

3. Arfid- Science & Technology

ARFID is gaining attention in India due to rising cases among children and growing recognition of psychological causes of malnutrition beyond traditional eating disorders. ARFID represents a shift in how India views malnutrition—moving from purely an "access to food" issue to a "mental health" issue. By recognizing that Sensory Aversion and Traumatic Food Experiences are the drivers, rather than vanity or weight, medical professionals can offer targeted CBT-based treatments to help children and adults reclaim their health and social lives.

1. Understanding ARFID

Definition- ARFID is a mental health-related eating disorder characterized by a persistent failure to meet appropriate nutritional or energy needs due to restrictive eating.

Formal Recognition- It was officially added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013 by the American Psychiatric Association.

Key Distinction (Body Image)- Unlike Anorexia or Bulimia, ARFID is not driven by body image concerns, a desire to be thin, or a fear of gaining weight.

Affected Population- While often diagnosed in childhood, it can affect individuals across all age groups, including adults.

2. ARFID vs. Picky Eating

Feature	Picky Eating	ARFID
Duration	Usually a temporary developmental phase.	Persistent and chronic.
Nutritional Impact	Does not cause significant deficiency.	Leads to severe nutritional deficiencies.
Growth & Weight	Growth typically remains on track.	Causes significant weight loss or growth failure.
Social Impact	Child can usually eat in social settings.	Severe impairment in social and academic life.

3. Root Causes of ARFID

Research indicates that ARFID is often a combination of biological and environmental triggers—

Sensory Aversion- An extreme sensitivity or intense dislike of specific food textures, smells, colours, or appearances.

Fear-Based Avoidance- A paralyzing fear of "aversive consequences" such as choking, gagging, or vomiting.

Traumatic Experiences- Past incidents involving food insecurity, severe illness, or history of being "force-fed."

Genetic & Psychosocial Factors- A family history of eating disorders or environmental stress can increase vulnerability.

4. Comparative Analysis of Eating Disorders

Basis of Comparison	ARFID	Anorexia Nervosa	Bulimia Nervosa
Primary Motive	Sensory issues or fear of choking/vomiting.	Intense fear of weight gain.	Fear of weight gain + Binge eating.
Body Image Distortion	Absent	Present	Present
Weight/Shape Concern	No concern	Excessive concern	Excessive concern
Eating Pattern	Restrictive (No Bingeing).	Severe calorie restriction.	Bingeing followed by Purging.

Purging Behaviour	Absent	May be present (Purging type).	Common (Vomiting/Laxatives).
Weight Status	Underweight or Normal.	Significantly Underweight.	Often Normal Weight.
Health Impact	Growth failure & deficiencies.	Malnutrition & hormonal issues.	Electrolyte & dental issues.

5. Treatment and Recovery Pathway

Managing ARFID requires a long-term, supportive, and multidisciplinary strategy-

Multidisciplinary Team- Recovery involves a coordinated effort between Psychiatrists/Psychologists, Medical Doctors, and Nutritionists/Dietitians.

Psychological Therapies- Cognitive Behavioural Therapy (CBT) is highly effective in helping patients manage anxiety and safely experiment with "feared" foods.

Gradual Food Expansion- A systematic approach to increasing food variety slowly to ensure nutritional stability without overwhelming the patient.

The Role of the Family-

1. Maintaining a calm and pressure-free mealtime environment.
2. Following regular, low-stress routines to minimize anxiety.
3. Avoiding force-feeding or shaming, which can worsen the disorder.

Sustained Monitoring- Ongoing support is essential to prevent relapse and ensure the individual maintains a healthy growth trajectory.

Source- <https://www.nationaleatingdisorders.org/avoidant-restrictive-food-intake-disorder-arfid/>

