



# Vad är undvikande/restriktiv ätstörning (ARFID)?

## Förekomst, orsaker, samsjuklighet, förlopp, diagnostik och behandling

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# AGENDA

1. Vad är ARFID
2. Vem drabbas av ARFID
3. Samsjuklighet
4. Etiologi
5. Bedömning
6. Behandling & prognos
7. Sammanfattning

# 1. Vad är ARFID?

**A**voidant **R**estrictive **F**ood **I**ntake **D**isorder

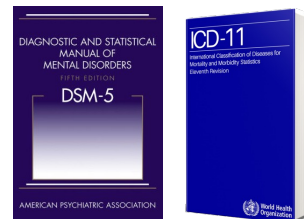
*På svenska:* Undvikande/restriktiv ätstörning

# Vad är ARFID?

- Undvikande och/eller restriktivt ätande gällande **total mängd och/eller variation + allvarliga konsekvenser**

- Definierad som ny diagnos i DSM-5 och ICD-11

- ...men ingen ny presentation!

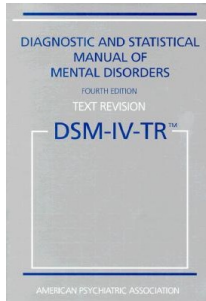


→ Andra termer och diagnoser har använts, t.ex. selektivt ätande, ospecificerat ångestsyndrom, ospecificerad ätstörning, uppfödningssvårigheter, infantil anorexi...

# Klassifikation av ätstörningar i DSM-IV

## DSM-IV Ätstörningar

DSM-IV Uppfödningssvårigheter och ätstörningar hos spädbarn eller småbarn



Uppfödningssvårigheter  
*ICD-10 F98.2*

Pica

Idisslande

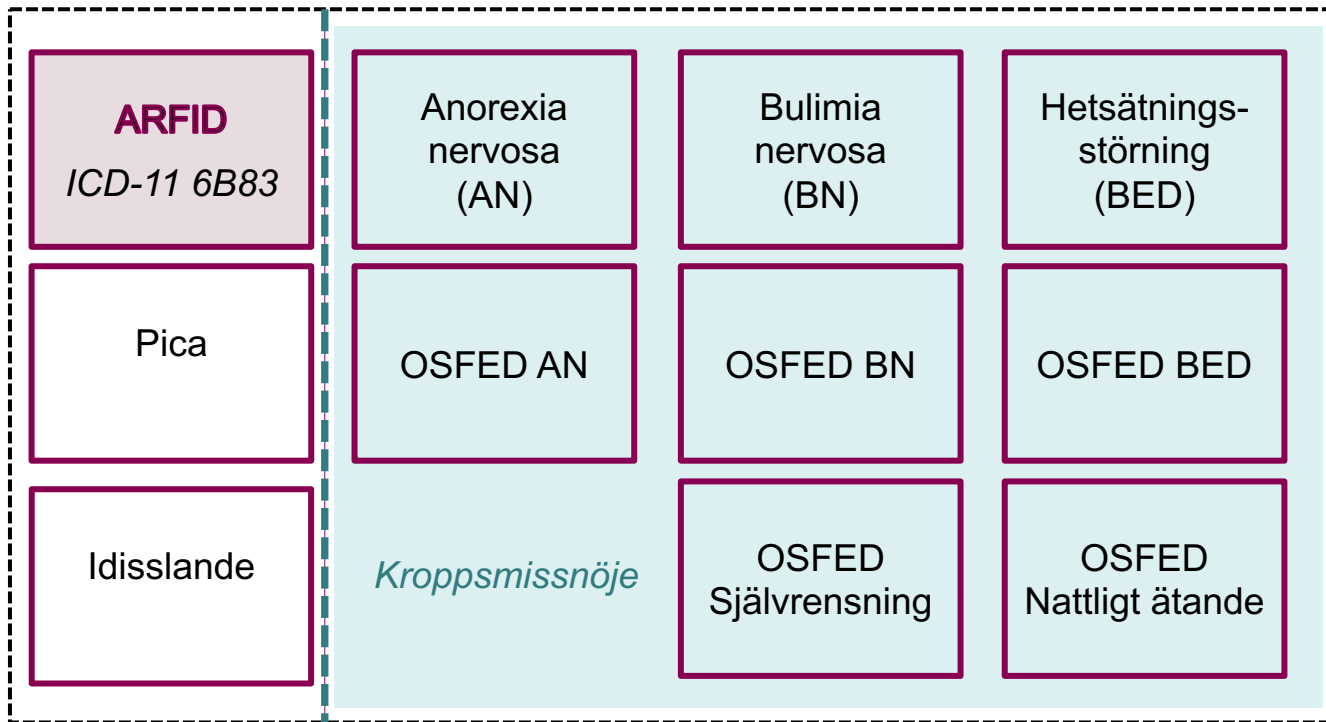
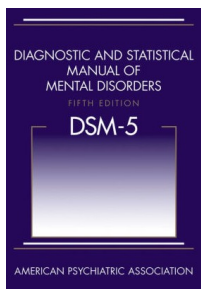
Anorexia  
nervosa  
(AN)

Bulimia  
nervosa  
(BN)

Ätstörning  
UNS

# Klassifikation av ätstörningar i DSM-5

## DSM-5 Ätstörningar och födorelaterade syndrom



# DSM-5 diagnostiska kriterier för ARFID

## Kriterium

**A** Undvikande eller restriktivt intag av mat (mängd och/eller variation)

+ ett eller fler av följande:

**A1** Signifikant **viktnedgång** (eller hos barn: utebliven viktuppgång eller avstannad tillväxt)

**A2** Signifikant **näringsbrist**

**A3** Beroende av enteral nutrition eller oralt **näringsstillskott**

**A4** Påtagligt negativ inverkan på **psykosocial funktionsförmåga**

Fysisk  
påverkan

ARFID ≠  
lite kräsen

Psykisk  
påverkan

+ alla av de följande (ätsvårigheter kan inte förklaras av...)

**B** Bristande tillgång på mat eller kulturella sedvänjor

**C** Störd kroppsuppfattning (vikt/form), anorexia nervosa/bulimia nervosa

**D** Andra medicinska eller psykiatriska tillstånd

Mest  
vanliga

Search avoidant

[ Advanced Search ]

Browse

Coding Tool

Info

## ICD-11 for Mortality and Morbidity Statistics



### 01 Certain infectious or parasitic diseases

### 02 Neoplasms

### 03 Diseases of the blood or blood-forming organs

### 04 Diseases of the immune system

### 05 Endocrine, nutritional or metabolic diseases

## 06 Mental, behavioural or neurodevelopmental disorders

### Neurodevelopmental disorders

### Schizophrenia or other primary psychotic disorders

### Catatonia

### Mood disorders

### Anxiety or fear-related disorders

### Obsessive-compulsive or related disorders

### Disorders specifically associated with stress

### Dissociative disorders

## Feeding or eating disorders

### 6B80 Anorexia Nervosa

### 6B81 Bulimia Nervosa

### 6B82 Binge eating disorder

### 6B83 Avoidant-restrictive food intake disorder

### 6B84 Pica

### 6B85 Rumination-regurgitation disorder

### 6B8Y Other specified feeding or eating disorders

### 6B8Z Feeding or eating disorders, unspecified

### Elimination disorders

### Disorders of bodily distress or bodily experience

### Disorders due to substance use or addictive behaviours

Foundation URI : <http://id.who.int/icd/entity/1242188600>

## 6B83 Avoidant-restrictive food intake disorder

### Parent

[Feeding or eating disorders](#)

Show all ancestors

### Description

Avoidant-restrictive food intake disorder (ARFID) is characterised by avoidance or restriction of food intake that results in: 1) the intake of an insufficient quantity or variety of food to meet adequate energy or nutritional requirements that has resulted in significant weight loss, clinically significant nutritional deficiencies, dependence on oral nutritional supplements or tube feeding, or has otherwise negatively affected the physical health of the individual; or 2) significant impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to avoidance or distress related to participating in social experiences involving eating). The pattern of eating behaviour is not motivated by preoccupation with body weight or shape.

Restricted food intake and its effects on weight, other aspects of health, or functioning is not due to unavailability of food, not a manifestation of another medical condition (e.g. food allergies, hyperthyroidism) or mental disorder, and are not due to the effect of a substance or medication on the central nervous system including withdrawal effects.

### Exclusions

- Anorexia Nervosa ([6B80](#))
- Feeding problem of infant ([MG43.30](#))
- Feeding problems of newborn ([KD32](#))

### Diagnostic Requirements

#### Essential (Required) Features:

- Avoidance or restriction of food intake that results in either or both of the following:
  - The intake of an insufficient quantity or variety of food to meet adequate energy or nutritional requirements that has resulted in significant weight loss, clinically significant nutritional deficiencies, dependence on oral nutritional supplements or tube feeding, or has otherwise negatively affected the physical health of the individual.
  - Significant impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g., due to avoidance or distress related to participating in social experiences involving eating).



