

## Could You Have ARFID?

Avoidant/Restrictive Food Intake Disorder, (ARFID) has many symptoms in common with anorexia. However, unlike many other eating disorders, a distinguishing feature of ARFID is that there is no evidence of excessive concern about body weight or shape.

- Do you avoid foods due to sensory or physical characteristics (color, texture, temperature, etc.)?
- Do you avoid eating or drinking because you fear or experience gagging, choking, vomiting, GI distress, or an allergic reaction?
- Do you fail to meet your daily nutritional needs or have nutritional deficiencies?
- Have you lost weight because of your avoidance of certain foods?
- Does food avoidance interfere with several aspects of your life or decrease your quality of life?
- Is your avoidance and restriction of food unrelated to body image disturbance, desire for weight loss, or religious practices?
- Do you find trying new foods distressing?
- Do you only eat foods you deem “safe”?
- Have your eating habits gotten more debilitating over time?

If you answered “yes” to any of the above questions, we hope this brochure may be of some help.

## Is ARFID Really an Eating Disorder?

In 2013, the American Psychiatric Association added ARFID to its eating disorders classification in the Diagnostic and Statistical Manual-V (DSM-V). Long before its official recognition, individuals with ARFID, clinicians, educators, caregivers, and loved ones described the same behavior patterns, emotional experiences, and relationships with food.

The onset of ARFID symptoms sometimes follows a single, traumatic event such as choking on food, or may involve multiple mental, social, emotional, and physical conditions that predispose a person to the disorder. Like other eating disorders listed in the DSM, ARFID is far more complex than “picky eating.”

### **ARFID categories include:**

#### **Sensory-Based Avoidant ARFID**

Foods are avoided because of intense responses to textures, smells, temperature, and/or flavors.

#### **Lack of Interest ARFID**

Eating and food are avoided due to a significant lack of appetite and pleasure in eating.

#### **Fear of Adverse Consequences ARFID**

Specific foods and/or eating in general is avoided due to fears of pain, nausea, vomiting, choking and other uncomfortable physical reactions.

# Autistics for Safe Food

*Your help empowers autistics to address community needs*



Give or request help at [chattautisticpride.org](http://chattautisticpride.org)

**When eating feels unsafe, unfamiliar, or overwhelming — it’s not “just picky eating.”** This brochure offers understanding, validation, and resources for those navigating Avoidant/Restrictive Food Intake Disorder (ARFID), especially in the context of food insecurity.

Whether you’re someone who struggles with eating, a provider offering meals, or a community member seeking to learn — this guide is for you.

## Accompanying Concerns

An ARFID diagnosis means that other factors influencing eating patterns, such as cultural or religious practices, medical conditions, and mental disorders are insufficient to explain the observed behavior and consequences.

ARFID can occur by itself, especially in infants and young children. However, in older children, adolescents, and adults, it frequently occurs with physical and mental disorders.

Co-occurring physical illnesses may include, but are not limited to, allergies, acid reflux, constipation, irritable bowel syndrome, gastroparesis, swallowing disorders, and hyperactive gag reflex.

Neurodivergent people may also struggle with ARFID. ARFID can co-occur with Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Major Depressive Disorder, Attention Deficit/Hyperactivity Disorder, Autism and/or intellectual or developmental disorders.

The medical complications of ARFID are often caused by malnutrition, and they can look very similar to the consequences of anorexia. These include malnutrition, nutritional deficiencies, osteopenia, osteoporosis, dehydration, and GI, endocrine, menstrual, and cardiac complications. At times, malnutrition can be offset or prevented through supplement nutrition, both oral and enteral. If unaddressed, ARFID can result in death.

## Professional Team

Recovery from ARFID often entails working with a team of specialists as well as a general practitioner such as a family doctor. This team may include:

- A Psychotherapist – a licensed therapist who collaborates with the client to create a treatment plan for recovery from ARFID and any associated disorders, usually based on talk therapy.
- A Psychiatrist – a medical doctor who treats psychiatric conditions that often co-occur with ARFID.
- A Gastroenterologist – a medical doctor who treats any GI distress or disorder.
- A Registered Dietitian (RD) – a certified expert who helps the client develop a meal plan, do food exposures, and develop coping strategies.
- An Occupational Therapist (OT) – a licensed specialist who can help clients with sensory (i.e., taste, smell, texture, color) issues.
- A Speech Language Pathologist (SLP) – a health professional who addresses swallowing difficulties that can accompany ARFID.

### Recovery Tips for the Person with ARFID

- Develop a support system, including friends and loved ones who can encourage recovery.
- Work with a treatment team to address the specific concerns related to the eating disorder.
- Use neutral language when describing food, avoiding words like good/bad or healthy/unhealthy.
- Recognize what distressing thoughts and feelings come up before, during, and after eating. Then, find and practice other coping skills to address the thoughts and feelings.
- Slowly get acquainted with and exposed to new foods while simultaneously practicing strategies to reduce anxiety about them.
- Identify why you are feeling anxious about a specific food, then explore ways to decrease the anxiety.
- Allow feeling small amounts of anxiety, but don't get overwhelmed. Small, consistent exposures can lead to full recovery.

## Who We Are:

**Autistic Pride Chattanooga** is a neurodivergent-led organization dedicated to inclusion, accessibility, and authentic representation. We support autistic and otherwise neurodivergent individuals through community building, advocacy, and resource development.

We recognize that **ARFID is often misunderstood**, especially among those facing food insecurity. We're here to help bridge that gap.

## How We Can Help

- **Safe food access:** If you or someone you serve needs specific foods due to ARFID, contact us.
- **Referrals:** We connect individuals with ARFID-informed providers and support networks.
- **Education:** We offer trainings and materials for food pantries, shelters, and community groups.
- **Representation:** We center neurodivergent voices in all we do.

## Contact Us

**Autistic Pride Chattanooga:**

Email: [chattautisticpride@gmail.com](mailto:chattautisticpride@gmail.com)

**Eating Disorders Anonymous:**

Meetings: Tuesdays @ 7pm  
Unitarian Universalist Church  
3224 Navajo Dr, Chattanooga, TN 37411

