

Case Study: Avoidant Restrictive Food Intake Disorder (ARFID) 'Roo'

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7th September 2022

What is ARFID?

- ❑ Avoidant Restrictive Food Intake Disorder (ARFID) is a relatively new category introduced to the feeding and eating disorder section of the DSM-V
- ❑ Characterised by problematic eating habits, significant enough to cause weight loss and nutritional deficiencies
- ❑ Not influenced by weight/shape of body
- ❑ Provides framework to allow for the identification and treatment of individuals who have insufficient nutrition but do not meet the criteria for other defined eating disorders
- ❑ Commonly diagnosed in childhood but can affect any age
- ❑ Leads to a diet that is lacking in volume and/or variety
- ❑ More than just 'picky eating'
- ❑ Treatment is complex due to uniqueness of cases but can include food chaining, family-based treatment and CBT

Primary Drivers

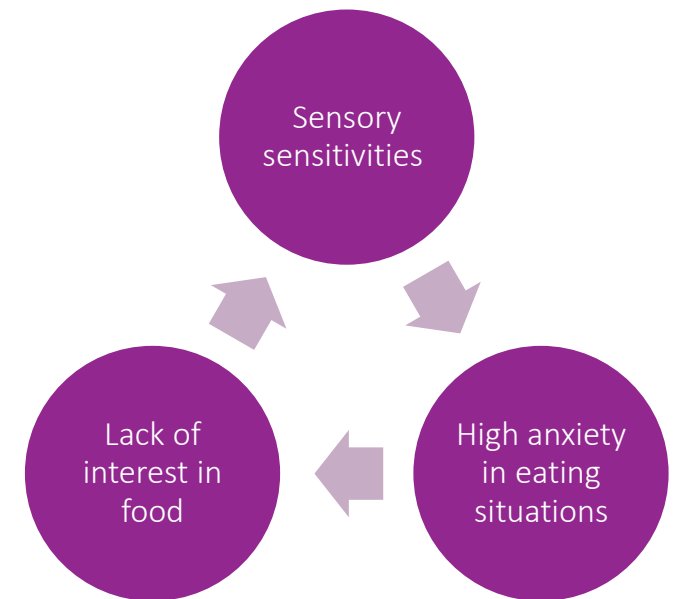
Heightened sensitivity to sensory aspects of food

Fear of adverse consequences

Overall lack of interest in food/eating

ARFID and Autism

- ❑ Feeding and eating difficulties are common in individuals with autism
- ❑ Many similarities in eating patterns of autistic people with ARFID and those with ARFID but no autism however for autistic individuals these difficulties can be more severe
- ❑ Autistic people also can experience difficulties communicating and interacting with other people, so it can be harder for them to express problems with food



Brief Overview

- ❑ Roo is a 21-year-old female with ARFID (previously diagnosed as AAN/OSFED)
- ❑ Diagnosis of ASD in 2017 (scored 10 on AQ-10)
- ❑ Previous inpatient admissions
- ❑ Admission to TW2 November 2021
- ❑ BMI – 12.8
- ❑ Felt let down by services so far

History

- ❑ Lives with mum, dad and older brother
- ❑ Close to mum and brother
- ❑ Lots of medical needs within the family
- ❑ Disrupted education due to ED but completed GCSE's and A-Levels
- ❑ Started university but had to leave due to ED
- ❑ Has other medical needs such as Ehlers-Danlos, Slow Gut Transit and Osteoporosis. She was also under endocrinology care when she first came to TW2 due to excessive thirst

OTHER NEEDS / DIFFICULTIES

- Finds it hard to remember verbal information
- Change
- Sensitive to noise, light and smells
- Talking in front of others/being with others

STRENGTHS/INTERESTS

- Math
- Cross stich
- Anything with numbers
- Written communication

Early admission

- Came to TW2 with very low body weight
- Rigid eating pattern
- Priority was increasing nutritional status and reaching safer weight
- Struggled with feelings of fullness
- Struggled with timings
- Worked collaboratively with dietitian to create meal plan to cater for ASD/medical needs

Mid – Late admission

- Patient and dietitian discussed adding variety to meal plan
- Currently very rigid – restricted menu options
- Roo expressed concerns about adding variety in case she didn't like the food
- This was when the idea of 'food trials' came up
- Roo, AP and dietitian had joint session to think about what this might look like
- Wanted Roo to think about variety for when she is discharged as well as on the ward

