

Avoidant/Restrictive Food Intake Disorder

Avoidant/Restrictive Food Intake Disorder (ARFID) is a new eating disorder category in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) manifested by one (or more) of the following:

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

AND all of the following:

- The disturbance is not a result of lack of available food or by an associated culturally sanctioned practice.
- The absence of a disturbance in the way in which one's body weight or shape is experienced.
- The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa.
- When the eating disturbance occurs within another condition, the severity of the eating disturbance exceeds that routinely associated with the condition and warrants additional clinical attention.

Information regarding the frequency of ARFID in the paediatric population is lacking. One study found that up to 14% of children and adolescents who were admitted to a pediatric tertiary care eating disorder inpatient unit were diagnosed with ARFID.

The purpose of this one-time survey is to assess the recognition of this new diagnostic category among Canadian paediatricians and identify the frequency of ARFID in children and youth.

Your contribution is greatly appreciated.

1. Are you familiar with the term Avoidant/Restrictive Food Intake Disorder (ARFID)?	Yes ___	No ___
2. Are you aware that children and adolescents <18 years old can develop ARFID?	Yes ___	No ___
3. Over the past 24 months, have you assessed children/youth under the age of 18 years who meet the above case definition of ARFID?	Yes ___	No ___
If yes, specify: <5 ___ 5–10 ___ >10 ___ number of cases _____		
4. Do you have a specialty or subspecialty practice that would not include these patients?	Yes ___	No ___
<i>If you have not seen any cases or have a specialty/subspecialty practice that does not include these patients, we thank you for participating in this survey.</i>		
5. What age range did the majority of patients fall in? 5–8 years ___ 9–12 years ___ 13–18 years ___		
6. Which of the following clinical features did the majority of children or adolescents have? (Check as many as appropriate)		
___ Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)		
___ Significant nutritional deficiency		
___ Dependence on enteral feeding or oral nutritional supplements		
___ Marked interference with psychosocial functioning		
7. Did the majority of children and adolescents presenting with the clinical features outlined above also meet ALL of the following criteria?	Yes ___	No ___
<ul style="list-style-type: none"> • The disturbance was not a result of lack of available food or because of an associated culturally sanctioned practice. • There was no disturbance in the way in which these young people experienced their body weight or shape. • The eating disturbance did not occur exclusively during the course of anorexia nervosa or bulimia nervosa. • If the eating disturbance occurred within another condition, the severity of the eating disturbance exceeded that associated with that condition and warranted additional clinical attention. 		
8. Were you the health professional most responsible for their care?	Yes ___	No ___
If no, indicate type of health professional most responsible for their care (e.g., psychiatrist, psychologist, family physician, etc.): _____		

Please return this survey with your monthly reporting form. Thank you for your participation.

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