# Vad driver undvikande/restriktivt ätande hos ARFID?



“Presentations”  
“Drivers”  
“Profiles”



## Ointresse för mat / i att äta

- Låg hungerkänsla
- Dålig förmåga till interoception
- Hög känslomässig affekt
- Att vara lätt distraherad
- Tidigare *“food avoidance emotional disorder”*, *“infantile anorexia”*

*“Jag känner mig aldrig hungrig....”*



## Undvikande baserad på sensoriska aspekter av mat

- Smak, lukt, konsistens, textur, temperatur utseende/färg...
- Extremt selektivt ätande
- Matneofobi (behov av likhet)
- Starka äckelkänslor

*“Konsistensen av detta är så vidrig...”*



## Rädsla för aversiva konsekvenser av att äta

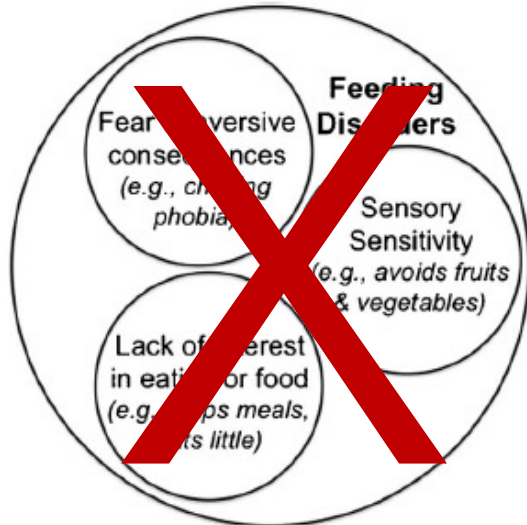
- Specifik rädsla att kräkas, kvävas, få magont, allergiska reaktioner osv.
- Kräkfobi
- Funktionell dysfagi
- Kan följa på en traumatisk händelse

*“Jag vet att jag kommer må illa när jag äter...”*

# Vad driver undvikande/restriktivt ätande hos ARFID?

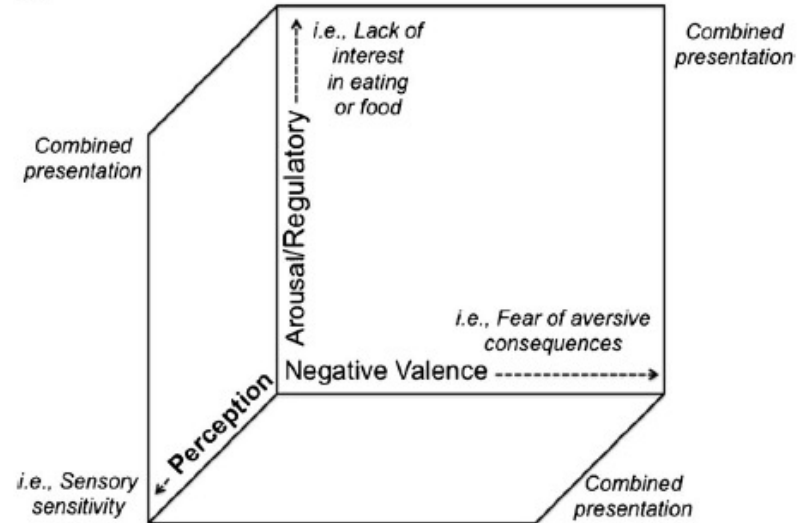
## Separata subtyper

a



## Överlappande dimensioner

b



Thomas et al. 2017

# Fallexempel 1 – Emily, 11 år

Thomas & Eddy 2019

## Jag äter:

*Frukost:* Salta kex

*Lunch:* Pasta (utan sås)

*Middag:* Chicken nuggets & pommes

*Kvällsmat:* Popcorn

- Inga frukter/grönsaker/mejeriprodukter, lite protein
- Normalviktig (BMI 16.7, -0.5 SD, 37<sup>th</sup> pctl)
- **Järnbrist** + evt. kalciumbrist
- Undviker sociala aktiviteter (favoritmat tillgänglig?)
- Ångest, konflikter i familjen, blir retat av syskon, familjen begränsad i att äta ute/åka på semester



- ✓ Begränsad variation
- ✓ Allvarliga konsekvenser (Näringsbrist, psykosocial påverkan)

### Jag äter:

1 typ av vitt bröd, 1 typ av hot dog  
2 näringsdrycker/dag



- Prematurfödd, alltid varit underviktig (BMI 16.3)
- Alltid ätit begränsad volym p.g.a. **låg aptit**, men tidigare inga problem med matvariation
- Diarré & buksmärta (IBS) → rädsla → börjat utesluta hela matgrupper
- Långvarig social ångest och depression
- Lågfungerande (bor hemma, ingen sysselsättning)

- ✓ Begränsad mängd och variation (Ointresse & rädsla)
- ✓ Allvarliga konsekvenser (Undervikt, beroende på näringstillskott)

# Forskning om ARFID ökar

## *Pubmed sökning 2023-09-12*

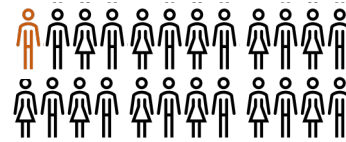
- Nr. av artiklar som nämner "ARFID" i titel eller abstract: **439**
- Jämför med
  - Anorexia nervosa: **15,946**
  - Bulimia nervosa: **6,456**
  - Hetsättningsstörning: **3,400**


## 2. Vem drabbas av ARFID?

# Vem drabbas av ARFID?



- 1-2 % av den allmänna befolkningen



- Alla kön (män = kvinnor) 

- Alla åldrar (även om debut är vanligast i barndomen, lite är känt om vuxna med ARFID)

- Alla kroppsstorlekar (undervikt till fetma)



- Akut debut (*rädsla*) eller långvariga svårigheter (*sensorisk, brist på intresse*)

Chen et al. 2019, Chua et al. 2021, Chua et al. 2022, Dinkler et al. 2021, Dinkler et al. 2023,  
Fitzsimmons-Craft et al. 2019, Hay et al. 2017, Hilbert et al. 2021, Kurz et al. 2015, Schmidt et al. 2018

# Vem drabbas av ARFID?

% av patienter med ARFID i olika kliniska populationer

Patientgrupp / klinik	Ålder	% med ARFID
Pediatrik uppfödningssjukhus	0-10	32-64%
Ätstörningsvård	7-40	9-23%
Allmän pediatrik	0-18	3-7%
Gynekologi	8-18	4%
Pediatrik gastroenterologi	8-18	1.5%
Neurogastroenterologi	18-90	6%
IBD patienter	≥18	10%

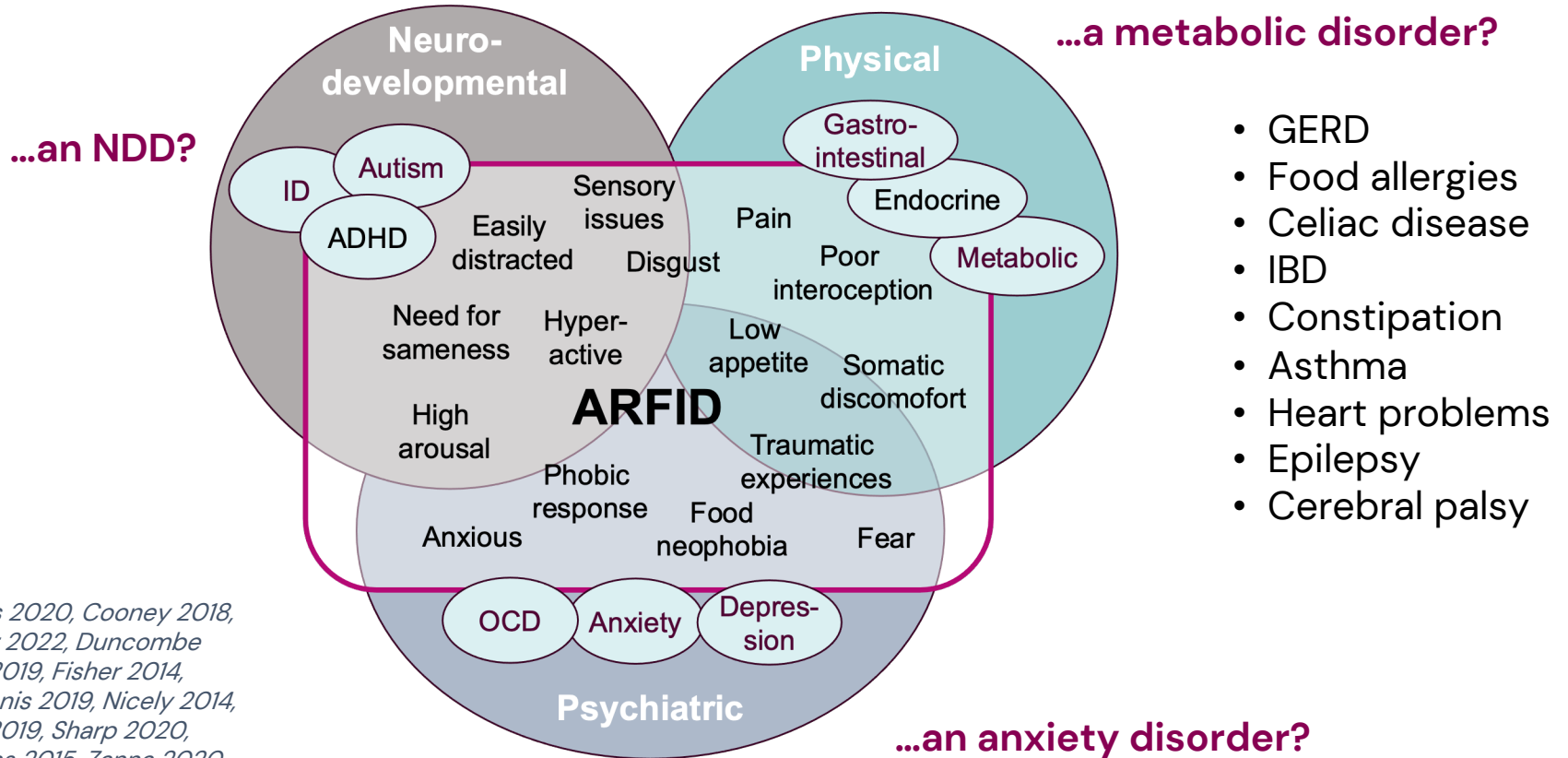
Överrepresentation  
av patienter med  
**rädsla** av negativa  
konsekvenser och  
stark **viktning**

