

Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder

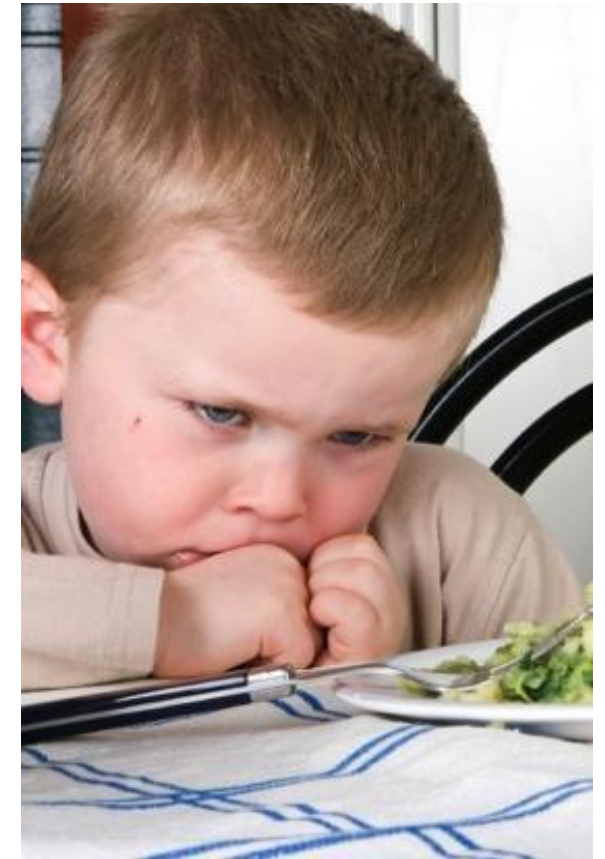
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Disclosures

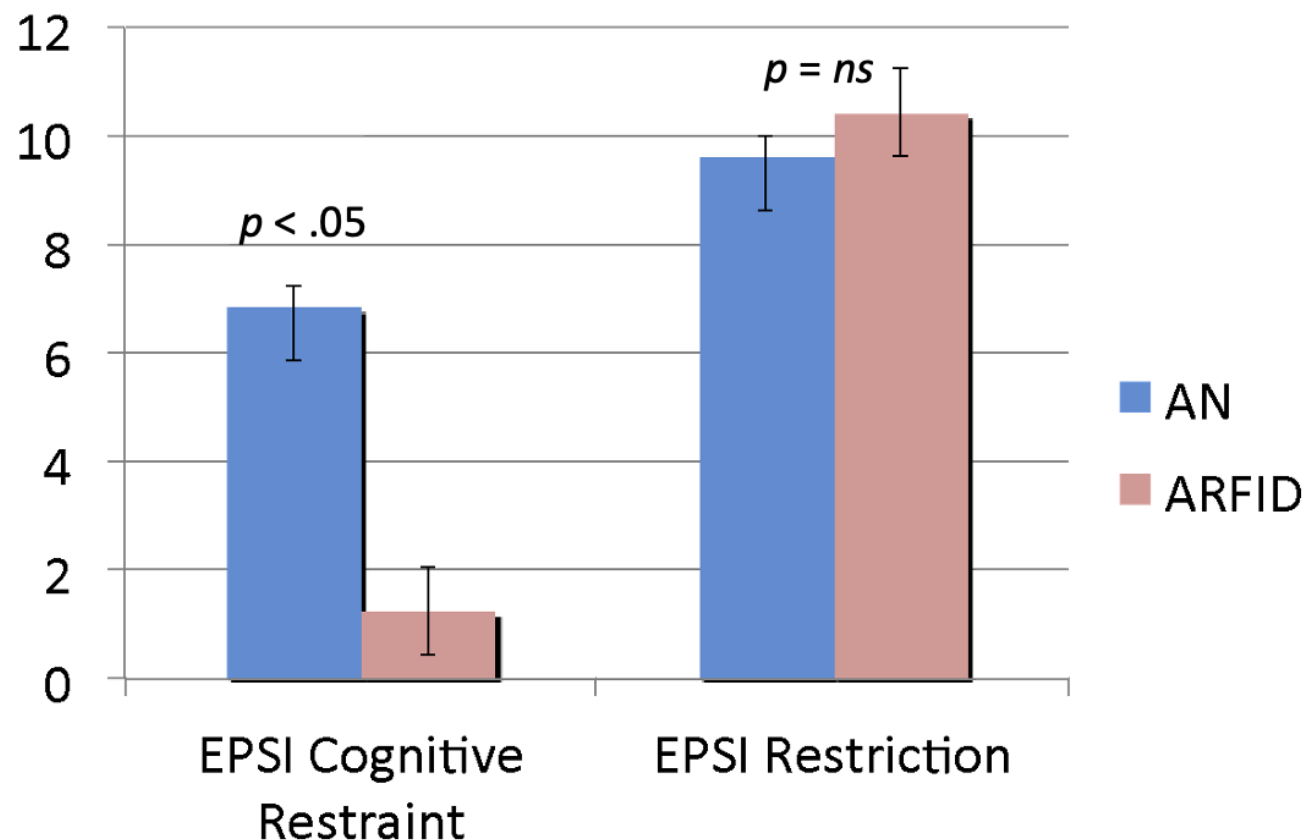
“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”

