

# ARFID – Exploring Its Symptoms, Causes, and Treatment Plans

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## STORY AT-A-GLANCE

- › Avoidant restrictive food intake disorder (ARFID) is an eating disorder where people severely restrict food due to fear, sensory sensitivities, or low interest – not body image concerns – causing significant health and social problems
- › Unlike normal picky eating, ARFID involves intense distress, extremely narrow food choices, nutritional deficiencies, weight loss, and serious disruption to daily life and social activities
- › Prevalence ranges from 0.35% to 6.4% depending on region, primarily affecting children and teens, with average diagnosis at age 11 and higher male representation than other disorders
- › Treatment approaches include parental control strategies, cognitive behavioral therapy, family-based treatment, food therapy, and sequential oral sensory methods to gradually reduce food-related fear and anxiety
- › A specialized protocol combining psychology, hypnosis, and neuro-linguistic programming shows 90% success for adults and 65% for children, often achieved in a single session

As our understanding of human psychology grows, more conditions are becoming known and formally recognized. One of the recent additions in the field of eating disorders is avoidant restrictive food intake disorder, also known as ARFID.

At first glance, people with ARFID may look like they're just being extremely picky about their food. However, ARFID actually has a deep impact on the psychological function of the affected person, which ultimately affects quality of life. If you have a loved one who exhibits the telltale signs described below, know that there are several ways you can help them.

## **ARFID vs. Picky Eating – How Do You Differentiate Between the Two?**

Do you have a child or know a loved one who has developed an intense fear of food? If they consistently stick to a very small list of food and refuse everything else, they likely have ARFID. In the video above, Glenn Robertson, a specialist in treating ARFID, breaks down its distinguishing characteristics:<sup>1</sup>

- **Symptoms of ARFID** – A person consistently eats too little overall or avoids so many foods that they are not meeting basic energy or nutrient needs. Resultant health problems often include significant weight loss, poor growth, nutrient deficiencies, dependence on supplements or tube feeding, or serious disruption of life at home, school, or work. Importantly, this is not driven by weight or shape concerns.
- **Normal picky eating looks very different** – Many young kids go through a "white foods only" phase or refuse vegetables for a few years. As long as they are growing, have decent energy, and can still eat enough variety over time, that is usually a developmental phase that improves, not an eating disorder. The table below summarizes the key differences between the two.

<b>Feature</b>	<b>Typical picky eating</b>	<b>ARFID</b>
<b>Main driver</b>	Taste preferences, mild neophobia (fear or strong aversion to anything new or unfamiliar)	Sensory sensitivity, fear of negative outcomes, or low interest in food
<b>Age pattern</b>	Peaks in early childhood, usually improves	Typically starts in childhood but can also develop during adolescence and adulthood
<b>Safe-food list</b>	Limited, but still covers several food groups	Often extremely narrow (only a few foods or specific brands)
<b>Health impact</b>	Normal growth and labs; energy generally OK	Weight loss or poor growth, nutrient deficiencies, fatigue, dizziness, gastrointestinal issues
<b>Emotional state around food</b>	Mild annoyance or bargaining	Intense fear, disgust, or distress before and during meals
<b>Social impact</b>	Will usually eat something at parties or restaurants	May avoid parties, dates, travel, or any events involving food

Feature	Typical picky eating	ARFID
Body image concerns	Usually none	Those with ARFID generally have no body image issues as well

## How Common Is ARFID in Children, Teens, and Adults?

Officially, ARFID is a relatively new disease. The Diagnostic and Statistics Manual of Mental Disorders (DSM) recognized it as an eating disorder back in 2013.<sup>2</sup> Today, it now accounts for up to 15% of all new eating disorder cases, according to the National Alliance for Eating Disorders.<sup>3</sup>

- **Global estimates are still unconfirmed** – The Scientific American reports that estimates of ARFID cases around the globe are still being compiled:<sup>4</sup>

*"Real-world data on ARFID cases are lacking, but some studies have reported a global prevalence ranging from 0.35% to 3% across all age groups. Certain countries and regions report much higher numbers: a recent study in the Netherlands, for example, found that among 2,862 children aged 10, 6.4% had ARFID."*

- **Young people are mostly affected** – Experts noted that although ARFID can occur at any age, it primarily affects children and teenagers. Most cases are diagnosed at age 11, with boys accounting for 20% to 30% of cases, which is significantly higher than the rates seen in other eating disorders.<sup>5</sup>
- **Numbers already rival other eating disorders** – In another study published in the Journal of Eating Disorders, which surveyed 50,082 adults for eating disorders, prevalence of ARFID was higher (4.7%) than those with anorexia nervosa (4.5%).<sup>6</sup>

