

EATING, BODY & DIGESTIVE HEALTH > EATING CHALLENGES > ARFID

ARFID

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1. What is ARFID_

Hi, kia ora. I'm Sharon Tallack. I'm a family and whānau advisor and I'm here to talk about some things relating to ARFID and find a little bit more about it because I cover eating disorders. Okay. Kia ora. My name is Ursula McCulloch. I'm a consultant clinical psychologist and I work in Te Whata Ora o Waitaha paediatric feeding team and I'm also working in the children under five team through CAPS services. So we've got quite a few questions here so one of the first questions I wanted to ask is what actually is ARFID? So ARFID stands for avoidant restrictive food intake disorder. It's a type of an eating disorder and it's characterized by very selective eating habits and disturbed feeding patterns and it often results in nutritional deficiencies and some children can also fail to gain weight and can impact on their social development.

So what we know is that children are given food but there's an apparent lack of interest in the food and they can avoid it because of the particular sensory properties of the food so the smell or the texture can be very off-putting to the child and they can stop eating or not eat foods that are not their preferred foods. Other children can in their eating habits or in their eating habits or in their eating habits just eat incredibly slowly to avoid eating or they might pocket food and spit it out so it affects how they approach the food as well as what they will eat. Other children might be very afraid of something like choking so they don't eat because of that and it results in a very limited range of food and because of that there's failure to meet nutritional needs.

So the incidence rate of it is around three percent of the population may have offered quite a lot and they think that boys are slightly at greater risk than girls. That's interesting. For children it may affect about five percent of kids. That's quite common.

2. Different from fussy or picky eating_

So how is this different to fussy or picky eating that, say, a lot of parents may sort of talk about the kids being fussy eaters or picky eaters? Absolutely. So how is that different? So we know that picky eating is really common. So there's statistics that show somewhere between 5 and 50% of children are picky eaters. And the age that they're picky is usually from about one and a half to about four. And so developmentally that's completely normal. But we have concerns about picky eating becoming more problematic or moving towards the avoidant restrictive food intake disorder when children have less than, say, 20 foods.

So a picky eater might have 30 foods and be picky about textures and things. When they have fewer foods than meet their nutritional needs, that's when we are concerned. Right. Right. Right. So that's when it's not just picky eating. The other thing about picky eating, sometimes picky eaters might lose some foods from their diet for a bit and kind of eat a lot of bananas and then, say, go off bananas. And then a few weeks later you might give them a banana and they might eat it again. Mm-hmm. That's normal. Right. And that's the picky eating. Whereas someone with really restricted eating might lose the banana and then never get the bananas back again.

And they go back there again. And their range can reduce and reduce and reduce as they lose food. So there's that sort of difference between picky eating and the more serious after. Right. The other difference that we might see is picky eaters can often tolerate their non-preferred foods on a plate and maybe they might try a food somewhat reluctantly and then might say yuck or whatever. But they will tolerate it and often get to try it. Whereas with the children with ARFID, the more typical pattern we'd see is you put a non-preferred food on their plate and they'll have a major tantrum and become extremely dysregulated and upset and find it hard to come back from that.

Right. And can't even often tolerate that food on their plate. Right. There's a qualitative difference between the amount of distress caused by a new or non-preferred food for a picky eater. And the child with ARFID. Right.

3. Increasing the food range

So what would I do to support my child to increase their food range? That's a really big and great question. It's tricky because children with ARFID don't often acknowledge there's a problem. They're quite happy to eat their limited range. They don't want to eat their non-preferred foods. And in fact, there's a massive disgust reaction to these non-preferred foods. They, you know, see them as, in our feeding clinic we talk about, an eyeball stew. That new foods for a child might as well be eyeball stew. Because it's so disgusting. Yes. Yeah. And so these things are quite hard to shift. Yes. And children can be prepared to starve rather than eat non-preferred foods.

So we have to treat carefully. And we can think about strategies that don't work. Like what are the things we shouldn't do as well as some of the things we should do. So the things that don't work are things like force feeding, which parents are often wanting to do out of desperation to get that food in. Yes, yes. Or have really lengthy meal times that can drag over an hour to an hour and a half, which for a child that becomes like a punishment. Yes. And then you have that. Negative association with food. Yes, yes, yes. Yes. That would be tricky, yeah. And parents can often try to make their child feel guilty about not eating.

That doesn't work. Or they might compare to siblings or, you know, trying to make them feel bad about not eating. Or that they're not eating the food that, when other children are starving. Or that the parent's struggling to pay for food and yet the child's not eating. Yes. And, you know, there's lots of issues. Yes, it's tricky. It's tricky for the parent as well because it's just that need to nourish and to, yeah, it's and then it's sometimes it's not knowing how to get the child to feed. It's difficult, isn't it. Absolutely and it's hard for the parents because they often are given all this advice by people that with good intentions about how to manage it.

Yes. but it's not helpful advice and parents can feel judged and that's tricky. So there's a whole lot of things that are not helpful and then there are things that are helpful. So things that are helpful are just to be providing food in a playful way. When we think about managing anxiety, we think about exposure work where we have to have repeated exposure. It's the same journey with food. You need repeated exposure in a fun, playful way to non-preferred foods to make them more familiar and less scary. Yes, yes, yeah. And given that food is a sensory experience, we play with the senses. We talk about what it looks like and what it smells like and if we bite it with the teeth, does it have a crunch or is it a soft food?

And so you sort of play with the food in a fun, playful way to make it... And not a stereotype. Not a typical... Eat it. It's not just sit down and eat it. Yeah, yeah, yeah. So it's sort of like experimenting with the way they're actually eating. Yeah. And you do that obviously according to the developmental age of the child. So with young children it would be more around the play and for older children it would be more around having a preferred food and a less preferred food and you might compare them. Right. What's similar about them, what is different, what can they taste if they lick it? Do they bite it?