DSM-5 ARFID

- Persistent failure to meet nutritional needs, causing ≥ 1 of the following:
 - Significant weight loss or faltering growth
 - Significant nutritional deficiency
 - Dependence on tube feeding or supplement drinks
 - Psychosocial impairment
- Not due to lack of available food
- No fear of weight gain or body image disturbance
- Not accounted for by another medical or psychiatric condition



Although both involve restrictive eating, ARFID differs from anorexia nervosa



Three prototypical ARFID presentations



*Food selectivity due to
sensory sensitivity*

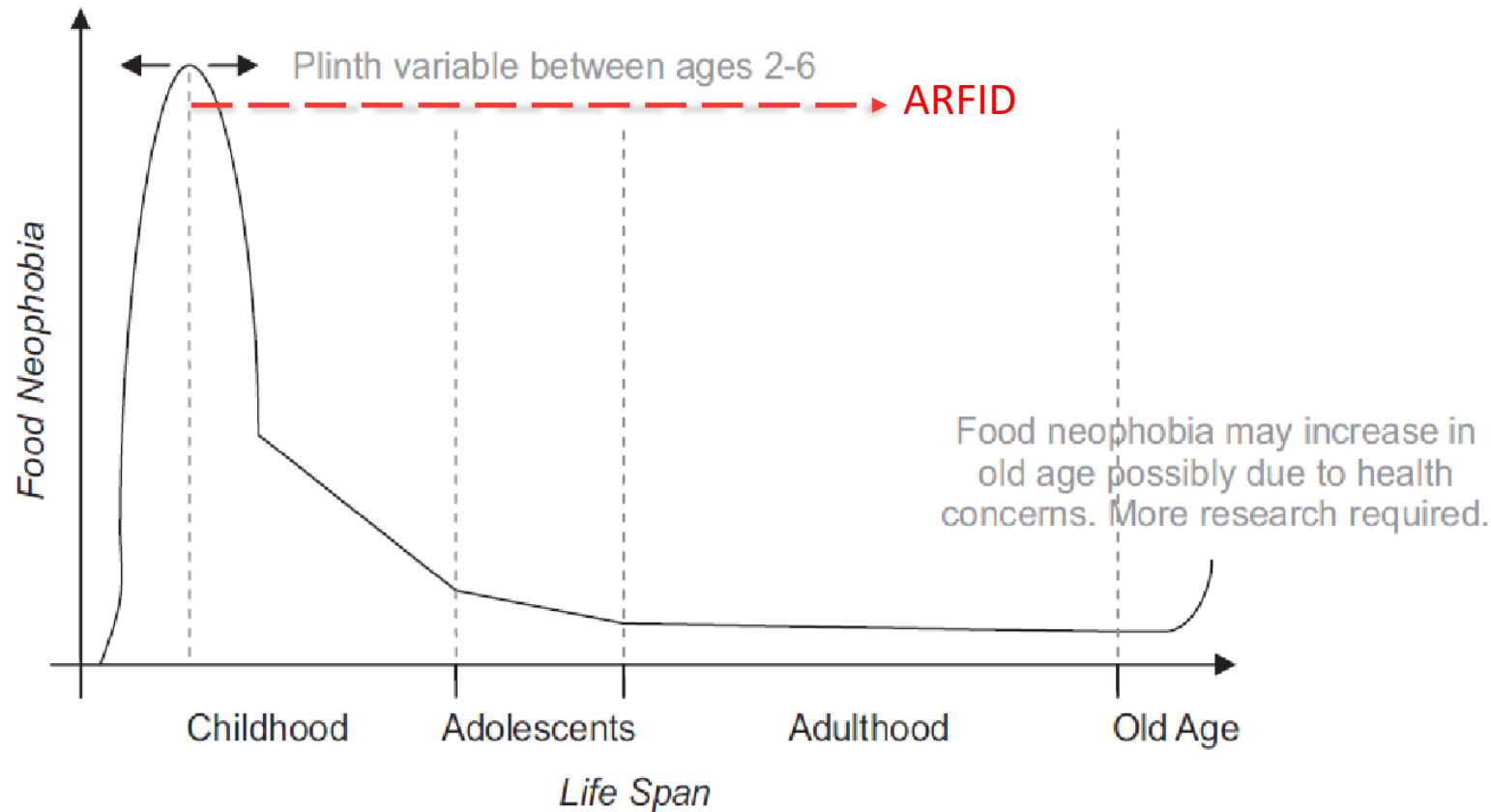


*Fear of aversive
consequences*



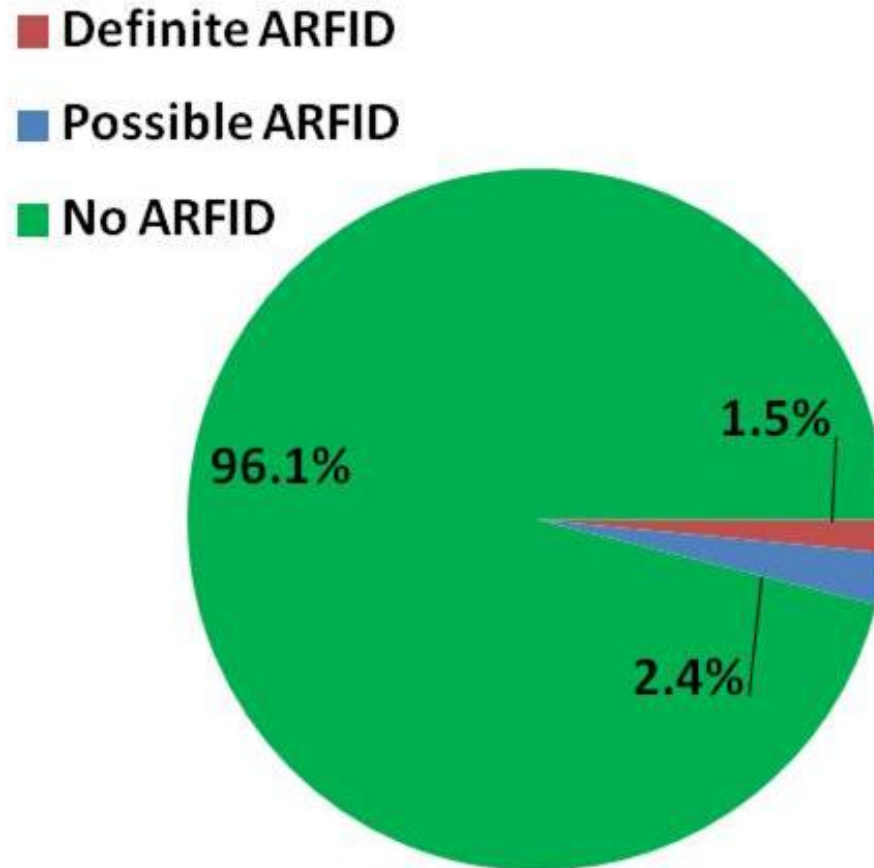
*Lack of interest in