*Nicely et al. 2014, Fisher et al. 2014,  
Cooney et al. 2018, Nakai et al. 2016,  
Krom et al. 2019, Williams et al. 2015,  
Farag et al. 2021, Eddy et al. 2015,  
Murray et al. 2020, Robelin et al.  
2022, Goldberg et al. 2020, Schöffel  
et al. 2021, Bertrand et al. 2021*



# 3. Samsjuklighet

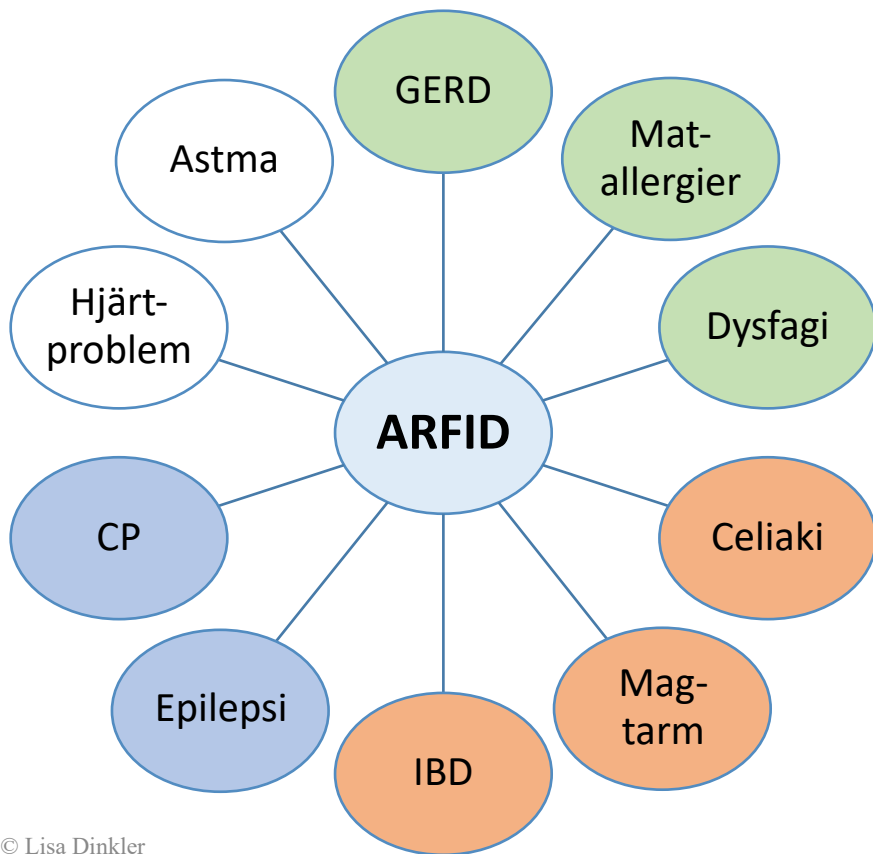
# High comorbidity in ARFID – What is ARFID really?



- GERD
- Food allergies
- Celiac disease
- IBD
- Constipation
- Asthma
- Heart problems
- Epilepsy
- Cerebral palsy

*Aulinas 2020, Cooney 2018, Dinkler 2022, Duncombe 2019, Fisher 2014, Kambanis 2019, Nicely 2014, Reilly 2019, Sharp 2020, Williams 2015, Zanna 2020*

# Samsjuklighet – Fysisk



Prevalens av diagnostiserade fysiska tillstånd i barndomen bland 34,000 svenska tvillingar, av dem ~600 med ARFID:

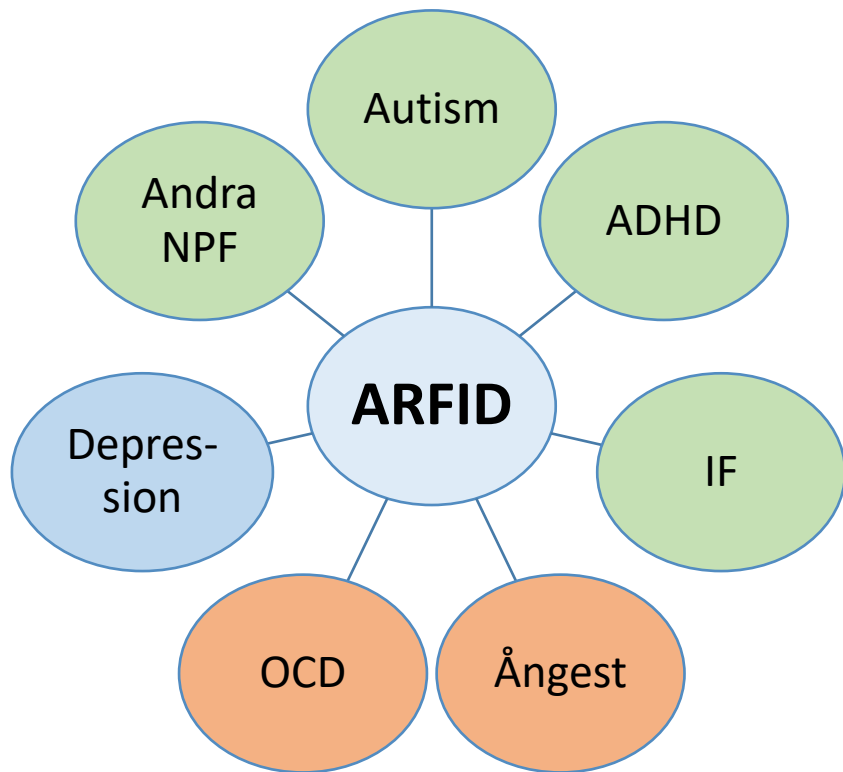
ICD-10 kapitel	No ARFID	ARFID
E Endokrin/metabolisk	7.0 %	<b>17.7 %</b>
I Circulationsorgan	2.1 %	<b>4.1 %</b>
J Andningsorgan	39.7 %	<b>53.1 %</b>
K Matsmältningsorgan	18.1 %	<b>34.1 %</b>
Q Medfödda missbild.	12.0 %	<b>22.4 %</b>
Allergiska sjukdomar	17.8%	<b>27.6%</b>

*Wronski et al. in preparation.*

*Aulinas 2020, Cooney 2018, Dinkler 2022, Duncombe Lowe 2019, Fisher 2014, Kambanis 2019, Nicely 2014, Reilly 2019, Sharp 2020, Williams 2015, Zanna 2020*

# Samsjuklighet – Psykiatrisk

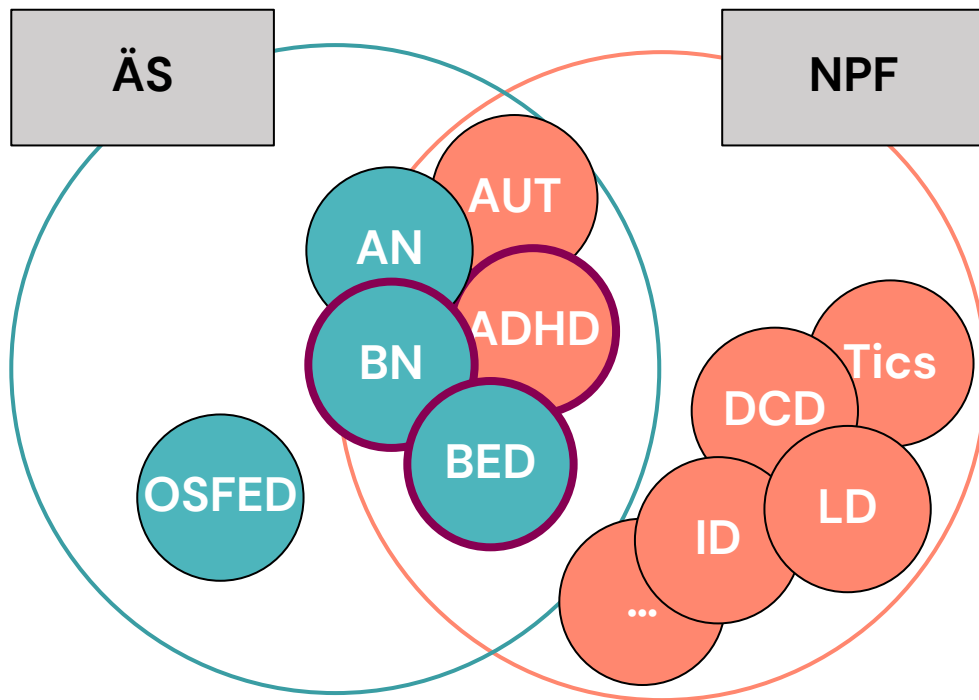
Upp till 50% i kliniska populationer; Watts et al. 2023



