UNDERSTANDING YOUR DIAGNOSIS

ARFID

Also called Avoidant/Restrictive Food Intake Disorder

An eating disorder where you avoid or limit food because of taste, texture, low appetite or fear, and not because of body image.

HOW COMMON	OFTEN STARTS	TREATABLE	WHO IT AFFECTS
Up to 3 in 100 young people	**In childhood, can last longer**	**Yes - with the right team**	**Boys and girls about equally**

What this is

- ARFID has nothing to do with wanting to be thin. Fear of weight gain and body image are simply not part of it.
- It is more than being a picky eater. It is diagnosed only when eating this way is harming your health or your life.
- There are three common patterns: little interest in eating, strong reactions to taste or texture, and fear after a bad event.
- It is common in autistic and ADHD people, and unlike other eating disorders it affects boys and girls at about the same rate.

What it can look and feel like

- You eat from a short list of safe foods, and a change of brand, color or packaging can make a food unsafe.
- Certain textures, smells or colors make you gag or feel sick, and pushing through does not make it get easier.
- You rarely feel hungry, so you forget to eat until someone reminds you or the whole day has gone by.
- After choking, vomiting or a bad reaction, you started avoiding whole groups of foods in order to feel safe.
- Meals take a long time, and eating around other people at school, work or a restaurant feels stressful.
- You have lost weight, stopped growing as expected, or lean on shakes and supplements to fill in the gaps.
- Blood tests show low iron, vitamin D or B12, or you feel tired, cold and dizzy without a clear reason.

What is happening in your brain and body

- Some people taste bitter and sour far more intensely than average, so foods that others enjoy are genuinely unpleasant.
- Signals from inside the body, like hunger and fullness, can be quiet or hard to read, so eating has to be scheduled.
- One frightening event can teach the brain that a whole group of foods is dangerous, much the way a phobia is learned.
- Missing key nutrients causes real problems. Low iron leaves you exhausted, and long gaps can affect bones and eyesight.
- Long-term low intake slows the heart, lowers body temperature and can delay puberty, the same as in other eating disorders.

What can make it more likely

- Sensory differences run in families, and many people with ARFID have a relative who also eats a narrow range of food.
- Autism and ADHD raise the chance, because of differences in how the senses and body signals are processed.
- A single episode of choking, vomiting or an allergic reaction can start the fear pattern in one day.
- Pressure, bargaining or forcing food at the table tends to make avoidance stronger over time, not weaker.

What to expect

- Treatment usually builds up the amount you eat first, and then slowly widens the range of foods you can manage.
- Progress is counted in small steps: tolerating a food nearby, then touching it, then a lick, then a bite.
- This rarely clears up on its own, but it responds well to a team that actually understands ARFID.
- Expect months of steady work rather than a quick fix, with real gains showing up along the way.

What helps

Treatment works. Most people get better.

Talking therapies

- **CBT-AR** is the main therapy. You practice with real food in the session, with family involved when the person is a child.
- **Graded exposure** is used for fear-based ARFID. You approach a feared food in small planned steps until it stops being scary.
- **Family-based treatment** adapted for ARFID puts parents in charge of eating when a child's health is at risk.
- Sessions feel practical rather than deep. You plan the next step, try it out, and adjust based on what actually happened.
- Occupational therapy and food chaining start from a food you accept and change one feature of it at a time.

Medicines

- No medicine is approved for ARFID. Medicines here are helpers around the edges, not the treatment itself.
- **Mirtazapine**, an antidepressant that can increase appetite and lower anxiety, is sometimes used for this off-label.
- **Cyproheptadine**, an allergy medicine that can boost appetite, is sometimes used in younger children and may cause sleepiness.
- **SSRIs** can lower the anxiety behind a fear of choking or vomiting, which makes the exposure work easier to do.
- All doses are decided with your prescriber, and each medicine is reviewed regularly to see whether it is still needed.

Everyday things that help

- Eat by the clock rather than by hunger if your hunger signals are quiet. Set reminders for meals and snacks.
- Keep safe foods stocked and easy to reach. Removing them to force variety usually backfires and lowers intake.
- Add nutrition where you can: a multivitamin, or iron, vitamin D or B12 if your blood tests show a gap.
- Try new foods when you are calm and not very hungry, served next to a food you already trust.
- Ask for accommodations at school or work, such as bringing your own lunch or eating somewhere quieter.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- Fainting, a very slow heartbeat, confusion, or being unable to drink fluids needs same-day medical care.
- Sudden weight loss, or a child who stops growing along their curve, needs a medical visit this week.

Questions to ask your care team

- *Which pattern of ARFID do I have, and how does that change the plan?*
- *Which vitamin and mineral levels should we check, and how often?*
- *Who is on my team, and do they have experience with ARFID specifically?*
- *What is a realistic first food goal for the next month?*

Where this information comes from

988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. https://988lifeline.org/

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.