eating or food*

For most children, picky eating peaks at ages 2-6 and decreases with age

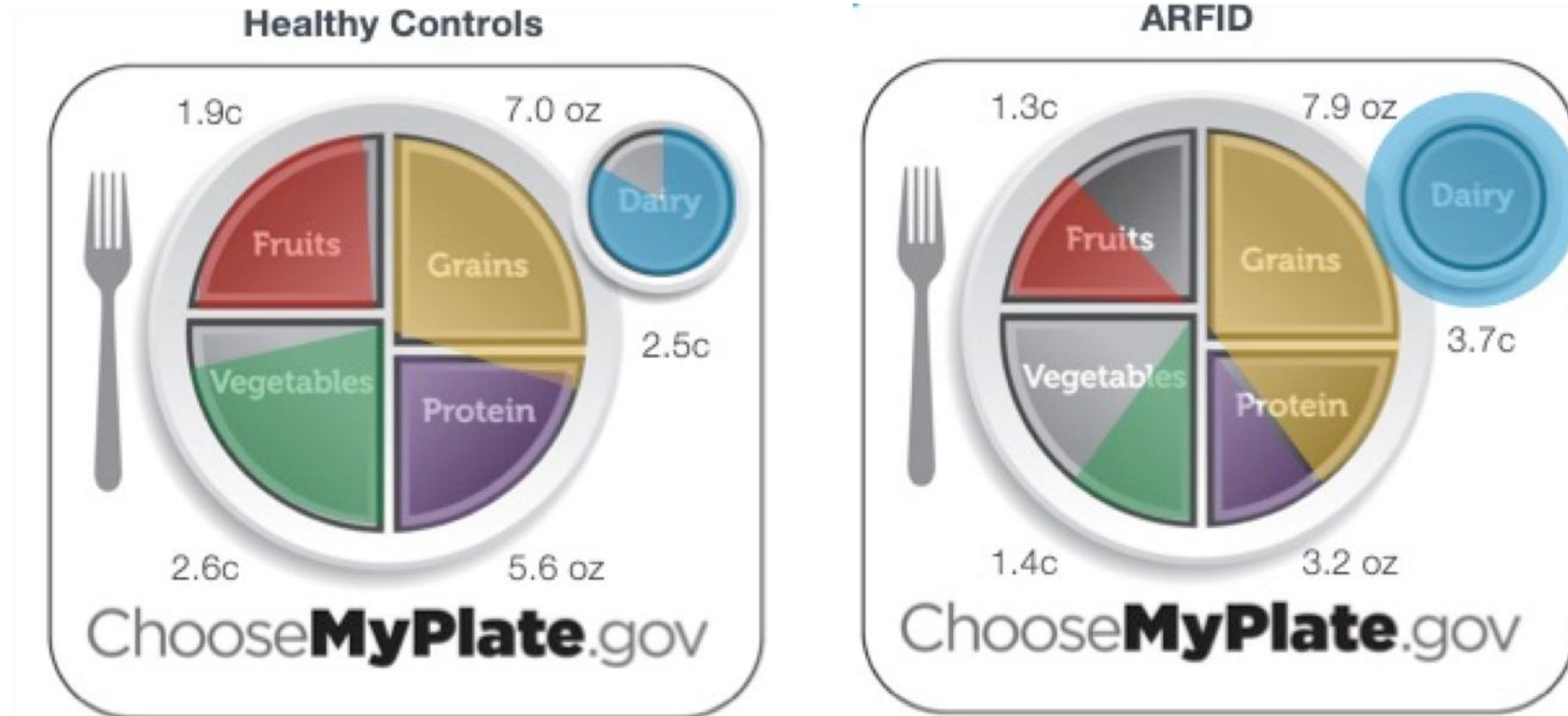


However, a subset of children will go on to develop ARFID

Retrospective chart review of 2,231 consecutive new referrals (ages 8–18 years) to 19 Boston area pediatric gastroenterology clinics for evidence of DSM-5 ARFID.

