At least 1% of us are autistic (1). Autistic people experience stigma, health inequalities and poorer life outcomes (2). Autistic people die up to 15 years earlier than non-autistic people, are twice as likely to die from any nutrition-related cause, and are nine times more likely to die by suicide (3).

These issues are preventable. We all have a responsibility for redressing the balance.

This position statement was written by Zoe Connor, Paediatric Dietitian and Resource Officer

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Neurodiversity & ARFID

A recent systematic review reported:

- Focused on youth and adults with ARFID
- Found **13–50%** had co-occurring autism
- Sensory sensitivities were the most frequent shared feature

“Understanding ARFID through a neurodiversity lens helps tailor more compassionate, individualised care.”

DIAGNOSIS

PFD	ARFID
ICF (International Classification of Functioning, Disability & Health). World Health Organisation framework for describing functioning & ability in relation to a health condition.	DSM (Diagnostic & Statistical Manual of Mental Health). The standard classification tool used by mental health professionals in the US.
Developmental condition #allaboutthebody	Psychiatric condition #allaboutthefeelings
Primary drivers - skill development (oral motor, self-feeding, postural stability) and medical challenges associated with underlying medical diagnosis / diagnoses.	Primary drivers – psychological (anxiety and fear) and sensory sensitivities restricted to specific food.
Similarities: Nutritional deficiencies (limited oral intake), psychosocial	Similarities: Nutritional deficiencies (limited oral intake), psychosocial

Feeding Trust Leaflet

FEEDING & EATING DIFFICULTIES: GUIDELINES FOR ASSESSMENT & MANAGEMENT

DOMAIN	PFD/Developmental	ARFID
MEDICAL		
Primary gastro diagnosis (gastro oesophageal reflux, GORD, functional constipation).	✓	
Coughing / choking on food/drink (dysphagia).	✓	
Recurrent upper respiratory tract infections.	✓	
Congenital neurological / heart / airway disorder.	✓	
NUTRITION		
Nutritional deficiency (limited dietary diversity).	✓	✓
Growth outside of expected parameters (under or over).	✓	✓
Growth within expected parameters.	✓	✓
Need for oral or enteral nutritional supplements.	✓	✓
FEEDING SKILL		
Difficulty drinking, biting, chewing & manipulating food / drink in the mouth.	✓	
Holding food in mouth / overstuffing mouth / swallowing partially chewed food.	✓	
Delayed self-feeding.	✓	
Difficulty maintaining sitting position / upright posture.	✓	
Need for adaptive feeding strategies, positioning or equipment.	✓	
PSYCHOSOCIAL		
Food avoidance based on: Sensory sensitivity to specific foods / food groups.	✓	✓
Lack of interest in food / eating.	✓	✓
Anticipatory anxiety of aversive consequences of eating.		✓
Difficulty with mealtime participation across all social contexts	✓	✓
Behaviours of distress at mealtimes, need for distraction or rewards.	✓	✓

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Common signs of ARFID

- Will ***eat very few*** foods (< 20)

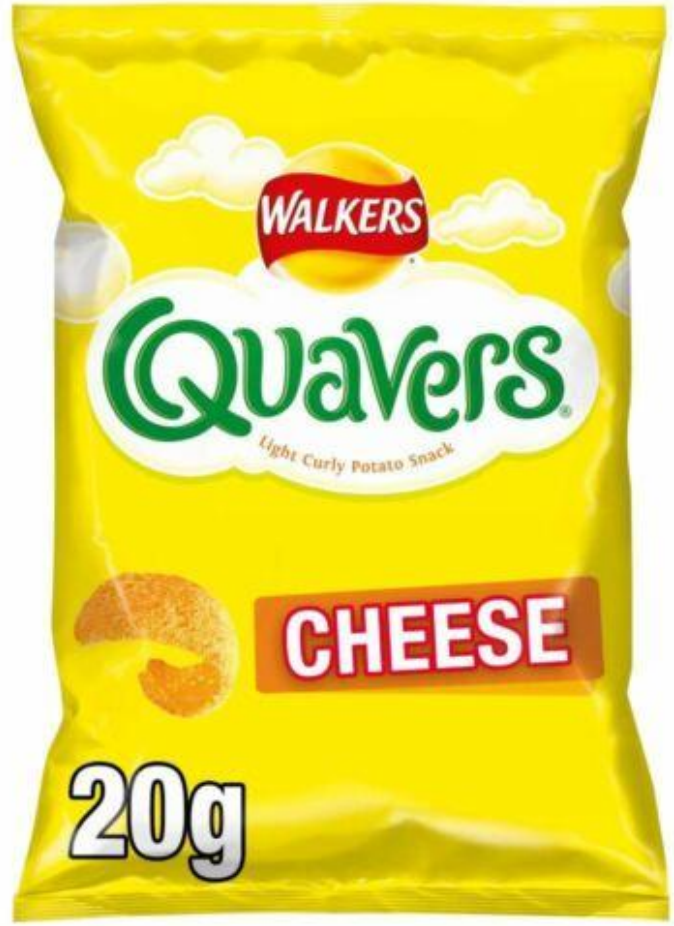
- ***Brand loyalty***
  - Packaging predicts the safety of the food
  - Noticing packaging changes of preferred foods