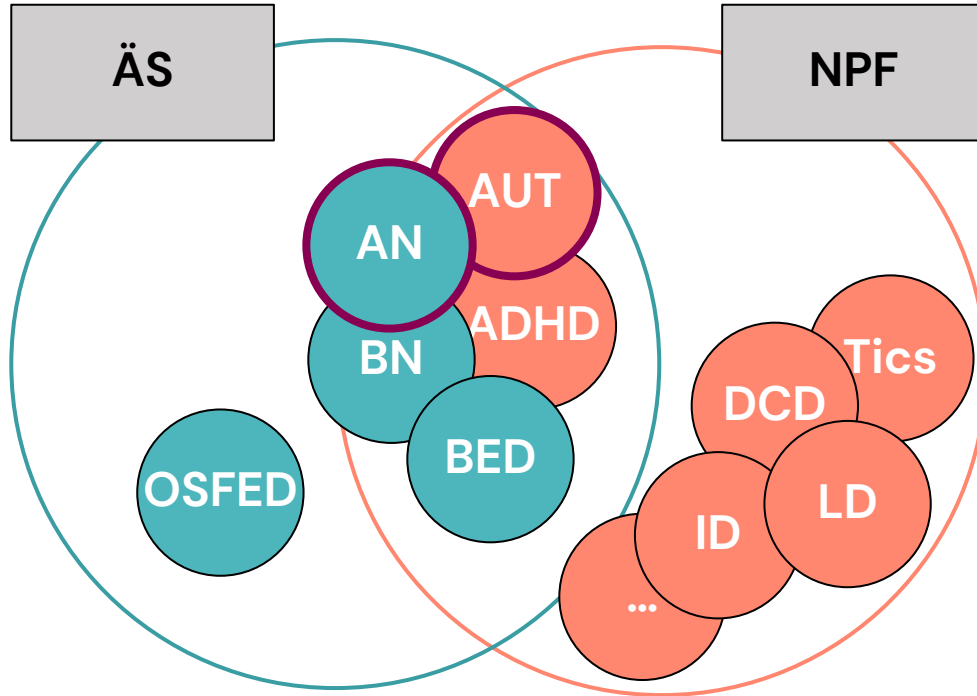
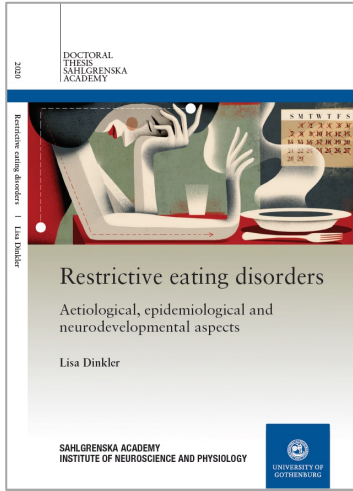
Prevalens av psykiatriska tillstånd i barndomen bland 34,000 svenska tvillingar, av dem ~600 med ARFID:

	No ARFID	ARFID
<i>Diagnostiserade tillstånd</i>		
ICD-10 kap. F Psykiska	10.6 %	<b>32.8 %</b>
Autism	1.5%	<b>13.8%</b>
ADHD	3.9%	<b>17.5%</b>
IF	0.9%	<b>9.1%</b>
DCD	0.4%	<b>2.9%</b>
<i>Föräldrarapporterade symtom</i>		
Panikångest	0.9 %	<b>6.0 %</b>
Skolundvikande	2.1 %	<b>11.1 %</b>
Generaliserad ångest	1.9 %	<b>10.4 %</b>
Separationsångest	10.1 %	<b>31.5 %</b>
Social ångest	4.6 %	<b>14.9 %</b>

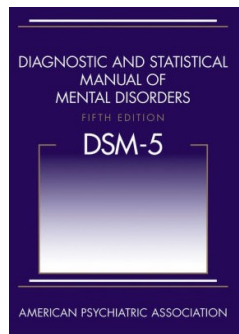
# Ätstörningar & neuropsykiatriska funktionsnedsettningar



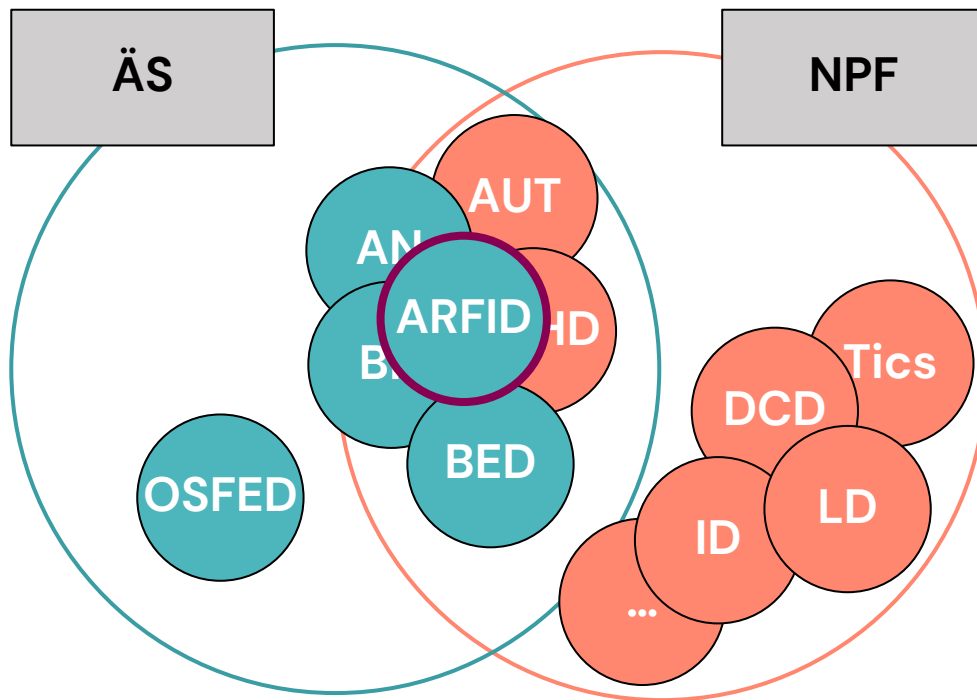
# Ätstörningar & neuropsykiatriska funktionsnedsättningar



# Ätstörningar & neuropsykiatriska funktionsnedsättningar



2013



## SCOPING REVIEW

# Avoidant/restrictive food intake disorder and severe food selectivity in children and young people with autism: A scoping review

Laura Bourne<sup>1</sup>  | William Mandy<sup>1</sup> | Rachel Bryant-Waugh<sup>2</sup>

<sup>1</sup>Department of Clinical, Educational and Health Psychology, University College London, London, UK

<sup>2</sup>Maudsley Centre for Child and Adolescent Eating Disorders, South London and Maudsley NHS Foundation Trust, London, UK

### Correspondence

Laura Bourne, University College London, Department of Clinical, Educational and Health Psychology, 1-19 Torrington Place, London WC1E 6BT, UK.  
Email: laura.bourne.15@ucl.ac.uk

**Aim:** To assess the extent of the scientific literature on avoidant/restrictive food intake disorder (ARFID) in children and young people with autism in order to evaluate and synthesize the evidence on (a) the nature of feeding and eating difficulties in children and young people with autism; (b) the consequences of a severely restricted diet; and (c) what is known about effective treatment approaches.

