

Avoidant/Restrictive Food Intake Disorder (ARFID)

Many organizations interested in what is developed and do not currently have ARFID programs at their facilities

Original Questions:

1. Does your hospital have a specific ARFID feeding plan/pathway/framework?
2. What disciplines are involved with the ARFID population? (ie: nutrition, psychology, GI, child life, internal medicine, OT, SLP)
3. Is a “feeding specialist” (either OT or SLP) order placed at time of admission?
4. Does the OT assist in establishing feeding plan and strategies? If so, does the OT or another professional adjust plan throughout admission.
5. Are any specific standardized measures used with this population?
6. During admission, do the patient have a meal time sitter/partner other than parent or family member? If so, did the staff member receive specialized training from the “feeding specialist” for the specific population?

Other responses included:

ORG A:

At ORG A, our eating disorders partial hospitalization program is where we treat patients with ARFID. We use a family based therapy approach to evaluate food avoidance behaviors and parental accommodations, and treatment of co-morbid diagnoses like anxiety, to expand variety in the process of parent supported weight restoration.

ORG B

Does your hospital have a specific ARFID feeding plan/pathway/framework? **We are currently working on a pathway although this isn't completed.**

What disciplines are involved with the ARFID population? (ie: nutrition, psychology, GI, child life, internal medicine, OT, SLP)

Speech Therapy

Occupational Therapy

Psychology/Behavioral Health

Dietitians

Is a “feeding specialist” (either OT or SLP) order placed at time of admission?

At this time we do not have an inpatient feeding program and treat these patients on an outpatient basis.

Does the OT assist in establishing feeding plan and strategies? If so, does the OT or another professional adjust plan throughout admission.

On an outpatient basis, OTs are a part of our feeding team although the two professionals in our setting that have taken additional education on this specific population are SLPs

Are any specific standardized measures used with this population? **Not at this time, however our team is looking at the CHOMPS to implement with this population**

During admission, do the patient have a meal time sitter/partner other than parent or family member? If so, did the staff member receive specialized training from the “feeding specialist” for the specific population?

These patients are treated on an outpatient basis, for best follow through the parent is present and active in the treatment sessions along with the SLP

ORG C

We have recently been discussing this and OT was asked to consult on a case . We have not really defined what our role will be at this time. We have discussed assessing for sensory concerns that may not have been addressed (as we have found that often there are sensory issues that have been ignored and not addressed) and if needed, working more on slow gentle strengthening to return to independence with self care. We did not discussed get involved in the feeding aspect but again we are in discussions with our teams at this point so I would be very interested to hear what other hospitals are doing.