Method

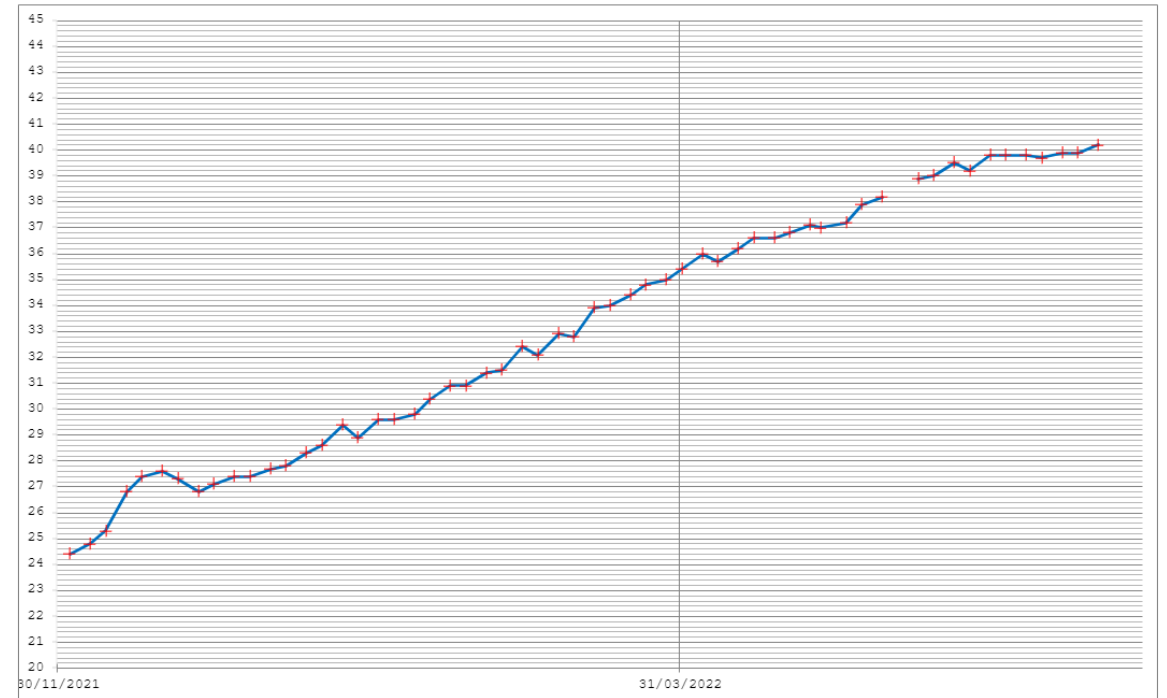
- ❑ Food trials/exposure away from dining room pressure
- ❑ Initially asked SU what they would like to try from the ward
- ❑ After trying ward items, moved onto things she would like to try generally
- ❑ Used basis of food chaining
- ❑ Systematic desensitisation approach (no pressure to eat!)
- ❑ Roo would explore shops online to see what she wanted to try each week
- ❑ Very service user led (timings/foods tried etc.)
- ❑ Documented each food explored along with thoughts