**Method:** PubMed and PsycInfo databases were searched, identifying 56 studies and a narrative synthesis was effected.

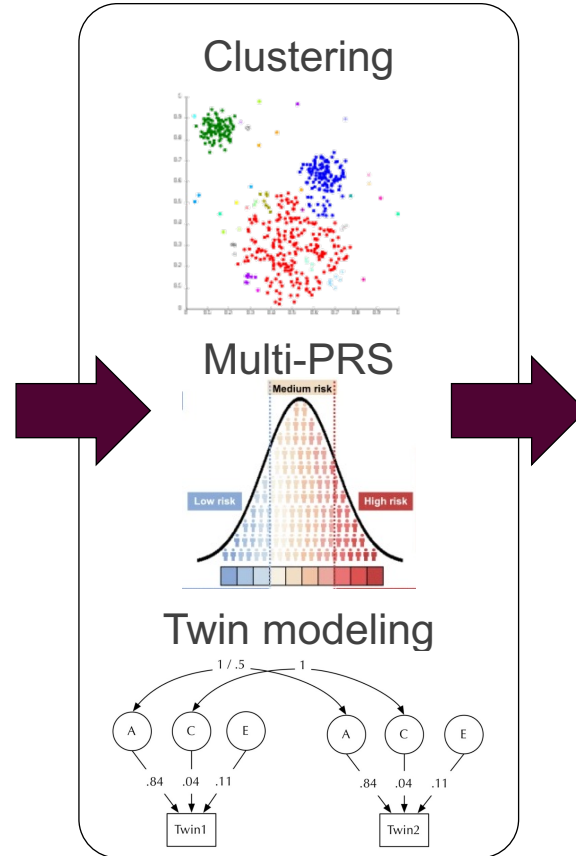
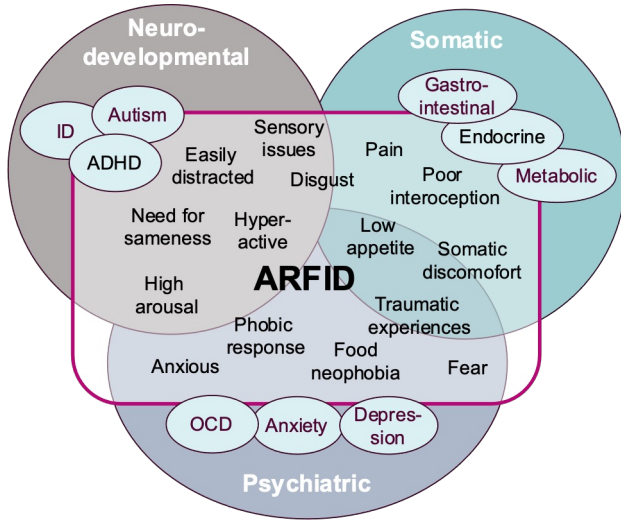
**Results:** The literature suggested that ARFID-like presentations are common in children and young people with autism, with severe consequences for physical and mental health. The three drivers mentioned in the DSM-5 criteria, namely a sensory-based avoidance, fear- or phobia-based restriction, and a lack of interest in eating, are



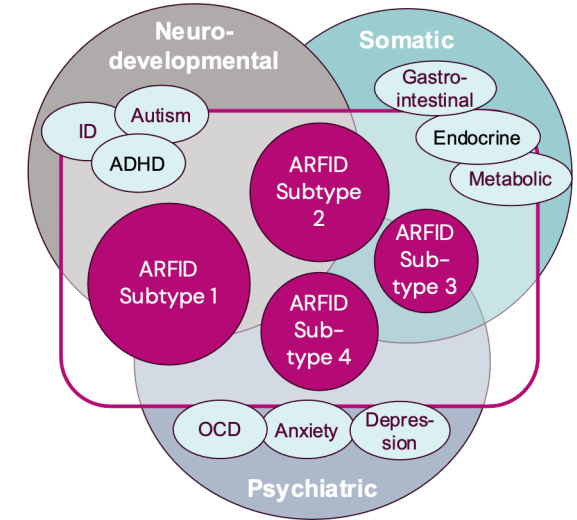
# 4. Etiologi

# Improved definitions of ARFID

## What is ARFID really?



## Derive more homogeneous sub-phenotypes (hypothetical example)



# Potentiella orsaker och riskfaktorer

- **Traumatiska händelser med att äta:** kvävning, kräkningar, diarré, smärta...
- **Andra tillstånd:** magtarmrelaterat, födoämnesallergier, neurologisk, intellektuell funktionsnedsättning, autism, ADHD, tidiga hjärtproblem...
- **Temperament/personlighet:** regulatoriska problem i spädbarnsåldern, oroligt temperament, impulsivitet, uppmärksamhet
- **Familjehistoria** med ångest/ED ökar risken för matsvårigheter
- **Föräldraångest** kan förvärra befintliga svårigheter och kan upprätthålla ARFID
- **Genetisk predisposition:** hög ärftlighet (~80%)

*Dinkler et al. 2023*

ARFID är bland de mest  
ärftliga psykiatriska  
tillstånd!



*Micali & Cooper-Vince 2019*

# Potentiella orsaker och riskfaktorer (hypoteser)

## ▪ Sensorisk känslighet

- Förhöjd upplevd intensitet av smaker (t.ex. besk) och lukter (**supertasters**)

## ▪ Låg intresse i att äta

- Dysregulation av homeostatisk aptit (t.ex. mindre aktivitet i **hypotalamus** → mindre aptitsignaler)
- Låg känslighet för kroppsliga signaler (interoception)

## ▪ Rädsla för aversiva konsekvenser

- Mat-relaterat trauma (t.ex. kvävning, kräkningar, buksmärtor)
- Sårbarhet för fobisk respons / ängslig temperament (hyperaktivitet i strukturer för försvar, t.ex. **amygdala**)
- Hög känslighet för kroppsliga signaler (**interoception**)



*Thomas et al. 2017*

# Vi vill förstå biologin bakom ARFID



3,000 fall  
7-99 år



Eating Disorders Working Group



Genomiska studier har  
visat att anorexia  
nervosa kan bättre  
förstås som en metabo-  
psykiatrisk sjukdom