Is there a difference? Is there a difference in texture that they can notice, which one chews more easily? So you can sort of work according to the developmental age of the child with the food exploration. That's good.

8. At school

So obviously with some of some of these things it could create some issues when with somebody with ARFID in school. How would parents or teachers or students, how do you manage ARFID in the school environment? I mean that's really important. School needs to be informed and it's not just picky eating. So often good advice comes from schools. They think that it's they can fix it just by being forceful with the child but what we know with ARFID is that generally if you're very forceful then children will back off and it's counterproductive. So you need to build that good relationship. You have a good relationship.

So sometimes you need to have an agreement with the school, especially if they are very particular about lunch boxes, that the child has in their lunch box the food that they will eat and yes you know sometimes it might not include the fruits that the children might have at a fruit break. Sometimes it can be like the lunch you're not allowed to leave your spot until it's finished. Yeah so we're talking about range and and eating so what's the range you need to get the school on board so that the the child's able to go to school without it being another anxiety that they can't have their food at school.

So you know the lunchbox is going to look like the lunchbox looks even if it's not an ideal healthy lunchbox that other children might have. Other children might need to have supplement drinks during the day at school or in the class because their lunchbox isn't going to sustain them through the day. So you need the school on board for that. For other children where the process of eating is really slow, so that those kids that really struggle with like nibbling on food and struggle to eat and so will not eat and even their preferred food at school, they might need a little bit of extra time and they might need to have a person sit with them to help them encourage them to eat more so that they can be sustained.

Yes, yes. You know the school camps we mentioned, they're really good for those kids who want a little bit of food. mentioned are an issue for many parents and children because they have particular food on the school camp so you have to work with the staff to ensure that the child's preferred food is also part of the school camp and that they have their lunch box and that the child can eat their preferred food and then they can have a little bit of that camp food on a learning plant next to them and they can do a bit of exploration with that food, they can look at it, sniff it, maybe they'll be encouraged enough to have a taste of it but not the expectation that they will just eat that because it's unlikely to happen.

9. Age of presentation

And what would your sort of presentation of ARFID age-wise, sort of, what would you be, what sort of ages, is it sort of generally younger? I mean, would you ever have late adolescence adults? So ARFID is present in the general population, so up to 3% of people have it, and potentially 5% of children, with maybe slightly more boys there than girls. So we do see ARFID developing from an early age often, and some children will outgrow it, and some won't, and we can't always know which ones are going to just outgrow it on their own. Yeah, yeah.

10. Offering rewards to your children

So what are your thoughts on encouraging rewards for certain foods to be tried? So I don't have a problem with using rewards to encourage something that's challenging. So sometimes children need a little bit of extra motivation to take on a food that to them is disgusting. So having a reward that's on that day, the same day preferably, and is easily accessible is a great idea. So we generally don't encourage food as rewards because that says that eat this horrible food and then you can have this nice food. It creates a sort of... It creates something different. Embarrassed, you know, saying well this is good food and this is bad food and I have to have the bad food to get to the good food.

We're not wanting to create that. We're wanting to say it's all just food. Yes. So the type of rewards that we might encourage might be something like an activity lucky dip box where you can pull out an activity that you could do together if you've tried that food. So trying that food might just be licking it but that was a very brave challenge. You can have a go in our lucky dip activity box. Right. And the types of things we might encourage for that. The types of things we might encourage for rewards might be things like we'll build an obstacle course in the lounge and we'll play there or we will build a tent and have a story time in the tent.

Yes. Or for older kids you can get half an hour extra... Nintendo or something. Nintendo or off your bedtime. Yes, yes. So there might be some reward that you can have on that same day. So it's a little bit of the food eating. Preferably outside of food. It's a great idea. The idea of expensive rewards is not helpful. It puts people off. It puts people under pressure. Absolutely. It puts parents off and parents are struggling just to feed the children currently. That's right. So there's lots of lovely ideas that you can get from the library. There's books on it or online. But some of the activities that children love are together time with the parents like playing a game of tag with the parents or jumping on the trampoline with them or floating sticks on the river with them or playing torch tag or counting stars at night.

There's so many lovely activities that you can do that are special and maybe add to what you're already doing with the child. And again you're building that connection. And you're building a positive sort of trustworthy relationship. And that's so important particularly if there's been a history of that head to head fighting about food. Sort of changes the dynamics a little bit. Absolutely. That's a great suggestion.

11. Key messages

So if you had a child with ARFID, what would be the biggest takeaway question that we should ask or we should do? What would be your biggest takeaway from this? I think it's really important that parents don't give up on the child's exposure to food. That it often creates a lot of tension between the parent and the child, an impact on the family relationships when the child is fussy and restricting their diet. So it has a big impact on their functioning and the sort of happiness in the family. So for the take-home would be, don't give up on the child's diet. Just keep on exposing in a fun, playful way. And as long as the child's nutritional... ..needs are being met, even if it is through supplements, just keep exposing to food in the fun ways that you can think. Any fun ways, breaking together, picking vegetables, kissing them, licking them, seeing if they taste sweet or salty. Just being playful and continuing that, not giving up on it. And if you normalise experiencing the sensory properties... ..of food as an everyday thing, then the child will learn to accept, slowly, over time, those challenges, the sensory challenges with food. So that would be the take-home, is keep going and keep it light and playful and not intense and overbearing because that can be overwhelming. Yes, right, that's great. Thank you. It's a really great question.