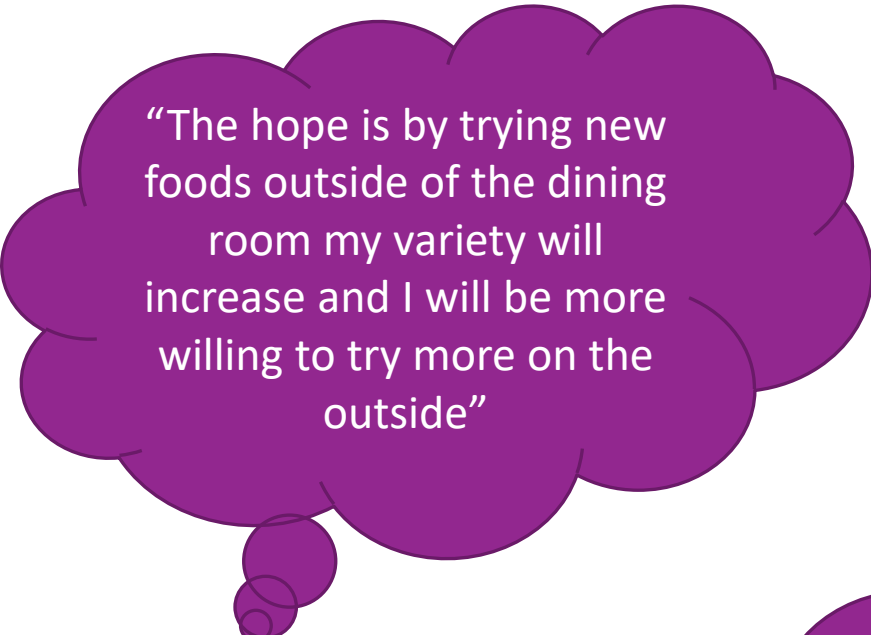
Documentation example

Monday 25th April 2022	Avocado	Once cut, peeled and sliced, this was tried on its own. On first look it seemed weird that the outside of the avocado was a darker green. Apparently, all parts, once the brown outer skin has been taken off are edible, however, on trying I stuck to the paler green part of the avocado. It was rather bland, but had a slightly grassy, earthy taste and seems similar in consistency to a scrambled egg as was slightly rubbery. I neither liked nor disliked this and would be willing to try again, though perhaps in a different form
	Guacamole	I preferred this to the avocado on its own, as it had a bit more flavour. To try I placed some on a lightly salted tortilla. I think it helped to try the guacamole on something else, rather than have it on its own so as there was at least one familiar part to what I was trying, that being the tortilla chip. Also, guacamole is often used as a dip and therefore not usually consumed on its own, hence it was good to try it on the tortilla
	Red pepper houmous	Again, this was tried on a lightly salted tortilla, so as to have one familiar part to what I was trying. Of all the foods tried today, this was by far my favourite and something I would definitely have again and be willing to try incorporate into my diet. It had a slightly familiar flavour to it, yet was most definitely a new food. I've had normal houmous in the past, but never red pepper houmous, least not before today.


Results

- Nutritional status improved greatly
- Lots of new foods introduced
- Gained confidence trialling new foods beyond the ward
- More confident eating in front of other people
- Was able to trial whole meals on leave as well as individual items
- Better understanding of palate and what foods can be tolerated

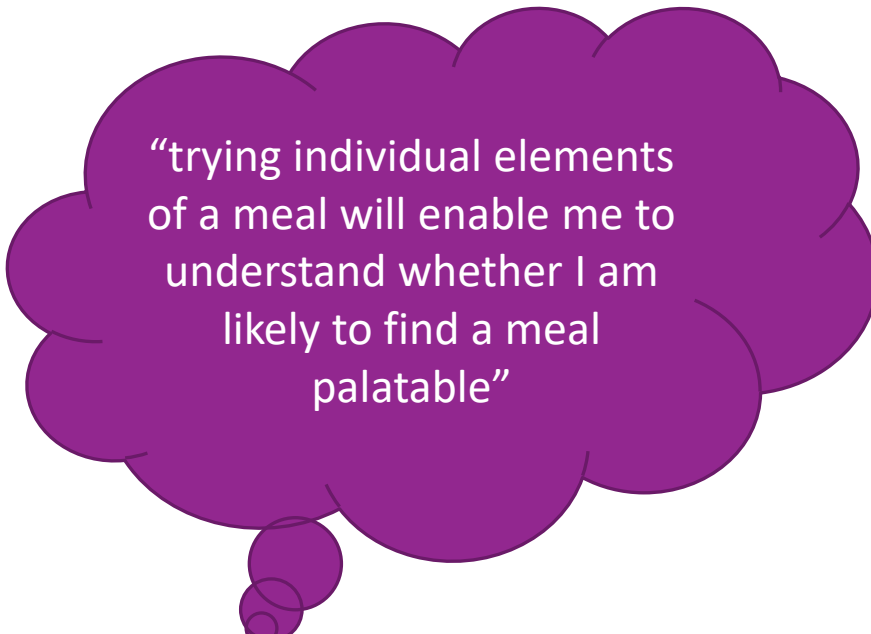


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“The hope is by trying new foods outside of the dining room my variety will increase and I will be more willing to try more on the outside”

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“What I have enjoyed most about food trials is that I have been able to try anything, regardless if it was on the ward”

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“trying individual elements of a meal will enable me to understand whether I am likely to find a meal palatable”

Lessons Learnt / Future Direction

- The importance of experimenting with foods with no pressure to eat
- Being service-user led e.g. timings/what to try
- Keeping this idea in mind for future patients (ARFID and non-ARFID)
- Think about organisation/structure
- Importance of written information

Resources

1. ARFID Awareness UK Website
2. Eating behaviour, behavioural problems and sensory profiles of children with avoidant/restrictive food intake disorder (ARFID), autistic spectrum disorders or picky eating: same or different?
3. Avoidant/restrictive food intake disorder and autism spectrum disorder: clinical implications for assessment and management
4. Case study in progress!

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