## What Causes ARFID and Who Is Most at Risk?

At its core, ARFID is an intense fear of food. There are three main causes, according to Robertson:

- **Fear of new foods** – The first one is fear of foods they do not know. People with ARFID subconsciously stick to a very small group of food. They feel hesitant about anything outside that list, and the hesitation can even turn into a phobia. This often traces back to past trauma, such as a choking episode with a certain food.<sup>7</sup>
- **Sensory overload** – Robertson describes this as having a "heightened sensitivity to the taste, smell, and texture of food," and often causes great distress.<sup>8</sup>

*"Fear and anxiety put the ARFID person on high alert for their non-safe foods. And so, food and fear become overlapped in an unhealthy relationship," he explains.*

- **Low interest** – As time goes on, those with ARFID generally become desensitized to fear. This causes them to develop a generally low interest in food if it does not meet their criteria.<sup>9</sup>
- **Unhealthy eating habits** – To make matters worse, those who are currently going through ARFID tend to prefer unhealthy foods, especially ones high in **vegetable oils** and ultraprocessed ingredients. In fact, Robertson calls it the "toddler diet" because of a child's preference for these products:<sup>10</sup>

*"The ARFID person's diet is typically made up of bland, beige types of foods, sometimes called the toddler diet. It consists of refined carbohydrates, foods high in sugar, and processed meats. There is generally minimal fresh fruit and vegetables, and limited protein choices. It's not difficult to see that this type of diet is nutritionally challenging."*

- **What ARFID looks like for children** – Children are generally surrounded by food in different circumstances, such as during birthday celebrations, summer camps, sleepovers with friends, as well as family vacations. As you can imagine, this will create huge amounts of stress for them.

Instead of having a fun time, children with ARFID will experience embarrassment due to their fear of food. As noted by Robertson, "Nobody enjoys standing out from their peers, friends, and family, particularly when it comes to behavior around food."<sup>11</sup>

- **How ARFID affects quality of life for adults** – Adults diagnosed with ARFID will generally have a harder time, as they also have to balance their personal lives and careers with the disease:<sup>12</sup>

*"For adults and adolescents, there is the added complexity of relationships and work. Explaining ARFID to a new boyfriend or girlfriend can be highly stressful and embarrassing, and not everyone understands.*

*Building relationships at work often revolves around lunches and dinners with colleagues and attending training days. Some adults have missed promotion opportunities due to their ARFID behavior, holding them back and overseas, and interstate travel is nearly an impossible hurdle for the ARFID person."*

## **How Is ARFID Treated and Can a Natural Health Approach Help?**

Ultimately, ARFID is rooted in a deep fear of exploring other foods. That said, several methods are available with varying degrees of success. Here's a compilation of suggestions from the Scientific American and Robertson:

- **Control** – This strategy is mainly applicable for kids. It requires the parents to adjust their family dynamics and eating habits to slowly introduce new foods to an ARFID child.

An example from the Scientific American focused on Stella, a young girl who stopped eating solid foods when she was 8 years old. She was hospitalized and was treated at an eating disorder clinic. After a month of treatment, she was allowed to go home; her parents were instructed not to cater to her limited palate:<sup>13</sup>

*"At home, the whole family, including Stella, ate the same meals. When they ate at restaurants, Stella didn't have to eat a big meal, but she did have to take a few bites of something solid. Within a few months, Stella's regular eating habits returned, and her ARFID disappeared."*

- **Cognitive behavioral therapy (CBT)** – This requires the help of trained professionals who will guide you or your child to recognize thoughts and thinking patterns that affect your food choices. Ultimately, the aim is to reduce your fear and anxiety around food you're not familiar with and help you cope better with sensory challenges.<sup>14</sup>
- **Family-based treatment (FBT)** – In FBT, the whole family works together with a therapist to address eating disorders. Parents will be at the helm in order to focus on the child. At the same time, the family regularly visits an FBT expert for guidance.<sup>15</sup> It follows five tenets, as explained in a study published in the Journal of Eating Disorders:<sup>16</sup>
  1. The therapist holds an agnostic view of the cause of the illness
  2. The therapist takes a non-authoritarian stance in treatment
  3. Parents are empowered to bring about the recovery of their child
  4. The eating disorder is separated from the patient and externalized
  5. FBT utilizes a pragmatic approach to treatment
- **Food therapy** – Similar to FBT, this approach requires the help of a trained professional. However, the difference is that parents share the workload with the therapist to not only increase the amount and types of foods the child is willing to eat, but also create a positive eating experience for the child. They may also be taught techniques to gradually decrease their sensitivity to various foods and textures.<sup>17</sup>