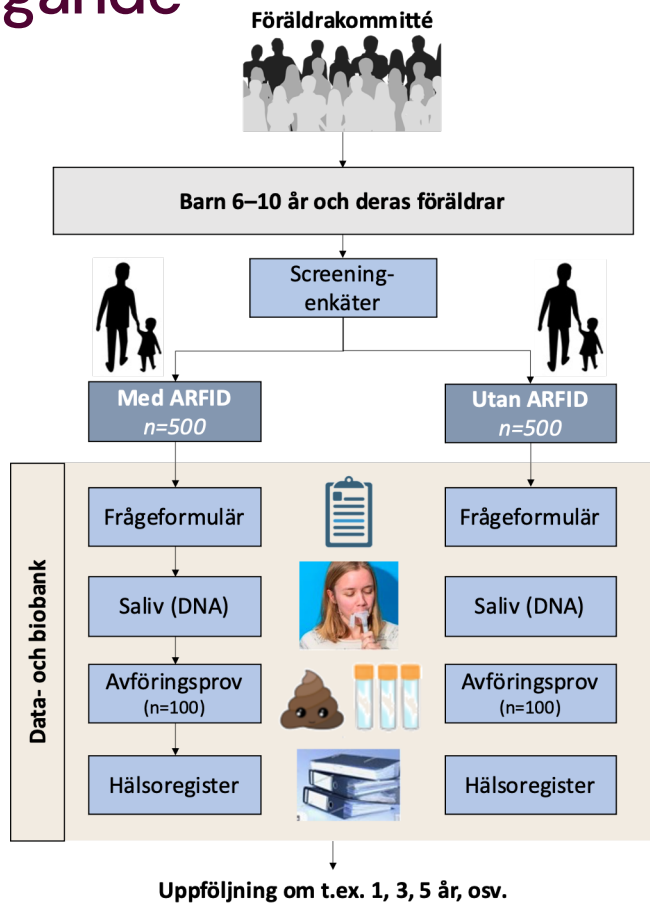
*Watson et al. 2019, Nature Genetics*



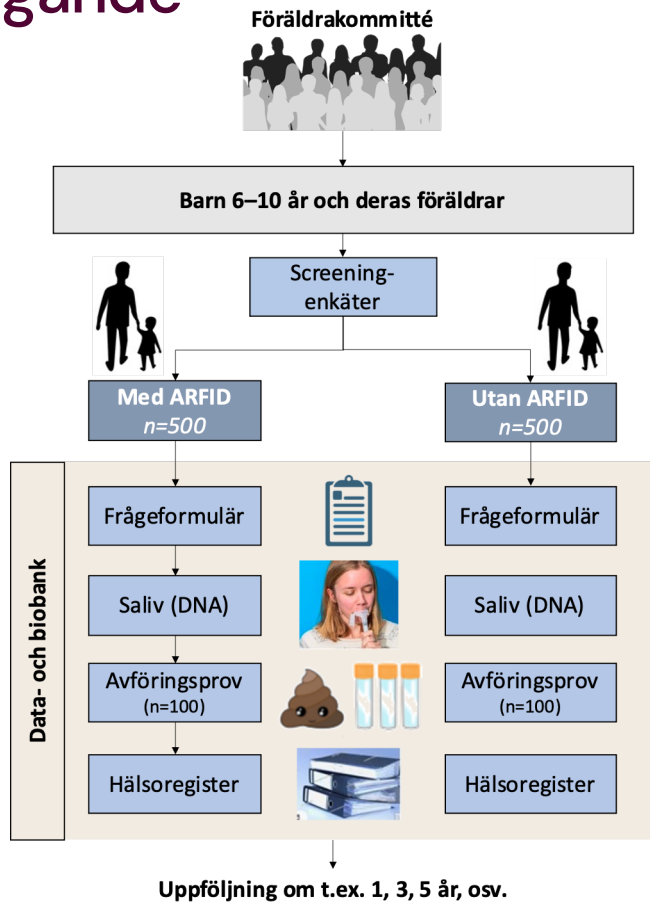
3,000 fall  
1,500 kontroller  
6-99 år



# Deltagande



# Deltagande



**Datainsamling  
påbörjas i januari  
2024!**



**ARIES**  
ARFID INITIATIVE SWEDEN

# Har ditt barn ätsvårigheter?

*Då kan den här studien passa  
dig och ditt barn*

## Vem kan delta?

Barn 6-11år och deras  
föräldrar/vårdnadshavare

## Du deltar hemifrån!

Fyll i webbförfrågeformulär  
och lämna salivprov  
med posten



Läs mer och anmäl dig på  
**[www.aries.se](http://www.aries.se)**

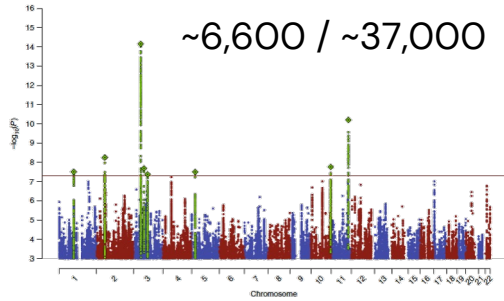


**Karolinska  
Institutet**

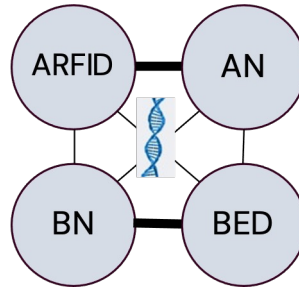


# Specific aims & methods

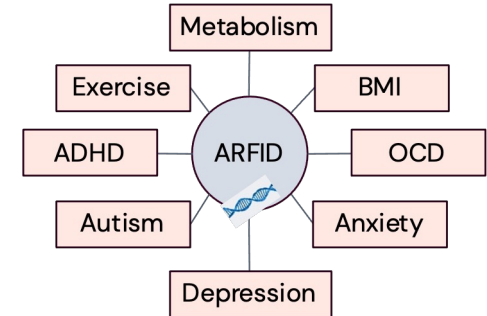
## 1. First ARFID GWAS



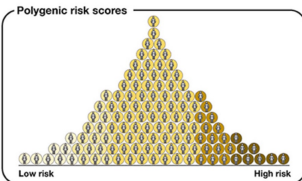
## 2. Genetic relations with other EDs



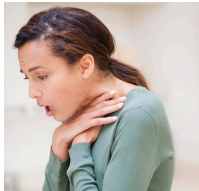
## 3. Phenotypic & genetic relations with other traits



## 4. G&E interplay

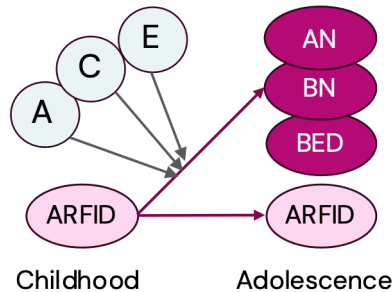


X

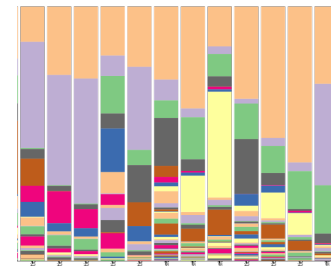


PRS X traumatic event interaction

## 5. Etiology of stability & migration to other EDs



## 6. Microbial diversity, abundance & maturity

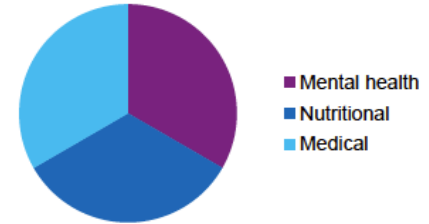


# 5. Bedömning

# Multidisciplinär bedömning är nyckeln

Konsensusvägledning om klinisk bedömning: *Eddy et al. 2019, IJED*

Assessment



## Psykologisk

- Diagnostisk intervju om ätsvårigheterna
- Bedömning av funktion & psykosocial påverkan
- Psykisk hälsa, utveckling, NPF...

## Näring/kost

- Lämplighet av variation och kaloribehov för att bibehålla vikt/tillväxt och utveckling t.ex. matdagbok

## Medicinsk

- Vikt/tillväxtstatus
- Allmän utveckling
- Akuta & långsiktiga komplikationer (låg/hög vikt, malnutrition)
- Underliggande tillstånd som kan bidra till uppkomsten eller ihållande av ARFID
- Allergier

## Annat

- T.ex. logoped, arbetsterapeut
- Sensorisk bearbetning
- Oralmotorisk utveckling
- Sväljfunktion
- Matobservation & måltidsinteraktioner
- Gastroenterologist bedömning



Available online at  
**ScienceDirect**  
[www.sciencedirect.com](http://www.sciencedirect.com)

Elsevier Masson France  
**EM|consulte**  
[www.em-consulte.com/en](http://www.em-consulte.com/en)



RESEARCH PAPER

# Towards an evidence-based out-patient care pathway for children and young people with avoidant restrictive food intake disorder

Rachel Bryant-Waugh<sup>a,b,\*</sup>, Rachel Loomes<sup>a</sup>, Alfonse Munuve<sup>a</sup>,  
Charlotte Rhind<sup>a</sup>

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Förslag på ett 10-steps-vårdmodell för ARFID

- **Aktuellt ätbeteende och debut/förlopp** av ätsvårigheterna
- **Faktorer som driver** undvikandet/begränsningen
  - Intresse för mat och ätande
  - Sensoriskt baserat undvikande
  - Ångest relaterad till att äta
- **Konsekvenser** av undvikandet/begränsningen
  - Inverkan på vikt och längd (BMI)
  - Tillräcklig intag, näringsbrister
  - Beroende på oralt tillskott eller sondmatning
  - Påverkan på psykosocial funktion
- **Utesluta andra förklarande orsaker** t.ex. andra medicinska eller psykiska störningar/andra ätstörningar som kan förklara den kliniska bilden

ARFID är mycket heterogen och presentationen är ofta komplex

# Frågeformulär och intervju på svenska



## Screeners ARFID-BS, NIAS

Today's date (Yymmdd):

Participant code (filed in by research staff):

### Questionnaire on eating problems in childhood

This questionnaire contains questions that describe certain eating problems in childhood. Tick the box that best describes your child's situation. If you find some of the questions difficult to answer, we still ask you to please try to answer them.

If you respond with "Yes, earlier", please also indicate at what age the respective problem or issue started and at what age it stopped.  
If you respond with "Yes, now", please also indicate at what age it is ongoing.

**NIAS svensk version - föräldrapport**

Vänligen besvara de följande påståenden om ditt barns nuvarande matvanor.

	Håller absolut inte med	Håller inte med	Höller delvis inte med	Höller delvis med	Håller med	Höller helt med
1. Do you think your child has or has had problems with eating avoidance or restriction of foods (i.e., that your child eats on foods or very little overall)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any health professional (at preschool/school, BVC, or of said that your child has problems with avoidant or restrictive eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have your child's eating habits led to your child losing weight or not growing taller as they should?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any health professional said that your child has nutrition to their eating habits (e.g., vitamin or iron deficiency)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your child been prescribed dietary supplements contain minerals to address nutritional deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child required high-calorie supplements (e.g., nutri able to maintain or gain weight)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. After the age of 6 months, has your child required tube feed a tube in the nose or into the stomach) to maintain proper n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your child's eating habits negatively affect their function (e.g., in preschool/school, activities with family/friends)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your child ever restricted their eating because they want because they were afraid of gaining weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you suspect or know that your child's eating problems are primarily due to a medical condition or a mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your child often avoid eating foods with certain smell, t temperature, or consistency/texture (e.g., cristy or soft)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your child often avoid eating foods because they are v choking, vomiting/beg sick, lummy aches, diarrhea, or an a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your child often eat too little because of low interest i appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has your child ever received a diagnosis because of difficulties with eating? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Klinisk frågeformulär PARDI-AR-Q

PARDI-AR-Q Parent 4+ V1.1

For office use - ID:

**PARDI-AR-Q: Parent 4+**

The following questions are about your child's eating – some ask about how things currently are, others ask about things over the past month or the past 3 months. Please tick the boxes that apply, or enter the information requested. Please read each question carefully. Please answer all the questions. Thank you.

