

ARFID is a restrictive feeding and eating disorder, involving avoiding certain foods, restricting overall intake, or both, leading to nutritional or psychosocial impact, for reasons other than weight/shape concerns or intentionally trying to lose weight.

ARFID is an umbrella term with a number of different causes. Common drivers include sensory sensitivity, such as struggling to tolerate flavours/colours or textures. Other reasons may be low interest in eating, or fear of aversive consequences like choking, vomiting. ARFID can occur at any age and may co-occur with anxiety, autism, ADHD, and medical conditions. Estimates of prevalence vary, but approximately 5% is commonly reported in the general population.

Picky eating vs ARFID

Picky eating is common and often improves with time and supportive exposure. ARFID occurs when the restriction starts impacting either health through micronutrient deficiency (often caused by lack of variety), or macronutrient deficiency (often noticed from losing weight/dropping centiles). In ARFID, the child's goal is not weight control, and restriction often persists despite reassurance and opportunities to try foods, especially when fear or sensory drivers are present.

Anorexia vs ARFID

In anorexia nervosa, a child intentionally restricts their intake or engages in compensatory behaviours such as exercise, in order to intentionally lose weight. This is typically caused by worries about their weight and shape, and feelings they are fat/overweight, even if they are under-weight rather than overweight. In ARFID however, any weight loss is not intentional, and this is not the aim of restriction.

Signs to watch out for

- Very limited "safe" foods, strong brand or preparation preferences, and distress when foods change or are mixed.
- Faltering growth or weight loss in children, fatigue, dizziness, constipation, and micronutrient (vitamin/mineral) deficiencies that may require supplements.
- Fear-based avoidance after a negative event (e.g., choking, sickness) or ongoing low appetite/disinterest in eating.
- Avoidance of school meals, parties, or travel; conflict and stress around mealtimes at home.

- Higher likelihood alongside autism, ADHD, or learning differences due to sensory sensitivities and rigidity.

What can help at home

- Keep a predictable meal/snack routine and limit grazing and sugary drinks to support appetite and structure.
- Use graded exposure: start with having the food present, then smelling, touching, licking, small tastes, and gradual increases in bites.
- Try food chaining from a safe food to similar items by brand, shape, texture, temperature, or flavour.
- Offer tiny portions of new foods without pressure; model tasting; avoid “one more bite” rules or threats, which can increase anxiety and avoidance.
- Adjust sensory factors (temperature, texture, plating) and consider sensory play with foods away from mealtimes to build tolerance.

School and social tips

- SENCO or pastoral staff may be able to support safe-food options, flexible seating, and quiet spaces for eating when needed.
- Plan ahead for trips and parties by bringing safe foods and agreeing simple backup plans to reduce anxiety.
- Encourage inclusion in non-food aspects of events and communicate needs early to avoid last-minute pressure.

When to seek help

Seek help as early as possible. The earlier a child gets help, the more likely they are to recover successfully. Talk to your child, ask them if they're OK and if there's anything they want to talk about. Of course, they may not want or feel able to talk to you about it; they may be in denial or simply not see it as a problem. In any case, let them know that you are there to help.

Contact the GP promptly if there is weight loss, faltering growth, dehydration, fainting, or reliance on supplements, or if restriction is causing significant distress or school/social interference.

Seek urgent help (GP, NHS 111, or emergency care) for sudden sharp drops in food/fluid intake with physical deterioration or acute mental health risks.

ARFID services and pathways vary across the UK, so start with the GP for assessment and referral to the most appropriate local team.

Where to get help with eating disorders?

Start by contacting your GP. Or speak to the Special Educational Needs Co-ordinator (SENCO) at your child's school. It can be helpful to make notes about your main concerns before the appointment. Your child may well be in denial, and it will help if your concerns are clear and specific. Your child can then be assessed and may then be referred for specialist help.

Treatment options

- Psychological therapy is the mainstay treatment for eating disorder; for ARFID this often include cognitive-behavioural approaches, exposure-based interventions, and family-based work adapted to sensory, fear, or low-interest drivers.
- Dietetic input focuses on nutritional rehabilitation, deficiency repletion, and stepwise reduction of supplements as variety improves.
- Multidisciplinary plans coordinate therapy with school supports and sensory strategies to generalise gains into daily life.
- National guidance for ARFID is still developing, and ARFID is currently not included in NICE/SIGN eating disorder guidelines, so local provision may differ.

If things are severe

- Very rarely some children may need short-term supplements or tube feeding when physical risk is high, alongside active psychological therapy to address drivers of avoidance.
- Urgent medical assessment is needed for dehydration, syncope, rapid weight loss, or other signs of medical instability.
- Hospital based care is very rarely required, but step-up to intensive or hospital-based care may be required if outpatient progress is insufficient or safety cannot be maintained.

Quick summary

If you're unsure whether it's picky eating or ARFID, use the impact test: if nutrition, growth, or daily life are being affected, it's time to seek professional advice via the GP and consider specialist input.