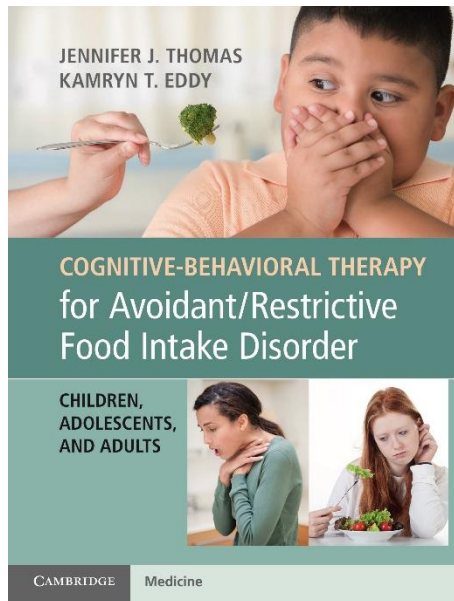


Youth with ARFID eat very few vegetables and protein foods



Data from 4-day food records from youth (9-22yo) with ARFID ($n = 52$) vs. HC ($n = 52$), $**p < .01$

CBT-AR for ARFID (children & adults)

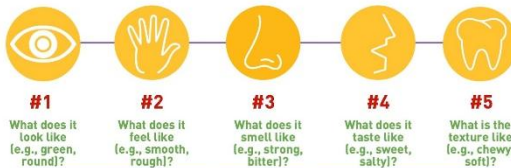


**Ask yourself these FIVE QUESTIONS
when approaching a new food!**

Trying a new food can be overwhelming at first. The next time you encounter a new food, slow down and give yourself a few minutes to explore it as if you've never seen it before.



The Five Questions



- Flexible, modular treatment for children, adolescents, and adults with ARFID (ages 10+) that comprises 20-30 sessions over 4 stages:
 1. Psychoeducation & early change
 2. Treatment planning
 3. Addressing maintaining mechanisms
(exposure to avoided food- and eating-related situations)
 4. Relapse prevention
- Offered in 2 formats:
 1. Family-supported (patients < 16yo and/or underweight)
 2. Individual (patients ≥ 16yo, not underweight)

*Primary intervention is
exposure*

For whom is CBT-AR appropriate?

Children, adolescents, or adults ages who:

- Have a diagnosis of ARFID
- Are able to cognitively engage in treatment
 - Are ages 10 and up
 - If a developmental disorder is present, it is of mild severity
- Are eating by mouth
 - Are at least able to orally consume liquids or soft foods
 - Do not require tube feeding
- Monitored by a physician
 - ARFID can have serious medical consequences
 - Patients who are underweight are at risk for re-feeding syndrome

Addressing maintaining mechanisms



Sensory Sensitivity

- Select foods patient is willing to learn about
- Learn about 5 new foods per session using 5 senses
- Move from tasting to incorporating over time

Fear of Aversive Consequences

- Create fear and avoidance hierarchy of food- and eating-related situations
- Conduct in-session exposure to items on this hierarchy

Lack of Interest in Eating or Food

- Conduct interoceptive exposures to increase tolerance of fullness sensations
- Increase consumption of preferred foods

Evidence-base for CBT-AR

- What is the current evidence for CBT-AR?
 - a. Case reports from our team^{1,2,3} and others^{4,5}
 - b. Open trials from our team^{6,7,8} and others⁹
- Early studies have provided support for the feasibility, acceptability, and proof-of-concept of CBT-AR across the lifespan
- Two randomized controlled trials now ongoing:
 - CBT-AR vs. nutrition education for non-low-weight children/adolescents (10-18yo) with ARFID¹⁰
 - CBT-AR vs. usual Care for adults (18yo+) with ARFID + comorbid functional dyspepsia¹¹