- Eat only ***one flavour*** of an accepted food

- Eat certain foods ***specific to context***
- Demonstrate ***extreme anxiety*** if offered new foods or foods that they don't like

- May ***gag or vomit*** if offered disliked foods
- Display ***hypersensitivity***
- Not in all cases, but many would rather ***not eat*** at all


WALKERS
Quavers
Light Curly Potato Snack
CHEESE
flavour potato snack
107 kcal 449 kJ PER PACK
NO ARTIFICIAL
COLOURS OR PRESERVATIVES
This pack contains:
449 kJ 107 kcal
Fat 6.2 g
Saturates 0.5 g
Sugars 0.5 g
Salt 0.43 g
5%* 9%* 3%* 1%* 7%*
Energy per 100g: 2245kJ 536kcal
20g


WALKERS
Quavers
Light Curly Potato Snack
CHEESE
20g

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Assessment

- Pregnancy, birth & early development
- Growth (Red book)
- Early feeding & details on weaning
  - When, stages, textures, skill
- Childhood illness
  - Reflux
  - Constipation
  - Allergies
- Family history of atopies

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Assessment

- Temperament
- Rigid behaviours
- Sensory sensitivities
- Impact on psychosocial functioning
- Mealtimes
- Diet history & all foods eaten
  - Ideally 3-day food diary & analysis
- History of ‘dropped foods’
- Exclude an ED

Unhelpful Behaviours

- Hide or mix foods in preferred foods
  - Contaminated
  - Looks different
  - Reject
- Restrict preferred foods
  - Risk of losing weight
  - Not eating enough

- Pressure to eat
  - Decrease appetite to eat
- Getting angry / frustrated at mealtimes
- Focus on mealtime behaviour
- There are no good or bad foods
  - ***“Food is food”***

Food Groups and key nutrients

*Fortified cereals and breads

**Fortified milk alternatives

Food Group	Protein	CHO	Dairy & Alternatives	Fruit & Vegetables
Nutrients	Iron	B vits	Protein	Vitamin A
	Zinc	Iron *	Calcium	Vitamin C
	B12	Folate	B2 (Riboflavin)	Folate
	B2 (Riboflavin)	Fibre	B12	Fibre
	Omega-3	Magnesium	Iodine	
		Calcium *	Zinc	
			Vitamin D **	

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Children and Young People
ARFID Severity Index and Severity Matrix Tool

