

# Treatment of Avoidant Restrictive Food Intake Disorder (ARFID) in a Medical Inpatient Setting

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# Introduction to LA4-2

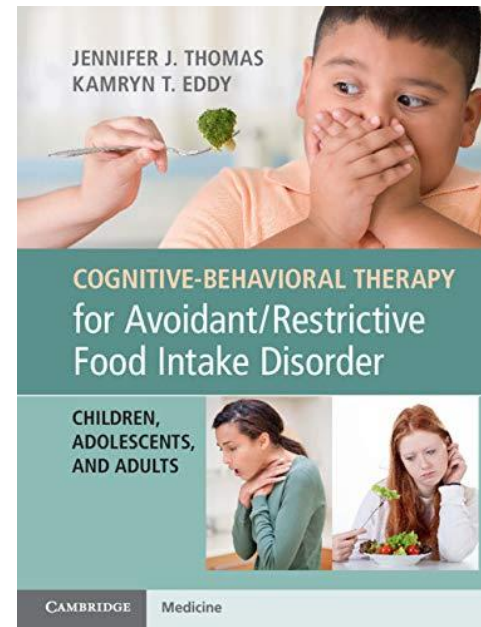
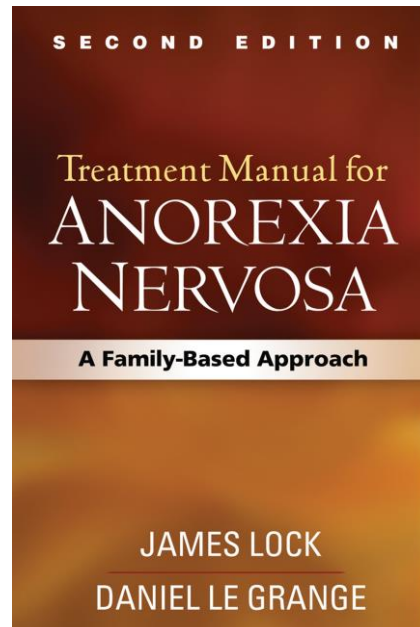
- Interdisciplinary unit
- Patient demographics
  - 8 to 25 years of age
  - 5% of admissions are ARFID
  - Admitted from Adolescent Medicine outpatient visits
  - Average length of inpatient stay = 8 days
  - Illness duration ( $M = 14.63$ ,  $SD = 8.08$  months): 6 to 30 months

# General Plan

- **Assessment of ARFID subtype**
- **Assessment**
  - History of eating disorder onset and development
  - History of eating (e.g. picky eater, low interest)
  - Comorbid diagnoses
  - Motivation for recovery
  - Family strengths and current stressors
- **Medical stability**
  - Weight progress, electrolyte stability

# CBT-AR/FBT

- Cognitive-Behavioral Therapy for Avoidant Restrictive Food Intake Disorder
- Family Based Treatment



# “Eric”

- Age: 9, cisgender male
- Only child
- Pre-ARFID: picky eater, “snacker”, baseball player, video games
- Onset: pneumonia – loss of appetite, concern with choking (swollen throat with sore throat)
- General: anxiety about getting sick – family history of illness and sudden death

# Presentation on unit



- Refused to drink/swallow and eat
- Exposures to pudding
- Mom's response
- Nasogastric (NG) tube
- Reinforcement strategy

# Building on success

- Child Life and reinforcement

## Eric's Incentive Chart

8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00

- 1 Sticker for 1 bite  
- 1 Sticker for practicing deep breathing  
  
7 points leads to Playing Uno with mom



# Outpatient Plan

- In session exposures
- Games as a reward
- Outcome
  - More foods by mouth
  - Low reliance on food supplements
  - Little concern for choking – laughing and talking while eating



# “George”

- Age: 16, cisgender male
- 2 older siblings in an intact family at home
- History of anxiety/OCD
- Onset: vomiting and fear of continued vomiting

# Presentation

- Significantly under weight (75% IBW)
- Eating some safe foods but minimal
- Would only eat from certain plates/utensils and in basement of house, if sealed
- Plan on the unit
  - Initially increase intake: 250 calories each day of preferred foods

# Intervention

- Exposures:
  - New foods
  - Interoceptive cues
  - Changes in location

## *Fear hierarchy*

### SITUATION OR PLACE

### LEVEL OF ANXIETY

**SUDs** (From 0 to 10)

- |                                   |        |
|-----------------------------------|--------|
| 1. Standing in a queue            | 3 or 4 |
| 2. Shopping Centre                | 3 or 4 |
| 3. Going to a Cinema or Theatre   | 4 to 6 |
| 4. Meeting my neighbours          | 5      |
| 5. Sitting in the canteen at work | 5 to 6 |



# References and contact



Lock, J., & Le Grange, D. (2015). *Treatment manual for anorexia nervosa: A family-based approach*. Guilford Publications.

Thomas, J. J., & Eddy, K. T. (2018). *Cognitive-behavioral therapy for avoidant/restrictive food intake disorder: children, adolescents, and adults*. Cambridge University Press.

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