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THE PREVALENCE AND CO-
OCCURRENCE OF AVOIDANT/
RESTRICTIVE FOOD INTAKE
DISORDER (ARFID) IN
CHILDREN WITH AUTISM
SPECTRUM DISORDER (ASD)



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INTRODUCTION

Eating disorders and feeding difficulties have long been a public health concern, traditionally associated with anorexia nervosa and bulimia nervosa due to body image dissatisfaction (Passarini, 2025). However, ARFID differs in that restrictive eating is not motivated by weight or shape concerns, but rather by psychological and physiological factors (Kambanis, 2025).

Previous research has shown that ARFID is more common in autistic populations with sensory-based avoidance being the strongest link out of all three subtypes (Ramirez, 2024; Passarini, 2025). However, the research literature have also identified gaps in diagnosis and clinical awareness (Kambanis, 2025). Feeding difficulties in autistic children maybe dismissed as (picky eating) or seen as an autistic trait of their identity leading to diagnostic over shadowing and a delay in support, which in-turn can lead to severe weight loss, malnutrition, or obesity. And long-term health complication (Ramirez, 2024).

**Avoidant
Sensory-
based**

**Aversive
Fear-
based**

**Restrictive
Lack of
interest**

Facts and figures

- Based on recent meta-analyses (2025), **ARFID** prevalence in general population is estimated at 0.3%-15.5% (Cerezo et al, 2023; D'Adamo, 2023). Within the autistic population the prevalence of **ARFID** is much higher, it is estimated at approximately 11.41% to over 20%, in people diagnosed with **ASD** this suggests a strong association between **ARFID** and **ASD** (Ozel, 2025; Sader, 2025).
- Recent research indicates the most common subtype of **ARFID** in this population is sensory sensitivity subtype and a lack of interest in eating alongside a combined subtype while less common fear-based avoidance was presented more as a comorbid contribution associated with anxiety, or obsessive-compulsive disorder (**OCD**) (Sanchez-Cerezo, 2024).
- There are significant challenges in diagnosing **ARFID** in autistic children (Passarini, 2025; Rajendram, 2021). This can derive from the high degree of symptom overlap as many core traits of **ASD**, such as sensory sensitivity to texture, smell, colour, and the need for rigidity are also the primary drivers of **ARFID** (Sader, 2025). This can cause diagnostic over shadowing; and can attribute to clinicians mistaking severe restrictive eating habits solely to **ASD** (Rajendram, 2021).
- This can potentially be missed with co-occurring symptoms of **ARFID** that requires specific and specialised treatment. Which in turn can result in delayed treatment and can significantly affect developmental trajectory and impact growth (Rajendram, 2021).
- When no diagnosis is present the child may be at risk of several physical complications such as nutritional deficiency's, malnutrition, physiological and metabolic complications, gastrointestinal issues such as severe constipation and abdominal pain due to low fibre intake (Johansson, 2023).

AIMS

The aim of the research was to investigate the co-occurrence of ARFID and children with ASD. The study's main aim and focus was identifying which out of the three subtypes of ARFID (sensory-based avoidance, lack of interest, restrictive or fear of adverse consequences) was the most prominent within the children and does it correlate with existing research.

METHODS

- The study considered a discrete population of children with neurodevelopment conditions from a community in south Wales who all attend a small charity for caregivers to attend for help and guidance.
- The study adopted a mix-method approach, where quantitative data from the ARFID Brief Screener was used with (n=20 caregivers of children aged 3-6 years). For the qualitative data two semi-structured caregiver interviews were conducted.
- Quantitative data was analysed using descriptive statistics; frequency scores were added and percentages were calculated to identify the most common ARFID subtype and to explore any overlap in ARFID presentations. A thematic approach was analysed in the qualitative interview data, this method was chosen for exploring lived experiences in families, and to capture an in-depth understanding that the questionnaire simply could not reveal.

RESULTS

ARFID Presentation (from Brief Screener)	Number of Children	Percentage (%)
Sensory Sensitivity to Food	12	60%
Lack of Interest in Eating/Food	10	50%
Fear of aversive consequences	3	15%
Total Participants	20	—

Highlights from the thematic analysis interviews

**Main findings sensory-based feeding difficulties .
Restrictive diets “safe foods”.
Meal-time distress and behaviour.
Physiological Factors.
Parental emotional impact.
Impact on daily life.
Lack of support / diagnostic overshadowing.**

ARFID Presentation Category	Number of Children	Overlap With Other Categories
Sensory Sensitivity Only	10	—
Lack of Interest Only	5	—
Sensory Sensitivity + Lack of Interest	2	Both sensory and lack of interest
Lack of Interest + Fear of aversive consequence	3	Fear of aversive consequence occurred within lack of interest
Fear of aversive consequence Only	0	—
Total Participants	20	

DISCUSSION

- Overall, the findings suggest that feeding difficulties in children with ASD are complex and multifactorial (Sanchez-Cerezo,2024). with sensory-based avoidance being the most dominate subtype with 60% of children being affected.This strongly correlates with existing literature (Sanchez-Cerezo,2024).
- Lack of interest was also highly prevalent with 50% of children affected.This may be linked to interoceptive difficulties, this is where children struggle to recognise hunger and fullness cues this could lead to nutrient deficiencies (Sanchez-Cerezo,2024).
- Key findings suggest that there was an overlap between subtypes, this suggests that ARFID in autistic children is not caused by a single factor, but rather a combination of sensory, behaviour, and physiological influences (Sader, 2025).
- The interviews further support the research, showing that feeding difficulties are not only nutritional, but also emotional distress, and physiological (Johnson, 2023).
- Furthermore, the findings highlights the need for greater awareness, clinically and publicly for early identification and multidisciplinary interventions to improve outcomes for this population (Rajendram, 2021).
- More research is needed to gain greater understanding between the two complex conditions (Sader, 2025).
- The importance of ARFID to be truly understood by health care professionals and families is so the children do not become deficient in macro or micronutrients. Furthermore, to ensure their reference nutrient intake (RNI) and dietary reference values (DRV) are at a healthy level this may require routine blood test and further investigation into child's eating habits.

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REFLECTION

- This independent project has had me to fully appreciate the problems that many parents face. Its has been rewarding to do an investigation and speak directly with families and to undertake large-scale research project where I have been able to bring together the underpinning theoretical knowledge I have gained on this course with the research I conducted. It was daunting at first, but I now feel a sense of achievement.
- Advice to level 5 students, don't give up! It will be hard, but you'll get through it and give yourself plenty of time. Make sure you give feed back to your supervisor regularly!

