

# Exploring Avoidant Restrictive Food Intake Disorder: A Multi-Factor Approach

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## Introduction

Avoidant restrictive food intake disorder (ARFID) is a diagnostic term in which typical eating behavior is disrupted, leading to the inability to meet appropriate nutritional and/or energy needs. It can lead to physical and psychosocial problems. ARFID was first recognized as a distinct eating disorder in the *DSM-5 (2013)*. ARFID has three main presentations (Kambanis et al., 2019):

- Sensory-based avoidance (e.g., taste, texture)
- Fear of negative outcomes (e.g., choking, vomiting)
- Low interest in eating or food

Research suggests biological, genetic, and neurological links, but understanding is still limited. Sensory processing issues are common, though their role is not fully understood.

ARFID frequently co-occurs with:

- Anxiety
- Autism Spectrum Disorder (ASD)
- Gastrointestinal (GI) disorders

Diagnostic tools and treatments are limited — more evidence-based approaches are needed (Archibald & Bryant-Waugh, 2023).

**Primary Aim:** To enhance the understanding of ARFID by examining its biological, sensory, and comorbid components.

**Specific Objectives:**

- Investigate the biological, genetic, and neurological underpinnings of ARFID.
- Analyze the relationship between sensory processing disorders and ARFID.
- Examine the comorbid nature of ARFID with anxiety, ASD, and GI disorders.
- Synthesize current literature to identify gaps and suggest future research directions.

## Strategy

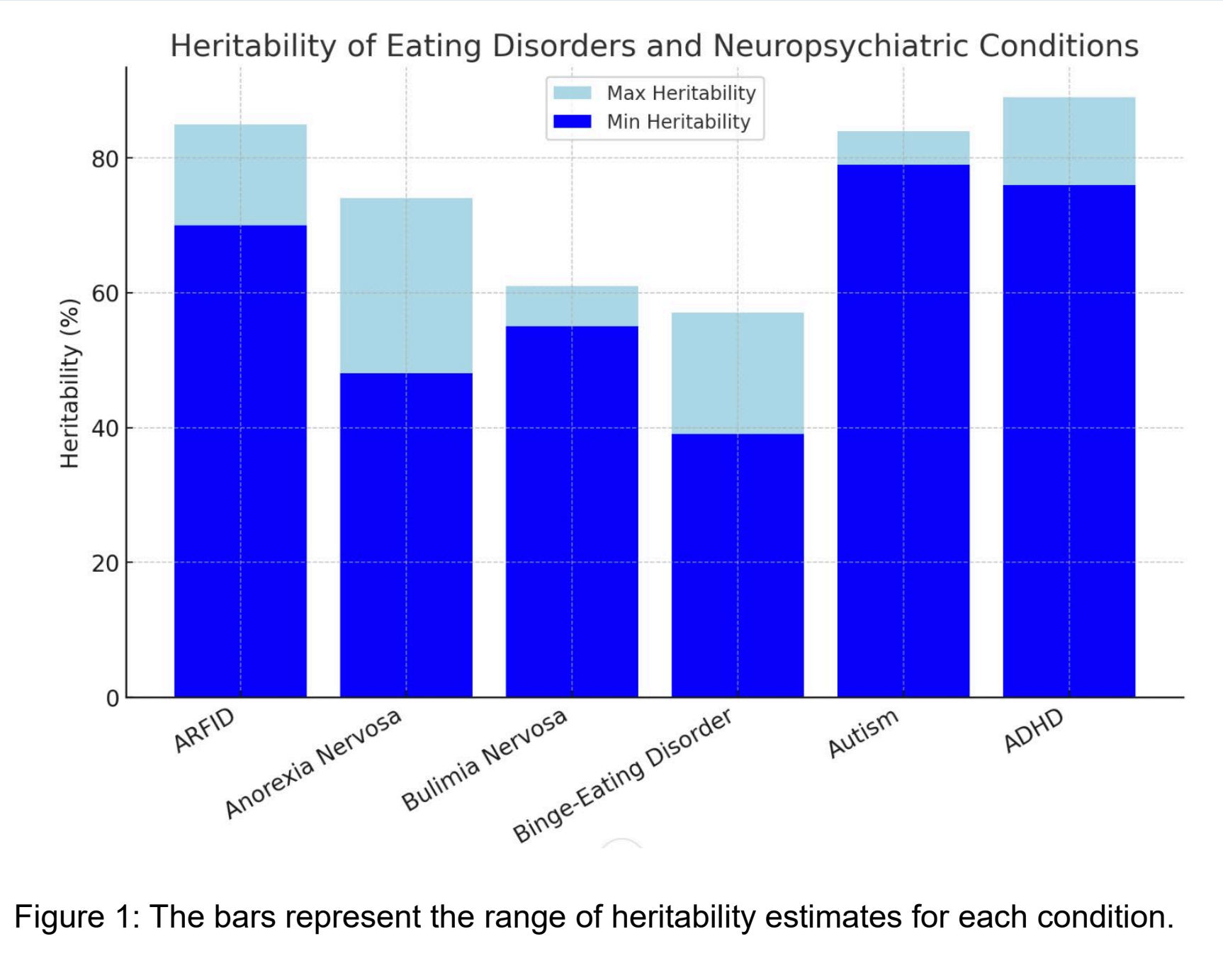
**Objective:** The primary objective of this systematic review was to examine current research on ARFID, identify gaps in the literature, and summarize key findings in order to guide future investigations and clinical practices.