Severity Index Triage Tool			
Mild	**Mild-Moderate**	**Moderate-Severe**	**Severe (meets all or any)**
1 area of impairment (Score 1) which is low-risk / well managed / shows low deterioration Remains in school and psycho-social impact is low / managed with mild adjustments May benefit from non-intensive interventions* (such as third sector, brief group intervention, self-help resources)	1-2 areas of impairment (Scores 1 and 2) requiring occasional use of sip-feeds and/or micronutrient support to manage nutritional risk Remains in school / able to carry out most aspects of routine daily life but these require more support and adjustments Would benefit from short-term targeted therapeutic support - potentially with access to dietetic and medical support depending on the individual need.	2 or more areas of impairment (Scores 2 and 3) requiring consistent use of sip-feeds and/or micronutrient supplementation to support nutrition where the physical impact of this impairment has/will have a notable impact on normal growth and development and meeting physical milestones School attendance and education is impacted and/or requires substantial professional input to sustain with significant support adjustments Meets AMBER risk categories according to the MEED guidelines for physical risk or would meet these if supportive treatment was withdrawn Requires regular therapeutic support including access to a specialist dietitian (with ARFID training) and medical support as needed (speciality determined by need)	Multiple areas of significant impairment (Score 4) resulting in a potentially life-threatening risk (not necessarily an acute risk to life, e.g., substantial nutritional deficiency) and severe impact to quality of life, and long-term health and prognosis Requires/is likely to require inpatient admission Requires extensive/exclusive use of sip-feeds or nasogastric tube feeding to meet nutritional needs Is out of school and is unable to function as normal in most/all psycho-social aspects of daily life Meets multiple RED/AMBER risk categories according to the MEED guidelines for physical risk or would meet these if supportive treatment was withdrawn Requires full and comprehensive support of a specialist dietitian (with ARFID training) and multi-disciplinary team including medical (speciality determined by need) and psychological support

The matrix below is not a specific, sensitive nor validated tool. It is intended to help inform local care planning by giving severity indicators for impairment across domains. A higher score is indicative of a higher level of impairment and/or risk. The tool should not be used in isolation to offer or withhold care. Each case should be considered holistically, informed by individual needs, and in view of local support options.

Vitamin & mineral supplementation

- Is a complete supplement indicated?
- What is currently being taken?
- Are fortified foods being consumed?
  - Breads, breakfast cereals, milk
- Are there foods / drinks it can be added to‘
- Prescribable / OTC?
  - Cost
- Can use baby preparations in older children

Vitamin and Mineral Supplementation

- Consider acceptable preparations
- Powder, gummies, sprinkles, drops, sprays, tablets
- A word on vitamin patches
- Can some be learnt to take?
- Start small and work up
- Refer to the vitamin and mineral document on the BDA ARFID website

NHS

Multivitamin & Mineral Supplement Options and Advice for those with ARFID

Essential Reminders

This resource has been created for dietitians. You must always check the manufacturers packaging and guidelines for instructions on use, dosage, ingredients, age appropriateness and to determine any contraindications. Consult an appropriate prescribing professional (such as a GP or pharmacist) for advice if required.

Always check you do not exceed the recommended doses of any vitamin or mineral. This applies to single supplements, or if you are using several in combination. Some vitamins and minerals can be damaging in high volumes. Total micronutrient load should include fortified foods (such as some breads, yoghurts/fromage frais, milks and breakfast cereals).

If the patient is prescribed an oral nutritional supplement (e.g., Fortini, Paediasure, Fortisip, Ensure Plus etc.) then high levels of vitamins and minerals can be reached quickly. Consequently, an additional supplement may not be required. In some cases, isolated nutrients (such as iron or calcium supplementation) may still be nutritionally necessary and appropriate.

Supplement specific information was correct at the time of publication.

Preparations are routinely subject to change.

You must always ensure that your advice is current and up to date.

Management

- Treat deficiencies
- Fortified foods
- ONS
  - OTC / prescribable
- Monitor growth
- Consider if bloods needed

Management

- Increase eating frequency / opportunities
- Timetables
  - Help regularity of eating
  - All preferred foods given
  - Predictability
- Increase amount of preferred foods
  - Decrease anxiety / stress
- Nursery, school
  - Healthy eating policies
  - Location of eating
  - Additional breaks
  - Letters of support


BETTS FOOD PLAN
MON
TUES
WED
THUR
FRI
SAT
SUN
nutella
McCOY'S

Acute Admission /Refeeding

- Sensory refeeding protocol
- https://www.cntw.nhs.uk/wp-content/uploads/2024/06/Sensory-Restrictive-Emergency-Re-Feeding-Plans-all-age-final-version-2.pdf
- In production PEG in ARFID document
- If autistic needs CTER and Dynamic Support Registration
- https://www.england.nhs.uk/learning-disabilities/care/ctr/care-education-and-treatment-reviews/

