

# Survey Questions

## Avoidant/restrictive food intake disorder

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DK Katzman, ML Norris, K Stevens

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### Highlights

- Avoidant/restrictive food intake disorder (ARFID) is a new diagnostic category in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- A one-time CPSP survey revealed that 63% of paediatricians and paediatric subspecialists were unfamiliar with the diagnosis of ARFID.

### Results

ARFID is a new diagnostic category in the section on Feeding and Eating Disorders in the *DSM-5*. It is a new conceptualization of feeding disorder of infancy or early childhood in the *DSM-IV*. The aim of this revision was to: improve the clinical utility by adding more detail to the diagnostic criteria; include individuals with clinically significant eating problems who were assigned a *DSM-IV* diagnosis of eating disorder not otherwise specified; and widen the criteria to be applicable across the lifespan.

Information regarding the frequency of ARFID among children and youth is lacking. The CPSP conducted a national one-time survey to assess the recognition of this new diagnostic category among Canadian paediatricians and to identify the frequency of ARFID seen by Canadian paediatricians. The survey response rate was 27% (664/2490). Paediatricians reported 339 cases of ARFID in the previous 12 months.

The results identified that the majority of paediatricians (63%) were unfamiliar with ARFID and its specific diagnostic criteria. Thirty percent (30%, 239/657) of paediatricians who suspected a diagnosis of ARFID misdiagnosed due to inappropriate application of the exclusion criteria.

Canadian paediatricians are considerably unfamiliar with ARFID as a new diagnostic category, its diagnostic criteria, and clinical features. Although little is known about effective treatment for ARFID, experience to date suggests that children and adolescents with this condition require medical monitoring as well as nutritional and psychological interventions. Increased knowledge and awareness of ARFID will ultimately facilitate early recognition, accurate diagnosis, and immediate treatment of children and adolescents with this condition. Dissemination of information about ARFID will help to ensure that children and youth are adequately screened, assessed, and treated.

### Conclusion

- Education and dissemination of information about ARFID will increase awareness of this new disorder and ensure that children and youth are adequately screened, assessed, and treated.

### References

Available upon request from the CPSP office

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### Principal investigators

Debra K. Katzman, MD, FRCPC, The Hospital for Sick Children and University of Toronto, 555 University Ave, Toronto ON M5G 1X8; tel.: 416-813-5084; fax: 416-813-5392; debra.katzman@sickkids.ca

Mark L. Norris, MD, FRCPC, Children's Hospital of Eastern Ontario and University of Ottawa, 401 Smyth Rd, Ottawa ON K1H 8L1; tel.: 613-737-7600, ext. 2571; fax: 613-738-4878; mnorris@cheo.on.ca