**Search Strategy:** Qualitative data collected through a systematic review of peer-reviewed articles, conducted via a search of electronic databases Google Scholar and YU Library to ensure the reliability of findings. The search terms included: ARFID, Avoidant/Restrictive Food Intake Disorder, eating disorders, treatment, diagnosis, genetics, sensory processing, and comorbidities, among others.

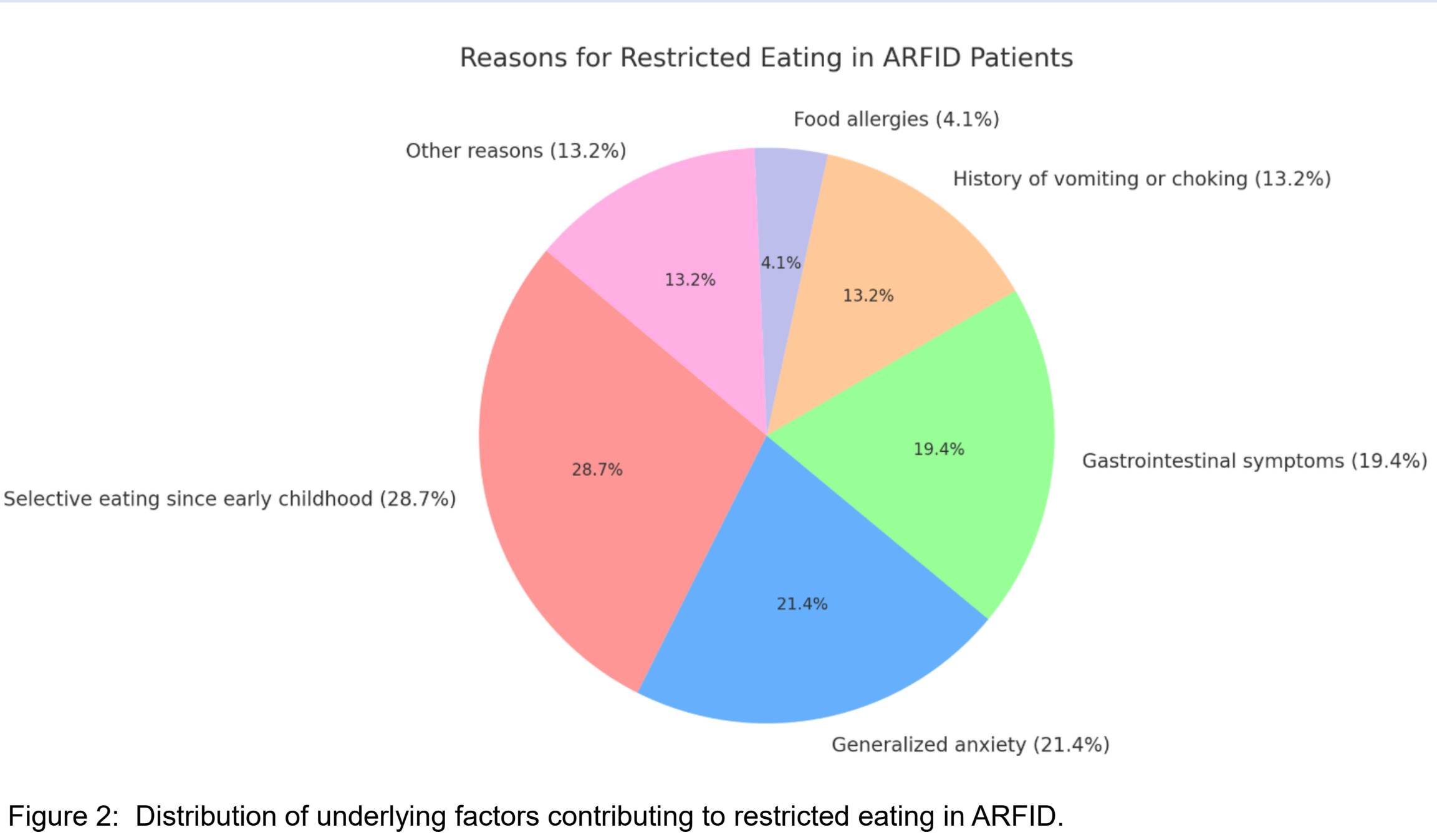
**Inclusion and Exclusion Criteria:** Articles were selected based on their relevance to ARFID, publication in peer-reviewed journals, and methodological rigor. Studies were excluded if they focused on other eating disorders or lacked empirical data.

