



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 051 | Feeding and swallowing

Avoidant/restrictive food intake disorder

What it means

Avoidant/restrictive food intake disorder (ARFID) is an eating or feeding disorder in which avoidance or restriction causes significant nutritional, growth, dependence-on-supplementation, or psychosocial impact. It is not driven by concerns about body shape or weight. A child can have ARFID at different body sizes. [1]

Causes and risk factors

Restriction may relate to sensory characteristics, fear of choking or vomiting, or low interest in food. Anxiety and developmental conditions can coexist. Diagnosis considers whether the pattern exceeds what a medical condition alone explains and is not simply lack of available food or a culturally accepted diet. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

A child may eat a very limited range or quantity, avoid meals because of fear, or show little appetite with significant consequences. Growth faltering, deficiencies, dependence on supplements or tube feeding, and marked difficulty joining ordinary meals can occur. Ordinary selective eating is not automatically ARFID. [1,2]

Assessment and diagnosis

A medical and mental health assessment reviews intake, growth, nutritional status, fear, sensory factors, and daily impact. Dietitians and feeding clinicians may contribute, including swallowing or skill assessment when indicated. ARFID and PFD are distinct diagnoses that can overlap; a speech-language pathologist alone does not diagnose every eating disorder. [1,2]

Treatment and therapy

Care protects nutrition and addresses the restriction through an age-appropriate multidisciplinary plan. Psychological approaches, caregiver involvement, dietetic support, and treatment of associated medical or feeding-skill problems may be used. The approach and level of care depend on severity. Medicines are not a universal replacement for feeding and mental health treatment. [1,2,3]

Support at home

Follow the nutrition and therapy plan, keep meals predictable, and avoid blame or coercion. Discuss manageable changes with the team rather than suddenly removing all accepted foods. Track agreed health and participation outcomes, not simply the number of foods eaten.

When to seek help

Dehydration, rapid weight loss, fainting, marked lethargy, inability to maintain intake, or other signs of medical instability requires urgent assessment.

Questions for your care team

- What consequences make this more than ordinary selective eating?
- Which medical, psychological, and feeding-skill needs are present?
- What level of care is needed to protect nutrition safely?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss avoidant/restrictive food intake disorder. Avoidant/restrictive food intake disorder (ARFID) is an eating or feeding disorder in which avoidance or restriction causes significant nutritional, growth, dependence-on-supplementation, or psychosocial impact. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: ARFID is not limited to children who are visibly underweight.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- ARFID: avoidant/restrictive food intake disorder.
- Psychosocial: relating to emotional and social functioning.
- Medical instability: a health state requiring urgent clinical management.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] What Are Common Types of Eating Disorders? - National Institute of Mental Health (NIMH)

<https://www.nimh.nih.gov/health/publications/what-are-common-types-of-eating-disorders>

[2] Pediatric Feeding and Swallowing

<https://www.asha.org/practice-portal/clinical-topics/pediatric-feeding-and-swallowing/>

[3] Faltering Weight in Children: Parent FAQs

<https://www.healthychildren.org/English/health-issues/conditions/Glands-Growth-Disorders/Pages/faltering-weight-in-children-parent-faqs.aspx>