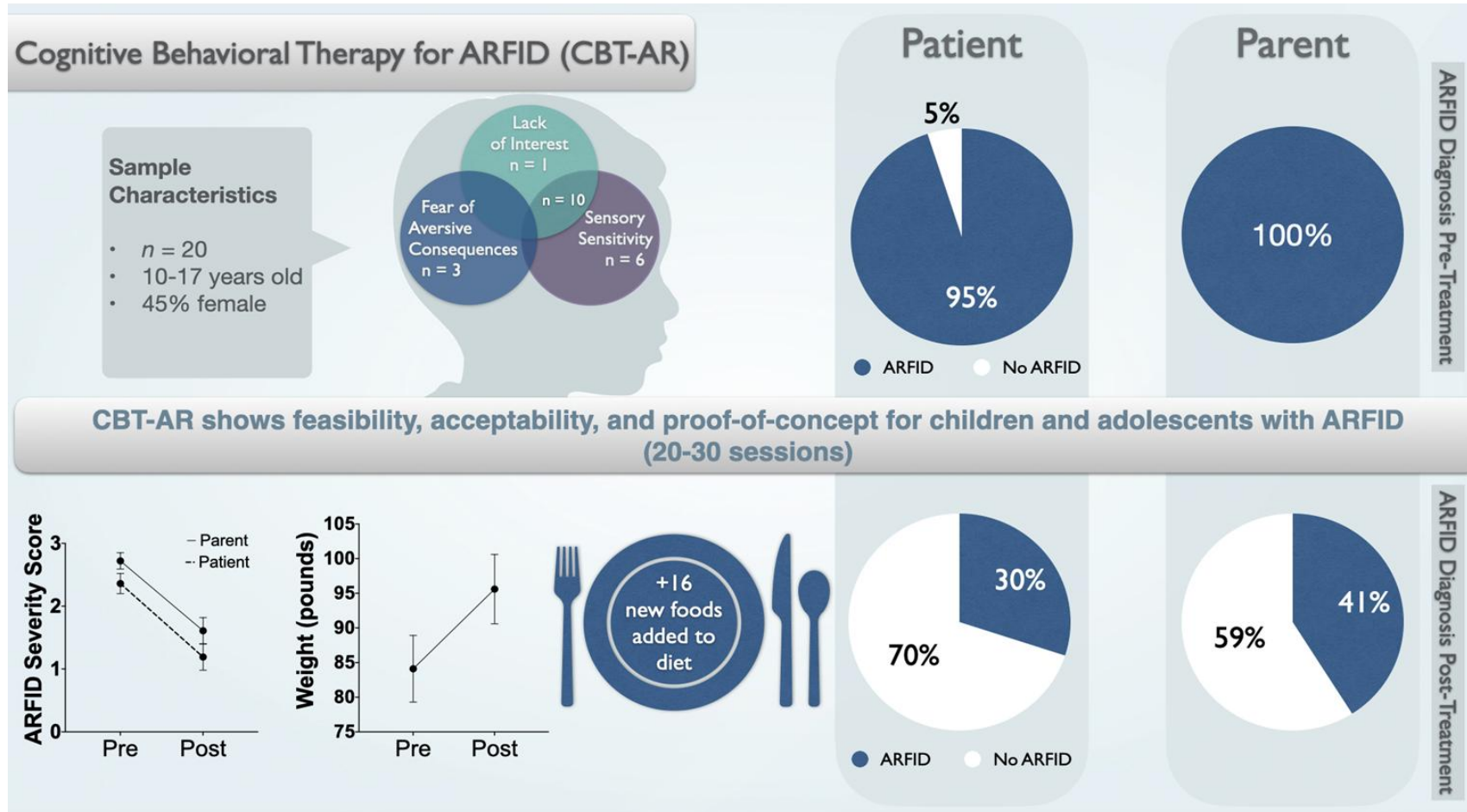
¹Thomas et al., 2017 *NEJM*; ²Becker et al., 2020 *JAACAP*; ³Burton-Murray et al., 2022 *IJED*;