- Please fill in today's date:  (day/month/year)
- Please fill in your child's date of birth:  (day/month/year)
- Is your child? Male  Female  Other
- What is your child's height? (please enter numbers): feet  in  /OR metres  cm
- What is your child's weight? (please enter numbers): lbs  /OR stones  lbs  /OR kg
- Do you think your child has a problem with eating, involving avoidance or restriction of foods or their eating overall? Yes  No
- Have other people (for example, doctors, family members, significant others) said that your child has a problem with eating, involving avoidance or restriction of foods or their eating overall? Yes  No
- Have your child's eating habits led to difficulty maintaining a sufficient weight or, if they are still growing, difficulty gaining enough weight to keep pace with their growth? Yes  No
- Have your child's eating habits led to them losing weight (in other words, if they have lost weight, this is because of avoidance or restriction or not because of a medical illness, or other reason)? Yes  No
- If yes to #9 above, how much weight have they lost in the past 3 months? (please enter numbers): lbs  /OR stones  lbs  /OR kg  OR No weight loss over past 3 months
- Have others (for example, doctors, family members) been concerned about your child's weight loss, or been concerned that they are having difficulty gaining enough weight to grow, or having difficulty maintaining their weight due to their eating habits? Yes  No
- Have others (for example, doctors, family members) been concerned that your child is not growing taller as they should due to their eating habits? Yes  No  My child has finished growing
- Have you ever been told by any health professional that due to their eating habits your child is not growing as expected, or that their height was less than it should be? Yes  No
- Over the past month, has any health professional said that your child has a nutritional deficiency due to their eating habits (for example, low iron, low vitamin B12, low vitamin C)? Yes  No

## Diagnostisk intervju PARDI

PARDI-CHILD 8-13

Version 2.1: Self 8-13

04/2020

### PARDI

The Pica, ARFID, and Rumination Disorder Interview

Rachel Bryant-Waugh  
Kamryn T. Eddy  
Nadia Micali  
Lucy Cooke  
Jennifer J. Thomas

© Bryant-Waugh R, Eddy KT, Micali N, Cooke L, Thomas J (2019)  
Please contact rachel.bryant-waugh@qimh.nhs.uk with queries

Recommended citation: Bryant-Waugh R, Micali N, Cooke L, Lervan E, Eddy K, T. & Thomas J. (2019). Development of the Pica, ARFID, and Rumination Disorder Interview: a multi-informant, semi-structured interview of eating disorders across the lifespan: A pilot study for ages 10-12. *International Journal of Eating Disorders*. 52(4):378-387

# ARFID-Brief Screener

Dinkler et al. 2021

- Föräldrarapporterad (barn 2+)
- Mäter DSM-5 kriterier A, A1-A4, C, D + orsaker till undvikande ("drivers")
- Skiljer mellan nuvarande och tidigare symptom (inkl. debutålder/ålder vid remission)
- Tillgänglig på engelska & svenska
- Preliminär data från ~670 barn 2.5-4 år i VGR: 72% PPV / 95% NPV efter diagnostisk intervju

Today's date (yymmdd): 

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Participant code (filled in by research staff): 

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## Questionnaire on eating problems in childhood

This questionnaire contains questions that describe certain eating problems in childhood. Tick the box that best describes your child's situation. If you find some of the questions difficult to answer, we still ask you to please try to answer them.

If you respond with "Yes, earlier", please also indicate at what age the respective problem or issue started and at what age it stopped.

If you respond with "Yes, now", please also indicate at what age the respective problem or issue started.

	No, never	Yes, now	Yes, earlier	Started (age):	Stopped (age):
1. Do you think your child has or has had problems with eating characterized by avoidance or restriction of foods (i.e., that your child eats only a small range of foods or very little overall)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has any health professional (at preschool/school, BVC, or other health care) said that your child has problems with avoidant or restrictive eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If you replied "No, never" to **both** question 1 **and** 2, please continue with question 14.

	No, never	Yes, now	Yes, earlier	Started (age):	Stopped (age):
3. Have your child's eating habits led to your child losing weight, not gaining weight or not growing taller as they should?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has any health professional said that your child has nutritional deficiencies due to their eating habits (e.g., vitamin or iron deficiency)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Has your child been prescribed dietary supplements containing vitamins and/or minerals to address nutritional deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Has your child required high-calorie supplements (e.g., nutritional drinks) to be able to maintain or gain weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. After the age of 6 months, has your child required tube feeding (food or fluid via a tube in the nose or into the stomach) to maintain proper nutritional status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Do your child's eating habits negatively affect their functioning almost daily (e.g., in preschool/school, activities with family/friends)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please answer question 9 only if your child is 6 years or older:

	No, never	Yes, now	Yes, earlier	Started (age):	Stopped (age):
9. Has your child ever restricted their eating because they wanted to lose weight or because they were afraid of gaining weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

10. Do you suspect or know that your child's eating problems are primarily due to a medical condition or a mental disorder?  No  Yes *If yes, which one(s)?*

	No, never	Yes, now	Yes, earlier	Started (age):	Stopped (age):
11. Does your child often avoid eating foods with certain smell, taste, appearance, temperature, or consistency/texture (e.g., crispy or soft)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Does your child often avoid eating foods because they are worried about e.g., choking, vomiting/being sick, tummy aches, diarrhea, or an allergic reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Does your child often eat too little because of low interest in eating and/or low appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

14. Has your child ever received a diagnosis because of difficulties with eating?  No  Yes *If yes, which one?*

# PARDI-AR-Q *Bryant-Waugh et al. 2022*

- För kliniska populationer, 32 frågor
- Resultat:
  - Diagnostisk förutsägelse: JA/NEJ
  - Påverkan/svårighetsgrad: 0-6
  - Sensorisk känslighet: 0-6
  - Ointresse för mat/ätande: 0-6
  - Rädsla för aversiva konsek.: 0-6
- Versioner på svenska:
  - Föräldraskattning 4+
  - Självsfattning 14+
- Inkluderar inte screen för andra ÄS!

P-AR-Q Parent 4+ V1.1

For office use - ID:

PARDI-AR-Q: Parent 4+

The following questions are about your child's eating – some ask about how things currently are, others ask about things over the past month or the past 3 months. Please tick the boxes that apply, or enter the information requested. Please read each question carefully. Please answer all the questions. Thank you.

1. Please fill in today's date: \_\_\_/\_\_\_/\_\_\_ (day/month/year)
2. Please fill in your child's date of birth: \_\_\_/\_\_\_/\_\_\_ (day/month/year)
3. Is your child? Male  Female  Other  \_\_\_\_\_
4. What is your child's height? (please enter numbers): feet  in  /OR metres  cm
5. What is your child's weight? (please enter numbers): lbs  /OR stones  lbs  /OR kg
6. Do you think your child has a problem with eating, involving avoidance or restriction of foods or their eating overall? Yes  No
7. Have other people (for example, doctors, family members, significant others) said that your child has a problem with eating, involving avoidance or restriction of foods or their eating overall? Yes  No
8. Have your child's eating habits led to difficulty maintaining a sufficient weight or, if they are still growing, difficulty gaining enough weight to keep pace with their growth? Yes  No
9. Have your child's eating habits led to them losing weight (in other words, if they have lost weight, this is because of avoidance or restriction and not because of a medical illness, or other reason)? Yes  No
10. If yes to #9 above, how much weight have they lost in the past 3 months? (please enter numbers): lbs  /OR stones  lbs  /OR kg  OR No weight loss over past 3 months
11. Have others (for example, doctors, family members) been concerned about your child's weight loss, or been concerned that they are having difficulty gaining enough weight to grow, or having difficulty maintaining their weight due to their eating habits? Yes  No
12. Have others (for example, doctors, family members) been concerned that your child is not growing taller as they should due to their eating habits? Yes  No  My child has finished growing
13. Have you ever been told by any health professional that due to their eating habits your child is not growing as expected, or that their height was less than it should be? Yes  No
14. Over the past month, has any health professional said that your child has a nutritional deficiency due to their eating habits (for example, low iron, low vitamin B12, low vitamin C)? Yes  No



# Bedömningsinstrument på MCCAEDs hemsida

Maudsley Centre for Child and Adolescent Eating Disorders, London, UK

<https://mccaed.slam.nhs.uk/professionals/resources/featured-resources/>



Navigation menu with the following items: Professionals, Research, Training, Resources, Events, Our services, Meet the team, Contact us (button). Below this is a secondary menu with buttons for: Featured, Publications, Videos, Books and manuals, External resources.

## ARFID assessment tools and resources

Short ARFID Screen – Rater Instructions	Short ARFID Screen – Self (SAS-S)	Short ARFID Screen – Parent/carer (SAS-P)
For more details, download PDF 	For more details, download PDF 	For more details, download PDF 
Short ARFID Screen – Clinician (SAS-C)	ARFID Risk Domains – Clinician rated	ARFID intervention monitoring sheet (AIMS v1.2)
For more details, download PDF 	For more details, download PDF 	For more details, download PDF 

ARFID Intervention Monitoring Sheet	What to do when a 3D... 17	What to do when a 3D... 17
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# Assessment of avoidant restrictive food intake disorder, pica and rumination disorder: interview and questionnaire measures

*Lisa Dinkler<sup>a</sup> and Rachel Bryant-Waugh<sup>b,c</sup>*

## Purpose of review

This article reviews available assessment instruments for three of the feeding and eating disorder diagnostic categories: avoidant restrictive food intake disorder (ARFID), pica, and rumination disorder (RD). It includes an overview of the current status of screening tools, questionnaire measures, and diagnostic instruments.

## Recent findings

Screening instruments are available for all three disorders; however, for pica and RD, these typically include single screening items only and do not cover any specific features of these presentations. Only one questionnaire suitable for clinical populations is included, covering ARFID only. Standardized diagnostic interviews are limited to two covering both pica and RD, only one of which provides further clinical information. Of the five diagnostic instruments for ARFID described here, two include diagnostic items as well as allowing more detailed assessment of clinical features.