- **Sequential oral sensory (SOS)** – Developed by pediatric psychologist Kay Toomey, Ph.D., SOS approaches food in a positive way by introducing it slowly to children. For example, food is placed in the same room as a child and then uses their senses to explore it. Chewing and swallowing food is the end goal of this protocol.<sup>18</sup>

## **How Can You Support a Child, Partner, or Friend Living with ARFID?**

If you have a child or know a loved one with ARFID, it can be difficult to introduce them to healthy **food**. However, don't despair, as change is possible. In addition to the methods discussed above, Robertson noted that there is a protocol especially designed for treating ARFID. You can use this when all other methods have been ineffective.

- **A multi-disciplinary approach** – Robertson shared a successful protocol by Felix Economakis, which uses a combination of psychology therapy, hypnosis, and neuro-linguistic programming.<sup>19</sup>
- **Education and awareness are vital to overcoming the disorder** – Economakis' approach involves teaching the patient about ARFID and how their thoughts, feelings, and physical responses contribute to its development and continuation. This will allow them to process and better understand what they're going through:<sup>20</sup>

*"The problem becomes reframed in the client's mind. With deeper understanding comes a reduction in fear and the hypnosis part of the protocol helps consolidate and communicate change to the inner part of the client."*

- **Rapid improvement is possible** – In fact, Economakis has treated over 3,000 clients with a 90% success rate for adults, and a 65% success rate for adolescents and children over the age of 8 years old. What's impressive is that it can be achieved in just a single session.

Why the difference in success rates? In an interview with The Independent, Economakis explains that children usually answer, "I don't know" as to why they can't eat new foods. Meanwhile, adults can articulate their thoughts better, and they're more motivated to conquer ARFID because they're funding their own treatment.<sup>21</sup>

## **Frequently Asked Questions (FAQs) About ARFID**

**Q: What causes ARFID and why is it becoming more common?**

**A:** Avoidant restrictive food intake disorder (ARFID) may stem from fear of certain foods, past negative experiences, strong sensory sensitivity, or gradually losing interest in eating unfamiliar items. Many people rely on bland, ultraprocessed foods, which reinforces avoidance. The disorder is more common today mainly because it was only recognized in 2013.

As awareness grows, doctors and families identify more cases, revealing that ARFID occurs across all age groups and may be more widespread than once believed.

**Q: What is the difference between picky eating and ARFID?**

**A:** Picky eating is a common childhood phase in which children prefer certain foods but still get enough nutrition and grow normally. They may complain or bargain around meals, but they usually manage fine in social situations. On the other hand, ARFID is a clinical eating disorder where fear, sensory sensitivity, or low interest in food leads to severe restriction.

It causes nutrition and growth problems, intense distress during meals, and avoidance of social events. Unlike other eating disorders, ARFID does not involve body-image concerns.

**Q: What are the signs and symptoms of ARFID?**

**A:** People with ARFID have very limited diets that lead to low energy, nutrient deficiencies, or weight and growth problems. They may feel fear or disgust when facing unfamiliar foods and often rely on a small list of "safe" options. Social situations involving food can be stressful or avoided. Sensory sensitivity to textures, tastes, or smells is common, and many individuals show low interest in food overall.

**Q: Can adults have ARFID, or is it only a childhood eating disorder?**

**A:** ARFID can affect anyone at any age. While many cases start in childhood or adolescence, adults can also develop it or continue to struggle with longstanding symptoms. Because adult life often involves food-related social and professional activities, ARFID can interfere with dating, work meals, travel, and career opportunities. It is not limited to children.

**Q: Can ARFID be cured, or will I have it for life?**

**A:** ARFID is treatable, and many people recover. Approaches include therapy to reduce fear and anxiety, parent-guided exposure for children, family-based treatment, and specialized food therapy to ease sensory challenges. Some benefit from structured protocols that produce rapid change. With proper support, many individuals expand their diets and no longer experience significant impairment, so ARFID does not have to be lifelong.

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