⁴Grunewald et al., 2023 *IJED*; ⁵Price et al., 2024 *Eat Disord*; ⁶Thomas et al., 2020 *IJED*;

⁷Thomas et al., 2021 *JBCT*; ⁸Burton-Murray et al., 2023 *IJED*; ⁹McDonald et al., 2024 *J of EDs*;

¹⁰K23DK131334 (Burton-Murray); ¹¹R61MH129331 (Thomas, Lawson, Eddy)

Evidence for CBT-AR in children

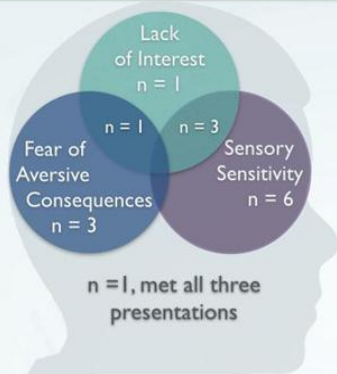


Evidence for CBT-AR in adults

Cognitive Behavioral Therapy for ARFID (CBT-AR)

Sample Characteristics

- $n = 15$
- 18-55 years old
- 67% female



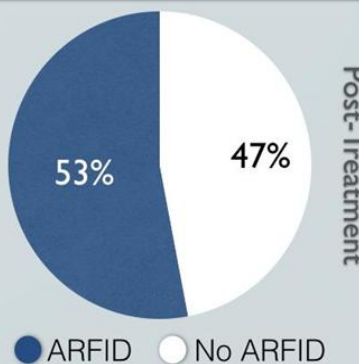
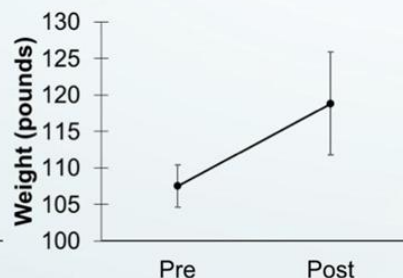
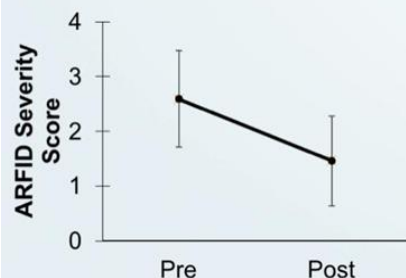
Duration of Illness

