

Avoidant Restrictive 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

Primarily mental health providers

Multidisciplinary

DIAGNOSIS DEVELOPMENTAL ORIGIN

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

No age criteria defined

Pediatric age range, but no specific age criteria defined

COMORBIDITIES

Mental health disorders, with anxiety being most common

Any medical or developmental disability



DOMAIN/POSSIBLE 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



Any medical disorder (impact on other domains)



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.

Assessment and Management Pathway

Determining Diagnosis and Needs for Children with Feeding Difficulty



MEDICAL

Rules out medical complications through physician exam, followed by possible subspecialty referral (e.g., GI) for further investigation of pain or discomfort contributing to food avoidance and restriction.



FEEDING SKILL

OT or SLP trained in feeding, eating, and swallowing modifies food/liquids, feeding positions, equipment, and strategies.



NUTRITION

Registered dietitian nutritionist trained in pediatrics provides education and recommendations for volume/variety.



PSYCHOSOCIAL

Psychologist trained in feeding disorders addresses food avoidance and disruption in social function/relationships.



MEDICAL

Screens for and manages medical conditions which may be contributing to feeding difficulty, assesses for safety to initiate the intervention, and addresses new medical needs which arise via medical testing, medication management, referrals, and coordination of care.

FEEDING SKILL

Focuses on building feeding, eating, and swallowing skills needed for functional mealtime participation, including mechanical and nutritive oral-motor coordination for mastication and control of solid and liquid boluses. Also assesses swallow safety, works toward normalization of intra and peri-oral sensitivity (e.g., reduced gagging), advances diet texture in meals, modifies seating and positioning for safe feeding practice, and promotes self-feeding skills.



PSYCHOSOCIAL

Focuses on improving child mealtime behaviors, modifying parent-child interactions during meals, and enhancing caregiver management approaches with the goal of the child developing a positive relationship with food. Systematically introduces exposure to new foods and conducts caregiver training to support generalization of skill into the home setting.

NUTRITION

Determines meal and nutrition plans, monitors growth and nutritional intake and provide oversight to ensure children are provided with balanced nutrition, grow appropriately, and tolerate new foods. Adjusts feeding schedules to best facilitate oral intake and oversees supplementation transitions.