



Food Introduction in Avoidant/Restrictive Food Intake Disorder (ARFID)

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Disclosures

- Clinical Advisor, Beaming Health
- ***None pose any conflict of interest for this presentation***

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Avoidant/Restrictive Food Intake Disorder (ARFID): F50.92

- An eating or feeding disturbance as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:
 1. Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
 2. Significant nutritional deficiency.
 3. Dependence on enteral feeding or oral nutritional supplements.
 4. Marked interference with psychosocial functioning.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
<https://doi.org/10.1176/appi.books.9780890425596>

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Food Allergy and ARFID

There is a high prevalence of food allergies in children diagnosed with ARFID

AND

There is a high prevalence of ARFID in children diagnosed with food allergies

Au Yeung, K et al. *Clin Ped.* 2015; 54(11): 1081 – 1086.
 Patrawala, M et al. *J Allergy Clin Immunol Pract.* 2022; 10(1): 326 – 328.

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Food Allergy and Caregiver Anxiety

- Study found a strong correlation between parents' mealtime concerns and food allergy perceptions

**“comparable mealtime behavioral concerns
to young children with type 1 diabetes”**

Herbert, LJ et al. *Ann Allergy Asthma Immunol.* 2017; 118:345 – 350.

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New Food Introduction Protocol

- Created to serve as a guide for feeding therapists when introducing new foods to children with food allergies (or FPIES – food protein-induced enterocolitis syndrome)

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Step 1: SAFE foods

- Establish a list of all known safe foods
- Work with feeding therapist to focus on acceptance of all safe foods in feeding sessions

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Step 2: CHALLENGE foods

- Create list of foods to challenge (in collaboration with medicine)
 - Ideally, divide into low risk – medium risk – high risk

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Step 3: Gain success in feeding therapy

- Work with feeding therapist to determine what success looks like
 - Acceptance of new known safe foods
 - Increase volumes of known safe foods

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Step 4: Introduce challenge foods

- Determine amount to feed based on current literature and weight
 - This should be the maximum amount introduced
- The feeding therapist will then use established method for introducing new foods to introduce challenge foods

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Impact on patient care

- Expansion of dietary variety in a way that respects caregiver anxiety
 - It is methodical and measured
- Quality of life is improved when patient and caregiver anxiety improves
- Lowers risk for and/or corrects nutritional deficiencies

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Key learnings

- Signs and symptoms of food allergy might overlap with signs and symptoms of anxiety
- Reducing ARFID anxiety prior to introducing challenge foods helps to distinguish these

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