  
**Virtual Family Based Care for Avoidant/Restrictive Food Intake Disorder**  
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**BACKGROUND**

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**Avoidant/  
Restrictive Food Intake Disorder (ARFID)**

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.)

A. An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

1. Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
2. Significant nutritional deficiency.
3. Dependence on enteral feeding or oral nutritional supplements.
4. Marked interference with psychosocial functioning.

B. The disturbance is not better explained by lack of available food or by associated culturally sanctioned practice.

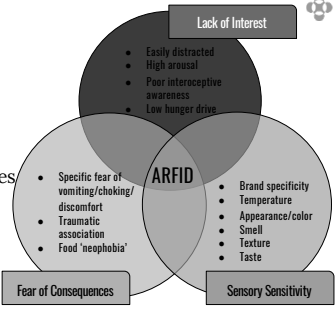
C. The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.

D. The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.

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**ARFID**  
Presentations

- Lack of interest
- Fear of aversive consequences
- Sensory sensitivities



**Lack of Interest**

- Easily distracted
- High arousal
- Poor interoceptive awareness
- Low hunger drive

**Fear of Consequences**

- Specific fear of vomiting/choking/discomfort
- Traumatic association
- Food 'neophobia'

**Sensory Sensitivity**

- Brand specificity
- Temperature
- Appearance/color
- Smell
- Texture
- Taste

Figure inspired from Archibald, T., & Bryant-Waugh, R. (2023). Current evidence for avoidant restrictive food intake disorder. *International Journal of Clinical Practice and Education in Dietetics*. ©2023 Adherence, 3(2), 41-50.

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**ARFID**

**Nutritional Consequences**

- Up to 70% underweight
- Nutritional deficiencies
- Bradycardia
- Hypotension
- GI problems
- Anemia
- Dehydration
- Amenorrhea
- Stunted growth
- Difficulty concentrating

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**TREATMENT FOR ARFID**

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## ARFID TREATMENT

Family-Based Treatment (FBT)

- **Phase 1:** Charging parents with the task of renourishment & normalizing eating
- **Phase 2:** Transitioning developmentally appropriate independence back to the patient; expand social eating
- **Phase 3:** Addressing how ARFID has impacted development

Lock JD. (2021). Family-Based Treatment for Avoidant/Restrictive Food Intake Disorder


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## ARFID TREATMENT

Cognitive Behavior Therapy for ARFID (CBT-AR)

- Stage 1:** Focuses on Education and early change
- Stage 2:** Continuation of increasing volume/variety and selecting mechanism to target
- Stage 3:** Addresses maintaining mechanism tailored to the individual
- Stage 4:** Relapse Prevention

Similar to FBT, CBT-AR leverages family in treatment but, patients have more autonomy



Thomas, J.J., Eddy, K.T. (2019). Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder

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## ARFID TREATMENT

Treatment Outcomes

- Pilot randomized trial
  - FBT
- Proof of concept trials
  - CBT-AR
- Inpatient treatment studies
- Outcomes from large, outpatient studies limited



Venishtha IA, Wang E, Martinelli MK, Schreyer C, Guarda AS. (2023).  
Thomas JJ, Becker KR, Breithaupt L, et al., (2021).  
Thomas JJ, Becker KR, Kubota MC, et al. (2020).

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OBJECTIVE



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Goal

Evaluate 16-week outcomes for patients with ARFID in a virtual outpatient eating disorder program



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TREATMENT OVERVIEW



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## ARFID

Treatment Procedures

- Patients received FBT or CBT-AR as determined appropriate
- Weekly virtual sessions for 16-weeks

Physician/NP Psychiatrist    Therapist    Dietitian    Peer Mentor    Family Mentor

