

HOW TO DEAL WITH ARFID IN THE CLASSROOM?

A manual for teachers



What is ARFID?

ARFID stands for Avoidant/Restrictive Food Intake Disorder, which means eating too little and/or too selectively. This is because children with ARFID cannot or are afraid to eat or find it difficult to eat enough. This can have both physical and psychosocial consequences. There may be nutrient deficiencies, but it's also possible that a child gets scared to eat outside of their own home and there may be social consequences.

Subtypes of ARFID

There are several reasons why children with ARFID have difficulty eating:

- 1) The child may have traumatic experiences with eating and is afraid of choking, vomiting or becoming ill.
- 2) It's possible that the child is not interested in food, for example because the hunger stimulus does not function properly or is not present.
- 3) There may be hypersensitivity to the sensory characteristics of food. As a result, the smell, color, taste, texture and/or temperature of food can be too difficult for the child and they only eat the 'safe' food or drink that they can tolerate. This often occurs in children with autism, AD(H)D, high sensitivity and giftedness. In children with autism you might also see a very rigid eating pattern, because they are afraid of the unknown.

Worldwide,
1 in 30
children has
ARFID.



Characteristics of ARFID

- ★ Avoids eating with certain foods structure, smell, color, temperature and taste
- ★ Avoids or postpones eating for fear of getting sick, getting a stomach ache or choking/vomiting
- ★ Few foods on their 'safe-food' list, very selective eating
- ★ Not interested in food
- ★ Eating small amounts of food

What are the consequences?

Physically:

- Often sick
- Slow recovery
- White
- Poor physical condition
- Dizziness on physical exertion
- Constipation, abdominal pain and other physical complaints
- Lifeless, gloomy
- Concentration problems
- Hair loss
- Length growth can lag behind (not necessarily)
- Influence on weight (both under and overweight if the 'safe food' only consists of carbohydrate-rich products)
- Depending on medical supplementation or tube feeding

Psychosocial:

- Afraid of eating anything outside the house
- Afraid of going to parties, sleepovers, class parties, playdates at camp or other social outings
- Loneliness and social isolation



**More questions?
Check out the links below!**

<https://www.overlevenmetarfid.com/>

<https://arfidawarenessuk.org>

Contact an expert

info@overlevenmetarfid.com



How can you help children with ARFID?

Small adjustments can help a child with ARFID. For example, think of:

- ✓ Make agreements with parents regarding meals and discuss what is feasible for the child
- ✓ Discuss whether physical activities such as gym or swimming lessons are feasible
- ✓ Allow the child to consume his or her own food and drinks. Also consider a replacement for treats and fruit moments
- ✓ Provide a quiet, safe environment during meals. This could be a separate spot in the classroom or a noise telephone. This is to exclude environmental stimuli
- ✓ Allow more time for meals; children with ARFID often eat slower
- ✓ Avoid any form of coercion and pressure around meals. Some days eating will go better than other days
- ✓ If there are cooking lessons and food education at school, discuss with parents in advance what is feasible. Often touching products is too difficult for the child
- ✓ Pay attention to ARFID in class, so that other children know why different rules apply around meals for the child with ARFID
- ✓ Be patient and understanding

