

Avoidant Food Intake Disorder (ARFID) and Pediatric Feeding Disorder (PFD)

“ If a patient has a diagnosis of ARFID, it may be worth reassessing from the pediatric feeding disorder (PFD) perspective to see if the cause of feeding difficulties might include a medical or skill dysfunction, and not be purely behavioral. ”
 -Dr. Richard Noel, Feeding Matters Volunteer Medical Director

ARFID

PFD

THERAPEUTIC END USER

Psychiatric/behavioral

Multidisciplinary

DIAGNOSIS DEVELOPMENTAL ROOTS

Designed to replace and extend the DSM-IV diagnosis of feeding disorder of infancy or early childhood, also driven by desire to better represent patients' needs with EDNOS receiving treatment within eating disorder programs

Designed based on International Classification of Functioning, Disability, and Health (ICF) framework, recognizing that multidisciplinary care across four core domains represents the standard of care for PFD

TYPICAL AGE OF ONSET

Childhood and throughout the lifespan

Early childhood

PRIMARY ETIOLOGY

Psychiatric comorbidities, including anxiety disorders and obsessive-compulsive disorder

Complex medical and developmental conditions

DOMAIN/MANIFESTATION

DIAGNOSTIC CRITERIA

NUTRITION



Significant weight loss



Significant nutritional deficiency



Dependence on enteral feeding or oral formula supplementation



PSYCHOSOCIAL



Food avoidance



Disruption in social function



Disruption in relationships



MEDICAL



Cardiorespiratory compromise



Aspiration



FEEDING SKILL



Need for texture modification



Use of modified feeding position or equipment



Use of modified feeding strategy



Feeding Matters welcomes all families with children who struggle to eat and the professionals who serve them. Information and support is inclusive of all diagnoses related to feeding difficulties. If your family has an ARFID diagnosis, you too can find helpful information within the Feeding Matters community.