



School Services

School Guide for Students with Avoidant/Restrictive Food Intake Disorder

What is Avoidant/Restrictive Food Intake Disorder (ARFID)?

- Avoidant or restriction of food intake
- Clinically significant failure to meet nutritional requirements or insufficient oral energy intake
- Must see one of the following key features:
 - Significant weight loss
 - Significant nutritional deficiency (or related health impact)
 - Dependence on enteral feeding or oral nutritional supplements
 - Marked interference with psychosocial functioning
 - NOT explained by excessive concern about body weight or shape or by concurrent medical factors or mental disorders

Treatment

ARFID can become very serious, chronic and sometimes life threatening if not recognized and treated appropriately. The Center for Pediatric Eating Disorders at Children's is the only facility in Texas and the multi-state area that offers a full continuum of specialized services for children and adolescents with eating disorders. The center has provided more than 20 years of excellent clinical care by highly trained clinicians.

Types of ARFID

Sensory food aversions

- Child's consistent refusal to eat certain foods with specific tastes, textures, temperatures, or smells for at least 1 month
- Onset of food refusal occurs during the introduction of a new or different type of food that is aversive to the child
- After aversive reaction to food, child refuses to continue eating the food and frequently generalizes and refuses other foods with a similar color, appearance or smell
- Eats preferred foods without difficulty
- Without supplementation, the child demonstrates specific dietary deficiencies but usually does not show any growth deficiency
- Does not follow a traumatic event, not related to food allergies or other medical illness
- Tends to arise in first decade of life, may persist into adulthood

Comorbid medical condition

- Feeding disorder associated with a concurrent medical condition
- Food refusal or inadequate intake for at least 2 weeks
- Onset at any age, may wax and wane
- Initiate feeding, but becomes distress and refuses to continue feeding
- Concurrent medical condition that is believed to cause the distress
- Fails to gain adequate weight or loses weight
- Medical management improves but may not fully resolve feeding problem

General Food Aversion:

- Refusing to eat adequate amounts of food for at least one month
- Onset typically between ages 6 months and 3 years, may persist into adulthood
- Child rarely communicates hunger, lacks interest in food and eating, and would rather play, walk around or talk than eat
- Child shows significant growth deficiency
- Does not follow a traumatic event, not related to food allergies or other medical illness

Posttraumatic feeding disorder

- Acute onset of severe and consistent food refusal
- Avoidance following traumatic event or repeated traumatic insults to oropharynx or gastrointestinal tract
- Consistent refusal to eat manifests in variety of ways depending on the child's experience
- can arise at any age, from infancy to adulthood

How can ARFID affect a student at school?

Students with eating disorders tend to be high achievers. The following issues may be impacted:

- Decreased ability to concentrate and focus
- Decreased ability to perform as well in sports
- Physical symptoms: Nausea, headache, dizziness, and fatigue
- Decline in ability to perform tasks as well as their healthy peers
- Irritability
- Prone to illnesses due to weakened immune system
- Some students may be either less active or overactive and restless
- Spends an extreme amount of time working on assignments to make sure that they are perfect

How can schools assist students with ARFID?

Academic

- Begin intervention with a student referral to campus students\ assistance program (Section 504)
- Be aware of the effects of eating disorders on cognitive abilities, so expectations are realistic.
- Develop an educational plan with needed accommodation and modifications for the student.
- Be flexible while balancing workloads and deadlines, and yet maintaining learning goals
- Reduce level of courses

Social/ Emotional

- Meet with the student and parents before the student returns to school to discuss the support needed
- Be aware of the need to be "perfect"

- Recognize that reconnecting with friends may be difficult
- Assign a support person responsible for watching and discussing changes in student's well being
- Be aware of scheduling conflicts between school and doctor visits

Physical

- Students might need to be excused from physical education classes
- Supervised lunches might be necessary
- Medication may have possible side effects (e.g., drowsiness)
- Allow use of elevator if the student has physical activity restrictions
- Monitor snacks
- Extra sets of textbooks to be kept at home to limit physical activity involved in carrying textbooks

How Children's can help?

Children's Health Center for Pediatric Eating Disorders, the only facility of its kind in Texas, offers a full continuum of care — from hospitalization to outpatient therapy. It's also the state's only center that treats boys and young children struggling with eating disorders.

Children's moved the center to its Plano campus to expand its ability to treat the growing number of youngsters battling eating disorders. It offers a calm setting for patients with views of open fields, large therapy rooms, and a state-of-the-art kitchen used in the treatment process. For more information, call 214-456-8899

For more information to assist students with eating disorders, contact:

School Services Department

Children's Health Children's Medical Center

Dallas Campus: 214-456-7733

Plano Campus: 469-303-4670