## Findings

- **Biological, genetic, and neurological basis:** In one study, ARFID was compared to eating disorders and neuropsychiatric disorders. ARFID may be the most heritable eating disorder and mental health condition. (Dinkler et. al 2023).



- **Comorbid nature of ARFID:** In a study by Zimmerman et. al, researchers have identified subcategories that contribute to restricted nutritional intake. 712 patients were evaluated for eating disorders, and findings reinforce the idea that ARFID is not a singular condition and must be viewed through the lens of various underlying causes (2017).



- **Sensory processing disorders (SPDs) and ARFID:** SPDs involve difficulties in interpreting and responding to sensory stimuli. In ARFID, heightened sensitivity to a food's taste, texture, smell, or appearance can lead to avoidant and restrictive eating patterns. Children with sensory sensitivities are more likely to avoid new foods and exhibit higher levels of pickiness (Zucker et. al 2015).

## Conclusions

More research is needed on biological and genetic factors, sensory processing, comorbid conditions, and treatment approaches. Studies should explore:

- Genetic and environmental influences
- Brain networks related to eating behavior
- Sensory-based therapies (e.g., sensory integration) to improve food acceptance

Understanding comorbidities may support integrated treatment approaches. Additionally, differentiating short-term vs. long-term ARFID based on symptom duration can guide care:

- Short-term: triggered by events (e.g., choking), often treatable
- Long-term: chronic avoidance, requires intensive treatment

**A multidisciplinary approach is essential to advance research that will support earlier interventions and better outcomes.**

Future studies should prioritize large-scale, longitudinal research, standardized screening tools, and multidisciplinary treatment approaches. Increasing awareness, improving access to care, and developing evidence-based interventions will enhance diagnosis, management, and long-term outcomes.

## Acknowledgments

Thank you Marissa A. Barrera, Ph.D., MSCS, CCC-SLP and Kathleen Fitzgerald, M.S., CCC-SLP for their assistance in this literature review.

## References