Manage Risk

- Track **weight and height** regularly
  - Minimum 3/12
  - Consider more frequently if indicated

- Monitor for **nutritional deficiencies**
  - Physical symptoms

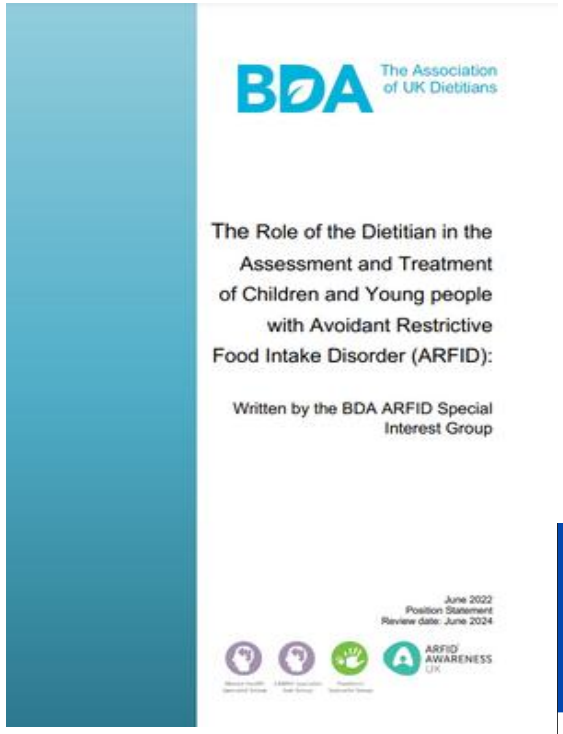
- **Escalate** to medics if:
  - Weight loss/faltering
  - Severe deficiencies suspected
  - Family burnout or safeguarding concerns

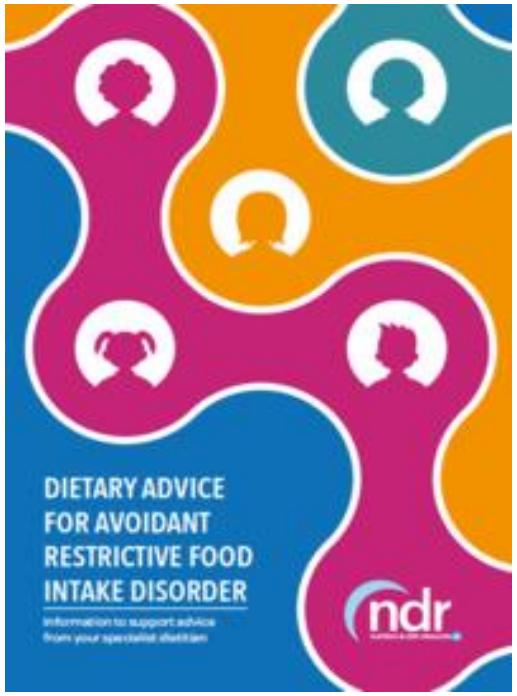
Safe Discharge

- It is important with any discharge there is a safety plan
- This requires monitoring in the community to spot signs of
  - Malnutrition
  - Micronutrient deficiencies
  - Growth faltering

- A copy is available on the BDA ARFID website
  - Paediatrics and adults

Resources





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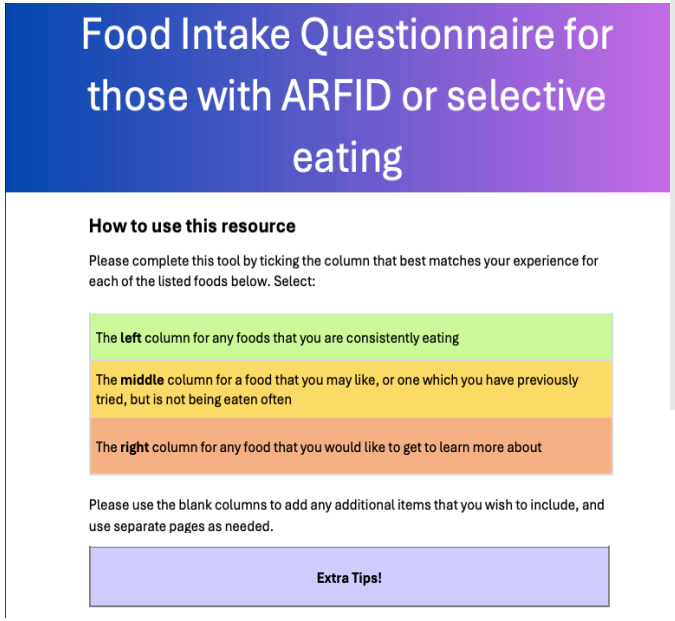

