**Avoidant Restricted Food Intake Disorder (ARFID) ADULT Safe Discharge from Dietetic Care - Letter Template from Service to Patient**

*This letter template can be used for those diagnosed with ARFID or for individuals with restrictive and selective eating presentations.*

*To use this letter template, the content below the line should be copied and included after your usual service assessment summary. A typical assessment summary should include the assessment date, details of what the assessment was for, who attended the appointment and who they were seen by. It should also include key assessment information and your rationale for discharge. The text below can then be copied and added. Be sure to check this carefully, make it patient specific and add or amend all relevant information. Then save and close your letter as usual.*

From our assessment, we have identified the following potential risks from your current nutritional intake:

|  |
| --- |
| Potential short-term risks: [add nutritional/physical] |
| Potential mid- and longer-term risks: [nutritional/physical] |

As you will not be receiving follow-on care from our service, and in view of these potential risks, we would advise that ongoing community monitoring is important. This helps to track any changes in your nutritional status or physical health to keep you safe, and to help identify when future access to appropriate services may be required.

We would recommend the following home weight monitoring routine:

* Check your weight every [week / 2 weeks / month]

**Tips and advice for accurate monitoring:**

Monitoring weight can sound easier than it is. Our top tips for monitoring an accurate weight include:

* Place the weighing scales on a hard flat floor surface, avoiding carpets
* Scales can vary in accuracy so avoid switching between different scales where possible
* Make sure you stand completely onto the scales and don’t lean against a wall
* Try to take the weight recording at a similar time of day and in similar clothing. Taking a weight first thing in the morning after visiting the toilet is the most accurate but the most important thing is to find a regular time that works well for you. Therefore, pick a time of time of day, routine, and scales location that best fits you and your routine.

**When to be concerned:**

If you notice a pattern of your weight falling [e.g. [insert patient specific advice here]] please make an appointment with your GP to discuss this concern and take your weight records with you.

**What if I can’t take my weight?**

If you are struggling to monitor your weight for any reason, then the circumference of (measurement around) the middle of your upper arm can be used. This is known as mid upper-arm circumference. To do this:

* Measure the middle distance between the elbow and shoulder
* At the middle point, wrap a soft tape measure around the arm. Ensure it is in contact with the arm without being ‘tight’ and avoid it being so loose that the tape measure is ‘bowed’ with gaps between the skin and tape. It should be level all the way around the arm.

If using this method, we recommend measuring mid upper arm circumference every [insert frequency].

This video from YouTube helpfully demonstrates measuring mid upper-arm circumference at home: [Measuring a Mid-Upper Arm Circumference](https://www.youtube.com/watch?v=06DIRCf5mu8) however, please note that in most cases this can only be accurately taken by someone else.

Hand grip strength can also be used to assess for malnutrition status if you can not monitor your weight. However, this requires a special piece of equipment. If you feel that this may be your only way of monitoring weight, please discuss how this could be supported with your GP.

**Monitoring Eating**

If your eating significantly deteriorates and becomes more restrictive with your variety of foods becoming notably more limited, please return to your GP to discuss re-referral / onward referral.

**Please note** that if your nutritional intake / number of accepted foods falls significantly you should still be concerned, even if your weight is stable or continues to increase. You may be at higher risk from nutritional or physical health deterioration at the following times: illness, bereavement or family crisis, or any significant life event.

**Physical Monitoring**

There are several symptoms for you to be aware of that may relate to malnutrition. These include: feeling dizzy; experiencing chest pains; noticing few bowel movements or constipation; feeling tired or lethargic; noticing increased skin bruising, sores or delays to healing; experiencing hair loss; feeling unusual muscle aches or pins and needles; or (in females) noticing that your periods have stopped.

In some cases, we would advise that a patient’s GP should monitor a wider set of physical health details. For you we feel that this is/is not currently necessary.

[delete section if not applicable]

We therefore recommend the following enhanced frequency of GP monitoring for you:

* Sitting and standing blood pressure every [insert]
* Sitting and standing heart rate every [insert]
* Temperature every [insert]
* Biochemistry (bloods) monitoring to include [U’s and E’s, LFT’s, FBC’s] every [insert]
* Biochemistry (bloods) monitoring to assess for baseline deficiency in [iron, folate, ferritin, B12, zinc, vitamin D, calcium, vitamin A, vitamin C] [insert clinical rationale here].

Your GP will need to check these results against the MEED risk assessment framework which can be found here: <https://meed.org.uk/meed-risk-assessment> **and consider appropriate urgent care referrals for any high risk indices.**

**Next steps:**

We recommend that this discharge plan is shared with your [GP/any other clinician/school/etc].

**Self-support:**

[Delete this sentence if the patient has a diagnosis of ARFID] Most of the available public resources list the term ‘ARFID’. However, these are still useful for those with restrictive eating concerns or ‘ARFID symptoms’.

This patient/carer resource from CNTW has several links and available resources: [Support for Avoidant Restrictive Food Intake Disorder (ARFID) - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](https://www.cntw.nhs.uk/resource-library/support-for-avoidant-restrictive-food-intake-disorder-arfid/)

The [ARFID Awareness UK website](http://www.arfidawarenessuk.org/) also includes information and resources.

This book has been helpful for many adults: The picky eater’s recovery book by Jennifer Thomas.

[South Yorkshire Eating Disorder Association website](https://www.syeda.org.uk/arfid) (SYEDA) has an ARFID self-help course for adults struggling with the symptoms of ARFID. You can move through the 4-step programme at your own pace. The 4 modules include:

1. Learning about ARFID and making some early changes
2. Continuing early changes and setting big goals
3. Facing your fears
4. Preventing relapse

The national eating disorders charity [BEAT](http://beateatingdisorders.org.uk/) offers a confidential and inclusive space for anyone who has (or thinks they might have) ARFID. The [Hummingbird Online Support Group](https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/i-need-support-now/online-support-groups/arfid-support-group/) currently runs on Sundays 6.45pm-7.45pm. Find out more on the [BEAT website](https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/i-need-support-now/online-support-groups/arfid-support-group/).

[ARFID Awareness UK](https://www.arfidawarenessuk.org/support-us) also offers [online virtual community support](https://www.arfidawarenessuk.org/support-us) options for individuals.

If you wish to contact a **helpline** you can do so via the BEAT Helpline on: **0808 801 0677** Available Monday-Friday 9am-8pm, and weekends 4-8pm. **Please note that this is not an emergency care service.**

**Who to contact if things deteriorate:**

[Insert service specific information here]

[Alternatively, it may be appropriate for you to use the following contact information – delete or re-word as appropriate]

If you become more concerned about your restrictive eating and health, please visit your GP in the first instance.

If you experience a sudden and rapid restriction of food or fluids that has led to sudden deterioration in physical health please seek help quickly. This may include contacting **NHS-111 or emergency care services** **via 999**. Sudden deterioration is often a result of a traumatic event leading to a rapid avoidance of food and/or fluids.

If there is a sudden deterioration in your mental health, or you are concerned about your mental health risks, please contact **your local crisis or emergency care services**. Mental health risks include, but are not exclusive to, suicide and self harm.