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6B83 Avoidant-restrictive food intake disorder

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders • The relationship between ideal body size, body satisfaction and binge-eating disorder is complex. For example, women who report strong identification with African American or Black Caribbean culture also tend to report larger body ideals and higher body satisfaction, yet tend to have elevated rates of binge eating. Sex- and/or gender-related features • Binge-eating disorder is more prevalent among females. • There are no significant gender-related differences in the symptoms or course of binge-eating disorder. Boundaries with other disorders and conditions (differential diagnosis) Boundary with bulimia nervosa If an individual regularly engages in inappropriate compensatory behaviours following episodes of binge eating (e.g. self-induced vomiting, use of laxatives, enemas, diuretics, fasting, strenuous exercise or omitting insulin), a diagnosis of bulimia nervosa rather than binge-eating disorder should be assigned. Boundary with obesity Obesity is a common consequence of binge-eating disorder and should be recorded separately. However, obese individuals who report overeating patterns that do not meet the definition of binge eating should not be diagnosed with binge-eating disorder. Avoidant-restrictive food intake disorder Essential (required) features • Avoidance or restriction of food intake is required for diagnosis, which results in either or both of the following: • the intake of an insufficient quantity or variety of food to meet adequate energy or nutritional requirements that has resulted in significant weight loss, clinically significant nutritional deficiencies, dependence on oral nutritional supplements or tube feeding, or has otherwise negatively affected the physical health of the individual; • significant impairment in personal, family, social, educational, occupational or other important areas of functioning (e.g. due to avoidance or distress related to participating in social experiences involving eating). 6B83 Feeding and eating disorders | Avoidant-restrictive food intake disorder

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Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders • Avoidance of specific foods or limitation of food intake due to religious or other culturally sanctioned practices does not meet the diagnostic requirements of avoidant-restrictive food intake disorder unless the pattern of restricted food intake has negatively affected the physical health of the individual or resulted in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. Course features • Avoidant-restrictive food intake disorder may be associated with delays in typical development (e.g. growth, learning), particularly if significant malnutrition is present. • Among individuals with avoidant-restrictive food intake disorder, avoidant and restrictive patterns of eating may persist into adulthood. • Individuals with avoidant-restrictive food intake disorder may develop certain features of anorexia nervosa over time (e.g. concerns about body weight or negative attitudes about fatness), but do not typically develop the body image distortion commonly seen in anorexia nervosa. Otherwise, evidence that avoidant-restrictive food intake disorder is associated with later

diagnoses of other feeding and eating disorders is limited. Developmental presentations • Avoidant eating or feeding often starts in early childhood, but initial presentations in older children, adolescents and adults also occur. Culture-related features • Individuals who avoid specific foods because of widely accepted food choice practices, such as vegetarianism or veganism, or due to religious observances (e.g. fasting, purification or ritual proscription of foods), should not be diagnosed with the disorder unless the restricted eating behaviour exceeds the usual norms of the individual's cultural or religious group, and is associated with health or functional consequences that warrant clinical attention. Sex- and/or gender-related features • The prevalence of avoidant-restrictive food intake disorder is similar among males and females. When avoidant-restrictive food intake disorder co-occurs with autism spectrum disorder, prevalence is higher among males.

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Boundaries with other disorders and conditions (differential diagnosis)

Boundary with anorexia nervosa Individuals with anorexia nervosa, like individuals with avoidant-restrictive food intake disorder, present with a pattern of restricted eating and significantly low body weight, with similar health-related consequences. The difference is that in anorexia nervosa, behaviours to establish or maintain an abnormally low body weight are usually explicitly motivated by a desire for thinness or an intense fear of gaining weight. However, other rationales for disturbances in eating behaviours or weight loss in anorexia nervosa may be given, such as fear of physical discomfort (e.g. stomach bloating), self-punishment, or religious or moral reasons. In cases in which the individual otherwise meets the diagnostic requirements of anorexia nervosa but weight- or shape-related concerns are not explicitly endorsed, the altered eating behaviours should only be considered diagnostic of anorexia nervosa if clinical observation or collateral history supports the conclusion that they are motivated by an intention to lose weight or to prevent weight gain. Some individuals initially diagnosed with avoidant-restrictive food intake disorder may exhibit more explicit weight- or shape-related concerns over the course of treatment as they begin to alter their eating behaviours and to gain weight. In such cases, it may be appropriate to change the diagnosis to anorexia nervosa if all diagnostic requirements are met.

Boundary with autism spectrum disorder In some individuals with avoidant-restrictive food intake disorder, the pattern of food avoidance stems from sensory sensitivities related to the smell, taste, temperature, texture or appearance of foods. For example, an individual may eat only foods of a particular colour, or will refuse solids or accept only a very narrow range of foods based on packaging or a particular brand. Some individuals with autism spectrum disorder may also restrict intake of certain foods because of their sensory characteristics (e.g. hypersensitivity to food texture) or because of inflexible adherence to particular routines (e.g. eating the same foods at the same time in the same order or only eating specific brands of food with specific packaging). However, autism spectrum disorder is also characterized by persistent deficits in initiating and sustaining social communication and reciprocal social interactions, and persistent restricted, repetitive and inflexible patterns of behaviour, interests or activities that are unrelated to food. If a pattern of restricted eating in an individual with autism spectrum disorder has caused significant weight loss or other health consequences or is specifically associated with significant functional impairment, an additional diagnosis of avoidant-restrictive food intake disorder may be assigned.

Boundary with specific phobia and other anxiety and fear-related disorders In some individuals with avoidant-restrictive food intake disorder, food avoidance may be related to perceived aversive consequences of eating (e.g. fear that swallowing particular foods may cause one to gag, choke or vomit, or concern about the development of health problems such as heart disease or cancer related to food intake). Avoidant-restrictive food intake disorder is commonly associated with

anxiety symptoms in situations related to eating or food, which may become worse over time as the disorder evolves. If the pattern and intensity of anxiety symptoms in an individual with avoidant-restrictive food intake disorder meet all diagnostic requirements of specific phobia or another anxiety or fear-related disorder, both diagnoses may be assigned. Feeding and eating disorders | Avoidant-restrictive food intake disorder

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