

ARFID

Avoidant/Restrictive Food Intake Disorder

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ARFID is a restrictive feeding and eating disorder involving avoiding certain foods, restricting overall intake, or both, leading to nutritional or psychosocial impact — for reasons other than weight or shape concerns. ARFID is an umbrella term with a number of different causes. Common drivers include sensory sensitivity (struggling to tolerate flavours, colours, or textures), low interest in eating, or fear of aversive consequences such as choking or vomiting. ARFID can occur at any age and may co-occur with anxiety, autism, ADHD, and medical conditions. Approximately 5% prevalence is commonly reported in the general population.

Picky eating vs ARFID

Picky eating is common and often improves with time and supportive exposure. ARFID occurs when restriction starts impacting health — through micronutrient deficiency (lack of variety) or macronutrient deficiency (weight loss or dropping centiles). In ARFID, the child's goal is not weight control, and restriction often persists despite reassurance and opportunities to try foods, especially when fear or sensory drivers are present.

Anorexia vs ARFID

In anorexia nervosa, a child intentionally restricts intake or engages in compensatory behaviours in order to lose weight, typically driven by worries about weight and shape. In ARFID, any weight loss is not intentional and is not the aim of restriction.

Signs to watch out for

- Very limited "safe" foods, strong brand or preparation preferences, and distress when foods change or are mixed.
- Faltering growth or weight loss, fatigue, dizziness, constipation, and micronutrient deficiencies that may require supplements.
- Fear-based avoidance after a negative event (e.g. choking, sickness) or ongoing low appetite and disinterest in eating.
- Avoidance of school meals, parties, or travel; conflict and stress around mealtimes at home.
- Higher likelihood alongside autism, ADHD, or learning differences due to sensory sensitivities and rigidity.

What can help at home

- Keep a predictable meal and snack routine; limit grazing and sugary drinks to support appetite and structure.
- Use graded exposure: start with having the food present, then smelling, touching, licking, small tastes, and gradual increases.
- Try food chaining — moving from a safe food to similar items by brand, shape, texture, temperature, or flavour.
- Offer tiny portions of new foods without pressure; model tasting; avoid "one more bite" rules or threats, which increase anxiety.
- Adjust sensory factors (temperature, texture, plating) and consider sensory play with foods away from mealtimes.

School and social tips

- SENCO or pastoral staff may be able to support safe-food options, flexible seating, and quiet spaces for eating.
- Plan ahead for trips and parties by bringing safe foods and agreeing simple backup plans to reduce anxiety.
- Encourage inclusion in non-food aspects of events and communicate needs early to avoid last-minute pressure.

When to seek help

Seek help as early as possible — the earlier a child gets help, the more likely they are to recover. Talk to your child and ask if there's anything they want to discuss. They may not feel able to talk; let them know you are there to help.

Contact your GP promptly if there is weight loss, faltering growth, dehydration, fainting, reliance on supplements, or if restriction is causing significant distress or interference with school and social life.

Seek urgent help (GP, NHS 111, or emergency care) for sudden sharp drops in food or fluid intake with physical deterioration or acute mental health risks.

ARFID services and pathways vary across the UK — start with the GP for assessment and referral to the most appropriate local team.

Treatment options

- Psychological therapy — often cognitive-behavioural approaches, exposure-based interventions, and family-based work adapted to sensory, fear, or low-interest drivers.
- Dietetic input — nutritional rehabilitation, deficiency repletion, and stepwise reduction of supplements as variety improves.
- Multidisciplinary plans — coordinating therapy with school supports and sensory strategies to generalise gains into daily life.
- National guidance for ARFID is still developing and is currently not included in NICE/SIGN eating disorder guidelines, so local provision may differ.

If things are severe

- Very rarely, short-term supplements or tube feeding may be needed when physical risk is high, alongside active psychological therapy.
- Urgent medical assessment is needed for dehydration, syncope, rapid weight loss, or other signs of medical instability.
- Hospital-based care is very rarely required, but step-up to intensive care may be needed if outpatient progress is insufficient or safety cannot be maintained.

Quick summary

If you're unsure whether it's picky eating or ARFID, use the impact test: if nutrition, growth, or daily life are being affected, seek professional advice via the GP and consider specialist input.