## Summary

There are a limited number of assessment measures available for all three disorders, with instruments for ARFID being the greatest in number and widest in terms of scope. A commonly encountered difficulty is that

Praktiskt verktyg  
för att identifiera  
tillgängliga  
bedömnings-  
instrument



# Bedömning av kriterium C: ARFID vs. klassiska ÄS

- ÄS i DSM-5 är ömsesidigt exklusiva (förutom pica!)
  - AN övertrumfar BN, AN & BN övertrumfar ARFID
- MEN: ARFID kan förekomma med klassisk ÄS-beteende
  - Fallrapporter: *Becker et al. 2020, Barney et al. 2022:*
    - ARFID (ointresse/bristande aptit, sensorisk känslighet) + hetsätning efter många timmar utan mat
    - ARFID (alla 3 "drivers") + övervärdering av smalhet orsakad av samhällets kroppsideal/media
  - **Viktbekymmer bör inte vara drivkraften för undvikande/restriktivt ätande**
  - Övervaka uppkomsten av klassisk ÄS symptom löpande!
  - Behandlingen bör rikta sig mot flera mekanismer

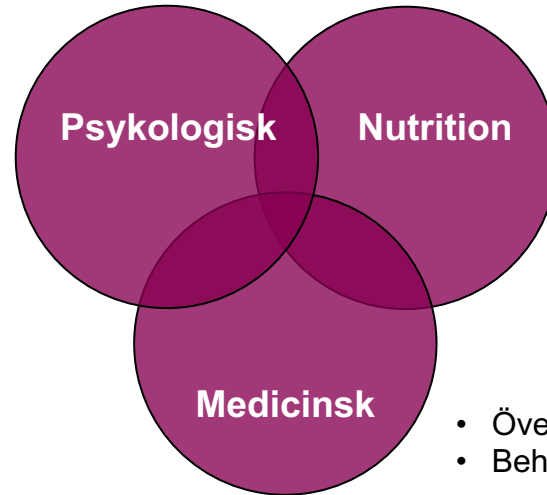
# Differentialdiagnostik: anorexia nervosa & ARFID

Skillnad	AN	ARFID
Viktnedgång	Ja	Endast i en delgrupp
Vikt-/figurbekymmer driver restriktionen	Ja	Nej
Andra beenden för att gå ner i vikt/inte gå upp i vikt (t.ex. att kräkas)	Ja	Nej
Akut uppkomst av svårigheterna	Ja	Vanligtvis nej
Sammansättning av kosten	Lågt kaloriinnehåll	Högt kaloriinnehåll
Självvärde beroende på vikt/figur	Ja	Nej

# 6. Behandling & prognos

# Multidisciplinär behandling behövs

- Psykoedukation
- Föräldracoaching
- KBT
- FBT
- Exposition
- Struktur/rutiner
- Systematisk desensibilisering



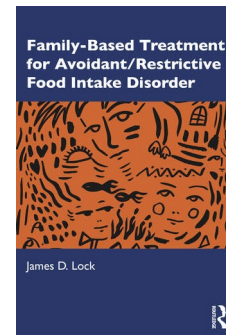
- Viktåterställning
- Hantering av näringsbrister
- Avvänjning av sondmatning/näringsstillskott

- Övervakning av vikt/tillväxt
- Behandling av fysiska konsekvenser

- Ingen godkänd farmakologisk behandling
  - Några försök med Olanzapin, Mirtazapin, D-cycloserin (↓ ångest, ↑ aptit)
- Inga nationella riktlinjer för ARFID behandling

*Bryant-Waugh & Higgins (eds.) 2019, Bourne et al. 2020*

- Hittills finns mest fallrapporter/-serier & retrospektiva journalstudier
- Några “feasibility trials” (genomförbarhet) and pilot RCTs
- För en översikt se t.ex. Shimshoni et al. 2020
- Några psykologiska behandlingar:
  - FBI-ARFID (acceptansbaserad, exponering för interoception) *Zucker et al. 2019*
  - SPACE-ARFID (minska anpassning & öka stöd genom föräldrarna) *Shimshoni et al. 2020*
  - **FBT-ARFID** (adapterad FBT för AN & BN; föräldrarespons) *Lock et al. 2019*
  - **CBT-AR** (kognitiv beteendeterapi för ARFID) *Thomas et al. 2020*



# Klinisk informerad praktik vid MCCAED

(Maudsley Centre for Child and Adolescent Eating Disorders)



## ARFID presentation:

Ointresse i mat/ätande	Sensorisk känslighet	Rädsla för aversiva konsekvenser
Psykoedukation	Psykoedukation	Psykoedukation
<b>Struktur/rutiner</b>	<b>Exposition</b>	<b>Systematisk desensibilisering/ ångesthantering</b>
<b>Inlärninng av vanor</b>	Strategier för att hantera äckel	<b>KBT</b> (individuell eller föräldraledd)
Affektreglering/uppmärksamhet	Sensory diet	FBT för ÄS med adapteringar
Familjeinterventioner/stöd	Familjeinterventioner/stöd	Familjeinterventioner/stöd

*Adapted from: Bryant-Waugh (2020). ARFID: A Guide for Parents and Carers*

**Bäst behandlingsresultat  
med CBT-AR**



- Första studier tyder på att ARFID **kvarstår** under barndomen och upp till vuxenålder för en stor del av barnen *Lange et al. 2019, Lucarelli et al. 2018*
- Är ARFID en riskfaktor för ätstörningar **med senare debut** (AN, BN, BED)?
  - **Pro:** I vissa fallrapporter – Ja *Becker et al. 2020*  
”Crossover” bland de klassiska ÄS är mycket vanligt *Eddy et al. 2008*  
Selektivt ätande i barndomen: ↑ risk för AN *Marchi & Cohen 1990, Herle et al. 2020*
  - **Kontra:** Inga tecken på störd kroppsuppfattning eller crossover till andra ÄS i 3 (små) studier *Lange et al. 2019, Nakai et al. 2017, Breithaupt et al. 2022*

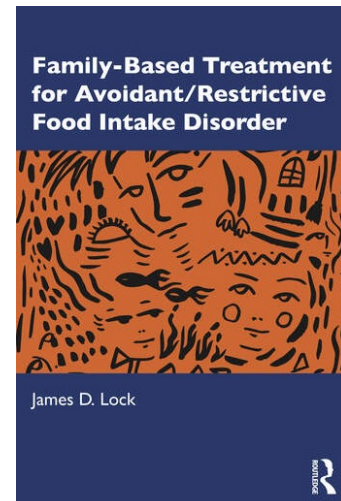
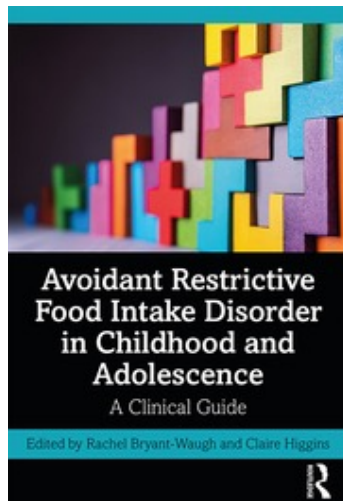
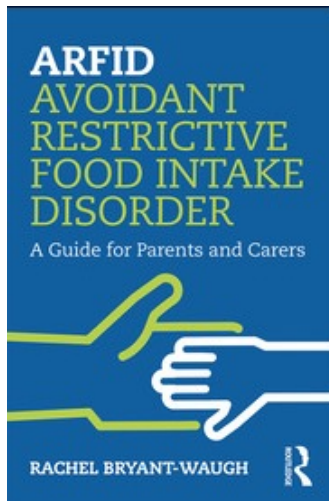
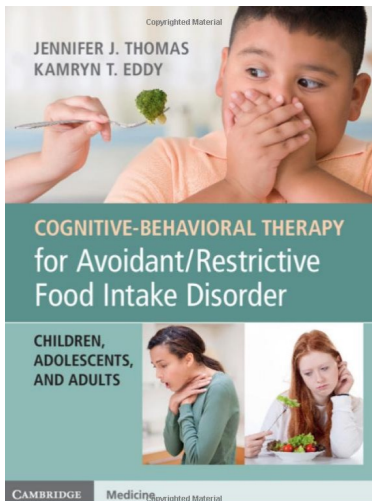
# 7. Sammanfattning

# Summary

1. **Vad är ARFID:** heterogent tillstånd, nytt begrepp men inget nytt tillstånd, ≠ kräsen
2. **Vem drabbas:** 1–2 % av den allmänna befolkningen, alla kön & åldrar
3. **Samsjuklighet:** hög (både psykisk och fysisk), särskilt med NPF, ångest, magtarm
4. **Etiologi:** hög ärftlighet, mekanismer oklara
5. **Bedömning:** frågeformulär & intervjuer tillgängliga, validering pågår; multidisciplinär!
6. **Behandling & prognos:** okänd, förmodligen mycket stabil för många; inga evidensbaserade behandlingar än, multidisciplinär!

**Forskning behövs inom alla områden som rör ARFID!**

# Rekommenderad litteratur



# Collaborators & Funders



Tack så mycket!  
Frågor?