Traditional                      Enhanced

Dedicated Treatment Team

Steinberz et al. 2023

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## TREATMENT OUTCOMES

- Weekly weight
- Weekly ARFID symptoms
- Monthly depression
- Monthly anxiety

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## FINDINGS

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## PATIENTS

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## PATIENTS

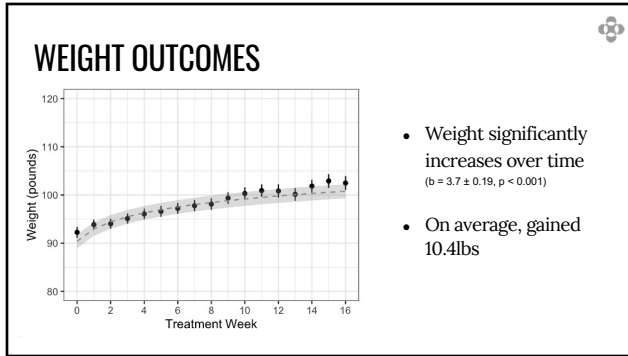
Demographics

- 519 patients
  - Received care Sept 2020 through Jan 2024
  - Average 14 (SD=4.0) years
    - Range 6-24
- 51.8% cisgender girls
- 73% white
- 70.7% required weight restoration
  - On average, 13.5lbs from target weight at admission
  - Average %EBW at admission 89.8%

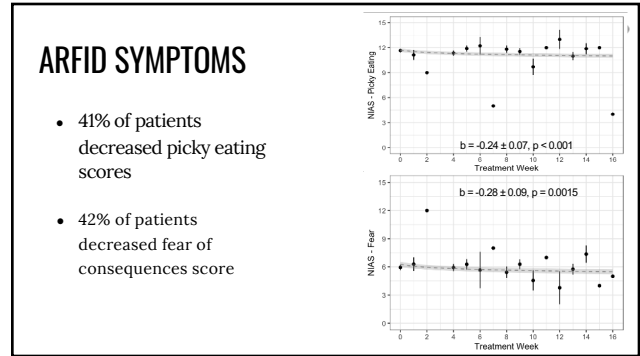
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## TREATMENT EFFECTIVENESS

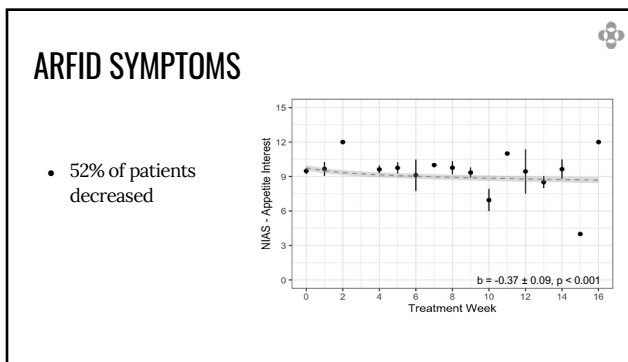
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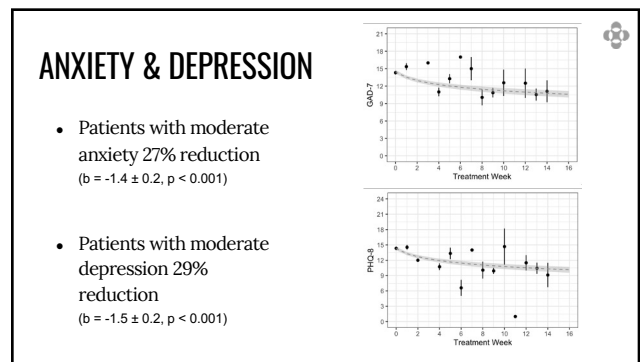
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## CONCLUSION

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### Virtual outpatient treatment is effective for ARFID

- ARFID symptoms significantly improved with treatment
- Depression & anxiety also improved

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## WHAT'S NEXT?



- Compare effectiveness of FBT vs CBT-AR
  - Which treatment is best for whom?
  - Longer-term outcomes
- Best way to measure symptom change
  - Picky eating & fear of consequences more resistant to change?

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## References

1. Archibald, T., & Bryant-Waugh, R. (2023). Current evidence for avoidant restrictive food intake disorder: Implications for clinical practice and future directions. *JCPP Advances*, 3(2), e12160
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5. Thomas JJ, Becker KR, Kuhnle MC, et al. Cognitive-behavioral therapy for avoidant/restrictive food intake disorder: Feasibility, acceptability, and proof-of-concept for children and adolescents. *Int J Eat Disord*. 2020;53(10):1636-1646. doi:10.1002/eat.23355
6. Steinberg D, Perry T, Freestone D, Bohon C, Baker JH, Parks E. Effectiveness of delivering evidence-based eating disorder treatment via telemedicine for children, adolescents, and youth. *Eat Disord*. 2023 Jan-Feb;31(1):85-101.

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# THANK YOU



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