

ARFID INFORMATION SHEET

Your child has been given a diagnosis of ARFID. This information sheet aims to explain what this means, and what you can do to help.

What does ARFID mean?

ARFID stands for Avoidant / Restrictive Food Intake Disorder.

It is a pattern of eating usually present from about the age of 2, and occurs for a variety of reasons.

What does ARFID look like?

Your child may show some (but not necessarily all) of the following:

- x **Eating a very restricted range of foods (selective eating)**
- x Rarely appearing to be hungry or asking for food
- x **Avoiding / refusing to sit down for meals or needing distraction (e.g. TV) to eat**
- x Turning away, pushing the spoon away etc.
- x **Anxiety/disgust e.g. gagging or vomiting at the sight / smell / taste of food**
- x Eating very small amounts
- x **Refusing to self-feed**
- x Spitting out food
- x **Crying / screaming at mealtimes**
- x High anxiety over new foods
- x **Difficulty in eating in a range of settings e.g. will only eat at one particular restaurant, will not eat food on holiday, eats certain foods at home and others at school**
- x Negotiating and/or using distraction techniques to avoid eating

Parents of children with ARFID can get extremely worried about their child's eating and often report that mealtimes have become a battle.

On a day to day basis, you may find:

- x Your child might only eat specific brands of food (e.g. only eating McCain oven chips and rejecting all other chips)
- x Foods have to look 'right' (including being in the right packaging), be the right texture, temperature, and smell and taste okay before they are accepted. Some children need foods to be 'perfect' e.g. only evenly golden oven chips, no broken biscuits.
- x Foods may be chosen based on how they feel inside the mouth e.g. dry, crunchy foods (biscuits, cereal) and/or soft and smooth foods that either melt or dissolve in the mouth, e.g. fromage frais or chocolate.

Some children with ARFID are over or underweight, but many are not. A child with ARFID may be lacking in essential vitamins and minerals.

How is ARFID different from 'fussy / picky eating'?

Most toddlers go through a stage when they reject new or unfamiliar foods. Children usually grow out of this stage and learn from watching others which foods are safe and ok to eat. Children with ARFID get stuck in this stage and their difficulties with eating interfere with everyday family life.

What causes ARFID?

ARFID is not caused by parents, or by a child being deliberately ‘naughty’. There is not usually one single cause: complex feeding difficulties generally involve a combination of factors. The following will increase the likelihood that a child may develop ARFID (but not all children will have all factors)

- x **Premature birth**
- x Complex medical problems in early life, requiring invasive procedures such as suctioning, ventilation, frequent blood tests or surgery, being fed by nasogastric tube
- x **Complex medical conditions that affect appetite e.g. renal conditions**
- x Early feeding difficulties e.g. problems latching on, falling asleep during feeds, small frequent feeds, breathlessness on feeding etc.
- x **Vomiting or reflux in infancy**
- x Severe constipation
- x **Eczema / food allergies**
- x Late introduction of solid foods due to illness
- x **Developmental difficulties e.g. delayed speech and language development, difficulties in paying attention to what others are doing, a rigid thinking style, difficulties in playing or interacting with others**
- x General dislike of change / new things

ARFID is common in children on the autistic spectrum, but not all children with ARFID are autistic.	
<u>What can I do to help my child?</u>	
Do's	Don'ts
In general, try to reduce anxiety at mealtimes by allowing your child to have their preferred foods.	Don't let him go a long time without eating or drinking. Children with ARFID often don't appear to notice hunger and won't spontaneously eat. This means they are at risk of dehydration or becoming ill if we do not offer them their preferred foods.
Think about dividing responsibility at mealtimes. Your responsibility is to decide the when, where and what at mealtimes (timing, location, foods offered). Your child's responsibility is to decide whether they eat, and how much. Gradually 'desensitise' him/her to the look, feel,	Try not to worry about 'healthy' eating. Children with ARFID are rarely at risk of obesity. In fact they are the children most likely to need higher calorie foods or snacks, particularly at school where many of them do not eat well. Avoid over-encouragement to try something
smell and taste of new foods. For younger children this can be done with messy play. For older children, it can help to be around other people eating the food, or to help prepare the food, but without any pressure to eat it.	new. This is a form of pressure and can lead to further anxiety and food refusal.

Try to gradually expand his/her categories of

Don't mix or hide a new food or unfamiliar food

accepted foods. Begin with introducing foods that are very similar to foods he already eats, e.g. a new brand or flavour of a preferred food.

in a familiar and accepted one. Children with sensory hyper-sensitivity will spot even a tiny change and reject the food. You also run the risk of 'contaminating' it for the future!

Behavioural Feeding Team, March 2018, pilot information sheet.