17 years

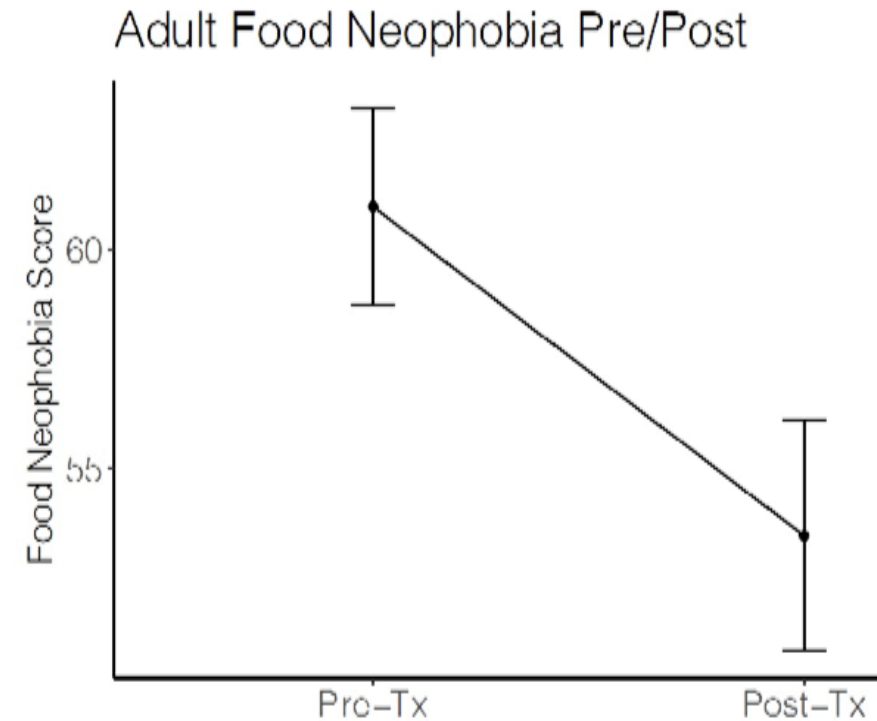
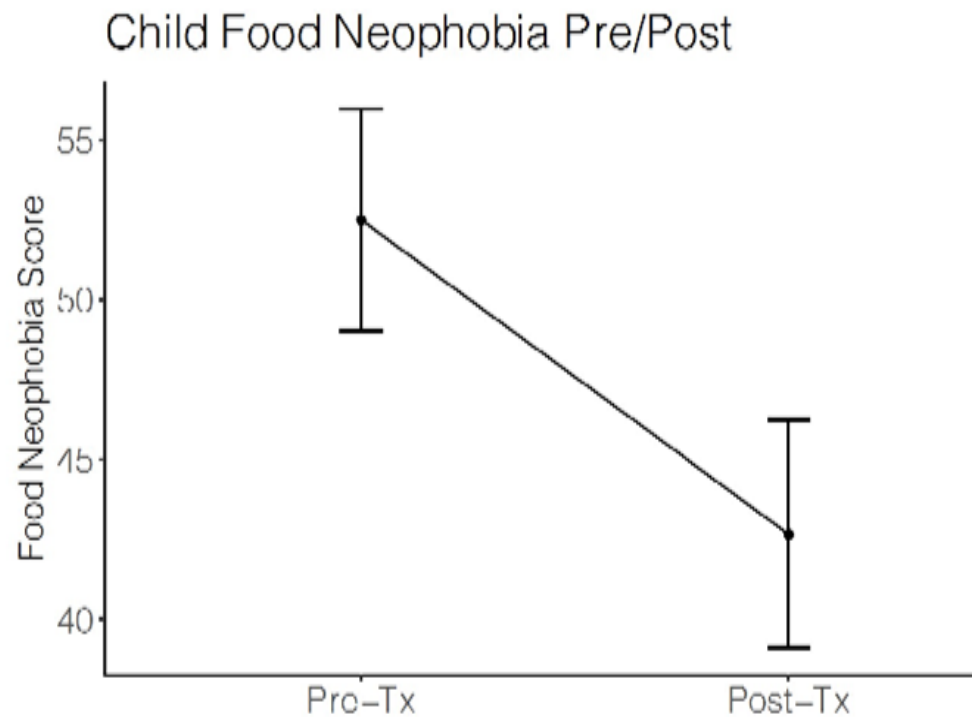
ARFID Diagnosis



CBT-AR shows feasibility, acceptability, and proof-of-concept for adults with ARFID (20-30 sessions)



From pre-to post-CBT-AR, patients showed significant reductions in Food Neophobia Scale



Learn more about CBT-AR

Books about CBT-AR

- *Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder: Children, Adolescents, & Adults (Thomas & Eddy, 2019)*
- *The Picky Eater's Recovery Book: Overcoming Avoidant/Restrictive Food Intake Disorder (Thomas, Becker, & Eddy, 2021)*

Download CBT-AR patient/family workbook (free)

- <https://bit.ly/2WvDdy6>

Download Pica, ARFID, and Rumination Disorder Interview (PARDI) & questionnaire (free)

- <https://bit.ly/2vQD1hq>
- <https://tinyurl.com/5f94h38v>

Thank you!

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