

# 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. It is an umbrella term with a number of different causes. Common drivers include sensory sensitivity (such as struggling to tolerate flavours, colours, or textures), low interest in eating, or fear of aversive consequences like 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.

### How does ARFID differ from picky eating and anorexia?

Picky eating	ARFID
Common in childhood; usually improves with time and supportive exposure.	Restriction impacts health (micronutrient or macronutrient deficiency) or daily life.
Child may resist new foods but manages adequately overall.	Persists despite reassurance and opportunities to try foods, especially with fear or sensory drivers.
Not driven by fear or body-image concerns.	Goal is not weight control — any weight loss is incidental.
Anorexia nervosa	ARFID
Child intentionally restricts intake or exercises to lose weight.	Any weight loss is unintentional — weight control is not the aim.
Driven by distorted body image and fear of being overweight.	Driven by sensory sensitivity, low appetite, or fear of choking/vomiting.

### Signs to watch out for

- **Limited "safe" foods** — strong brand or preparation preferences; distress when foods change or are mixed.
- **Physical indicators** — faltering growth, weight loss, fatigue, dizziness, constipation, or micronutrient deficiencies.
- **Fear-based avoidance** — after a negative event (choking, illness) or ongoing disinterest in eating.
- **Social withdrawal** — avoiding school meals, parties, or travel; conflict and stress at mealtimes.
- **Co-occurring conditions** — higher likelihood alongside autism, ADHD, or learning differences.

### What can help at home

- **Keep a routine** — predictable meal and snack times; limit grazing and sugary drinks.
- **Graded exposure** — start with food being present, then smelling, touching, licking, small tastes, and gradual increases.
- **Food chaining** — move from a safe food to similar items by brand, shape, texture, temperature, or flavour.
- **No pressure** — offer tiny portions without forcing; model tasting; avoid "one more bite" rules, which increase anxiety.
- **Adjust sensory factors** — temperature, texture, plating; try sensory play with food away from mealtimes.

## School and social tips

- Ask the SENCO or pastoral staff to support safe-food options, flexible seating, and quiet eating spaces.
- Plan ahead for trips and parties — bring safe foods and agree simple backup plans.
- Encourage inclusion in non-food aspects of events; communicate needs early to avoid last-minute pressure.

## When to seek help

**Seek help as early as possible — the earlier a child gets support, the better the outcomes. Talk to your child and let them know you are there to help, even if they are reluctant to open up.**

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

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

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

## Treatment options

- **Psychological therapy** — cognitive-behavioural approaches, exposure-based interventions, and family-based work adapted to sensory, fear, or low-interest drivers.
- **Dietetic support** — nutritional rehabilitation, deficiency correction, and stepwise reduction of supplements as dietary variety improves.
- **Multidisciplinary coordination** — therapy, school supports, and sensory strategies working together to generalise gains into daily life.
- **Evolving guidance** — ARFID is not yet included in NICE/SIGN eating disorder guidelines, so local provision may differ.

**In severe cases**, short-term supplements or tube feeding may be needed when physical risk is high, always alongside active psychological therapy. Hospital-based care is very rarely required but may be necessary if outpatient progress is insufficient or safety cannot be maintained.

### Quick summary

If you are unsure whether it is picky eating or ARFID, apply the impact test: if nutrition, growth, or daily life are being affected, it is time to seek professional advice via your GP and consider specialist input.



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