



Do you see feeding difficulties in children?

Is it **PFD** or **ARFID**?

Due to the cross-over in symptoms, there is sometimes confusion between the Paediatric Feeding Disorder (**PFD**) and Avoidant Restrictive Food Intake Disorder (**ARFID**) diagnoses.

PFD - A Developmental Condition

PFD is a developmental diagnosis that describes difficulties with eating and / or drinking, that emerge from birth or very early childhood. It includes challenges in any one or several of four domains: Medical, nutrition, feeding skill, or psychosocial. It can be diagnosed following an MDT assessment (for example SLT, OT and Dietitian) and the primary drivers for the child's feeding difficulties are medical and skill based.

ARFID - A Mental Health Condition

ARFID is a mental health diagnosis. It falls within the eating disorder category, where a child or young person has one or more of the following issues present: Significant nutritional deficiency; dependence on enteral feeding or oral supplements; marked psychosocial issues; or weight loss/growth faltering, in the absence of body image issues, such as in anorexia. It is as a psychiatric diagnosis, where the primary drivers for a child or young person's feeding problems are psychological. For a professional to assign an **ARFID** diagnosis, they should be a mental health professional who is qualified to give psychiatric diagnoses.

When a child has significant feeding difficulties, the standard of care should involve a multidisciplinary assessment that considers the four domains of **PFD** to ensure that skill and/or medical factors are not contributing to the child's feeding struggles, prior to considering an **ARFID** diagnosis.



DIAGNOSIS

PFD

ICF (International Classification of Functioning, Disability & Health). World Health Organisation framework for describing functioning & ability in relation to a health condition.

Developmental condition
#allaboutthebody

Primary drivers - skill development (oral motor, self-feeding, postural stability) and medical challenges associated with underlying medical diagnosis / diagnoses.

Similarities: Nutritional deficiencies (limited oral intake), psychosocial impact (social & environmental consequences eg unable to eat in the dinner hall at school, or unable to eat out at a restaurant).

Differences: Emerges in infancy/early childhood. Global picture of sensory dysregulation and sensitivities, and / or sensory motor difficulties impacting on the child's ability to learn and participate in a range of daily activities, including mealtimes.

ARFID

DSM (Diagnostic & Statistical Manual of Mental Health). The standard classification tool used by mental health professionals in the US.

Psychiatric condition
#allaboutthefeelings

Primary drivers – psychological (anxiety and fear) and sensory sensitivities restricted to specific food.

Similarities: Nutritional deficiencies (limited oral intake), psychosocial impact (social & environmental consequences eg unable to eat in the dinner hall at school, or unable to eat out at a restaurant).

Differences: Heightened sensory preferences and sensitivities specifically relating to the taste, smell, feel or look of food. Fear and anxiety about the consequences of eating eg fear of choking or being sick.



ASSESSMENT & TREATMENT

PFD

- **Ask** - is there an underlying medical or developmental conditions eg developmental delay, Autism, Down Syndrome or congenital condition, that is contributing?
- **Address** any active medical issues eg reflux, constipation, food allergies.
- Referral to specialist **paediatric** services for further medical assessment.
- Referral to **Dietitian** for nutritional assessment and advice.
- Referral to **Speech & Language Therapy** for assessment & advice regarding communication at mealtimes, oral motor skills & swallowing.
- Referral to **Occupational Therapy** for assessment & advice regarding self-feeding skills and sensory processing.

ARFID

- **First**, rule out any underlying medical / developmental conditions or active medical issues (such as food allergies, reflux or constipation) that could be acting as primary drivers.
- **Ask** - has the child had feeding difficulties since they were a baby / toddler?
- Referral to **paediatric** services for full medical assessment.
- Referral to specialist **eating disorder service** and/or specialist charity, for:
 - **CBT** for ARFID
 - **Exposure** and response prevention therapy
 - **CBT** for anxiety/phobias
 - **Family based** treatment
 - **Mental Health Occupational Therapy** (guided self-help) and **Dietitian** (nutrition/refeeding)

Thank you to Birmingham Forward Thinking Eating Disorder Service for information about assessment & treatment of ARFID



SPOT THE SIGNS

There can be cross-over between the two diagnoses and full MDT assessment by qualified health professionals should be sought, prior to assigning a diagnosis.

The key is to identify the **primary driver** behind a child's feeding difficulty eg **medical/skill based** or **psychological/sensory**.

THIS IS NOT A DIAGNOSTIC CHECKLIST.

PFD

Gagging on food

Having difficulty chewing food

Holding food in mouth and/or overpacking mouth, swallowing partially swallowed food or spitting food out

Being a 'messy' eater - losing food or liquid from the mouth when eating

Coughing during meals

Taking a long time to finish meal (longer than 30 minutes per meal)

ARFID

Feeling full after only a few mouthfuls and struggling to eat more

Finding it difficult to recognise when you are hungry

Finding eating a 'chore', eating meals very slowly

Eating much less food than is needed to stay healthy or missing meals completely

Always eating the same meals and/or eating a very limited range of foods

Being very sensitive to aspects of some foods, such as colour, taste, smell or texture



SPOT THE SIGNS

PFD

Vomiting, stomach ache and/or constipation associated with eating.

Difficulties with self-feeding

Difficulty with postural control at mealtimes (difficulties sitting to eat)

Eating a limited range of foods (only eating certain textures, missing whole food groups)

Losing weight or difficulties with growth / needing to take nutritional supplements

Strong reactions to sensory properties of food (taste, smell, feel, sound or sight)

Behaviours of distress at mealtimes (crying, pushing food away, turning/moving away)

Not able to participate in social events involving food eg children's parties, difficulties with mealtimes at nursery/school.

ARFID

Being very anxious at mealtimes, chewing food very careful, taking small sips and bites

Being worried about choking or vomiting at mealtimes

Weight loss or not growing as expected

Developing nutritional deficiencies, such as anaemia through not having enough iron in the diet.

Needing to take supplements to make sure nutritional and energy needs are met

Avoiding social events where food would be present

Appearing to be a 'picky eater'.

Verbally talking about fear/anxiety about eating.

Thank you to Birmingham Forward Thinking Eating Disorder Service for information about signs of ARFID