

ARFID Service Frequently Asked Questions

What is the MCCAED Avoidant Restrictive Food Intake Disorder Service?

- MCCAED (The Maudsley Centre for Child and Adolescent Eating Disorders) offers a National and Specialist outpatient service for 2-17 year olds with ARFID (Avoidant Restrictive Food Intake Disorder)
- Locally, we serve seven South London boroughs including Southwark, Lambeth, Lewisham, Greenwich, Bromley, Bexley, and Croydon
- Nationally, we support some young people and their families elsewhere in the country. We also work with other healthcare professionals across the UK to advise on the assessment, treatment, and clinical management of ARFID
- Multi-disciplinary team working helps us to minimise the impact ARFID may have on daily functioning, in addition to supporting with any associated physical or nutritional health concerns
- Research and training activities are an important part of our team's work in addition to our clinical work, with the aim of improving understanding of ARFID and enhancing local and national service provisions

What kinds of people do you see?

- All kinds! We see young people and families from a wide range of different backgrounds
- Cultural and personal identity is important to us and we are eager to hear about your family traditions, expectations and experiences
- Neurodiversity is supported by our team via the adoption of multiple strategies and approaches, adapted to suit individual needs
- Co-morbid conditions such as additional mental or physical health difficulties are commonly seen within our ARFID population

What are some of the signs / symptoms to look out for?

- ARFID is an ongoing disruption to typical eating behaviours that can result in eating a limited variety and/or a limited amount of food
- Young people with ARFID may:
 - lose weight
 - experience faltering growth
 - lack the nutrients required for optimal growth and development
 - feel like they struggle to attend/enjoy social events or activities with friends, peers, and family
- Unlike other eating disorders such as Anorexia Nervosa or Bulimia Nervosa, eating in ARFID is not influenced by body weight or shape concerns
- ARFID is commonly influenced by any/all of the following:
 - Heightened sensitivities to the smell/texture/taste/appearance of foods
 - A previous experience with food that has caused worry and associated difficulties with eating, such as choking/being sick/allergic reaction
 - Being too stressed to eat, reduced appetite, finding eating boring, or feeling full quickly

What can service users expect when they first come to the service?

- Before the first session:
 - Appointment confirmation details are emailed to the family by our administration team, including a social story detailing pictures of what to expect
 - Online questionnaires are also emailed separately to the family via secure links to gather more information about the difficulties they are experiencing
- During the first session:
 - The young person and their family will meet with two or three of our team members to better understand their experience, expectations, and perspectives around the eating difficulties identified
 - We take time to understand why the difficulties may have developed, what is keeping them going, and what the impact is on the person and their family
 - We also usually do a brief physical check of the young person's weight and height
- After the first session:
 - The ARFID team (consisting of psychologists, nurses, dietitians, a psychiatrist and a paediatrician) will discuss the presenting difficulties and assess levels of risk
 - Details of the discussion will be shared with the young person and their family including information on next steps and recommendations

Treatments

- The treatments we offer are tailored to each young person's needs as an individual
- Treatments usually consists of some type of psychological intervention which is aimed at supporting positive change in eating behaviour
- The psychological treatments may involve some individual work with the young person, some work with their parents/carers, or working with the family as a whole
- Alongside this, there may be some dietetic and medical input, depending on risk

What is the relationship like between service users and staff?

- From most of the feedback we receive, families welcome our approach of working collaboratively and inclusively to influence positive change
- We are, however, always open to thinking about how to adapt and improve our service
- We like to involve our service users in shaping and developing what we offer by routinely asking for feedback and conducting regular research projects to identify helpful service improvements