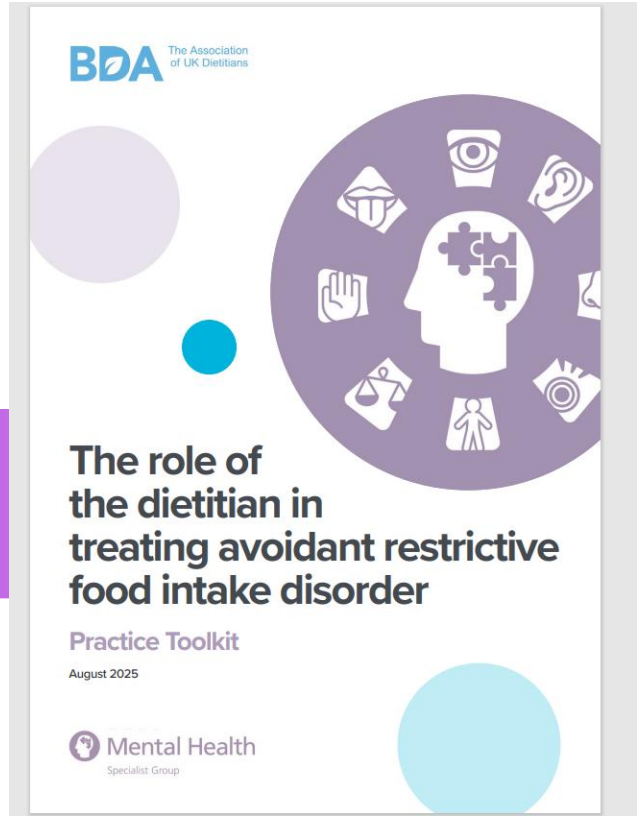

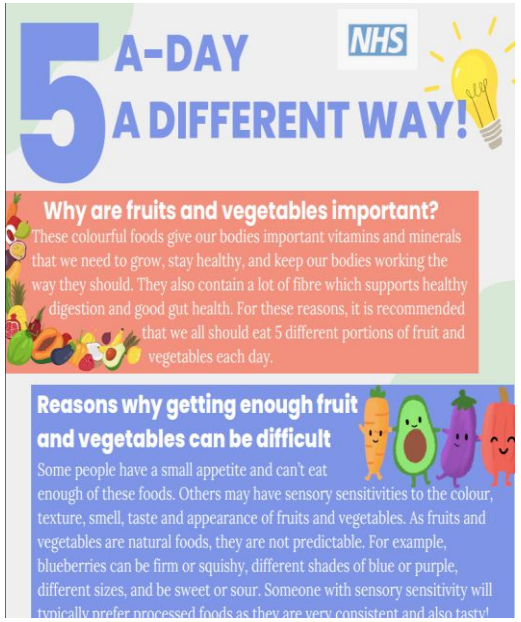

ARFID Awareness UK

- Leaflets & posters:
  - ARFID Explained – for parents & carers
  - ARFID Poster for Healthcare Settings
  - ARFID Explained for HCP's
  - ARFID Booklet for Early Years Settings
  - ARFID Booklet for Schools

https://www.arfidkids.com/

North Cumbria Provider Collaborative : ARFID Library

Videos and downloads for parents and carers

https://www.cntw.nhs.uk/resource-library/support-for-avoidant-restrictive-food-intake-disorder-arfid

BEAT – ED Charity

- Parent support groups
- 1:1 support

Aneurin Bevan UHB

https://abuhb.nhs.wales/hospitals/a-z-of-services/paediatric-clinical-psychology-service/our-specialist-services/paediatric-arfid-service/

Royal College of Psychiatrists

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Arfid@bda.uk.com

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THANK YOU!