UNIVERSITY of WASHINGTON
SCHOOL OF PUBLIC HEALTH

DEVELOPMENT OF ARFID FOLLOWING BARIATRIC SURGERY: A CASE STUDY

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WHAT IS ARFID?[1]

Avoidant/Restrictive Food Intake Disorder (ARFID) is a relatively new eating disorder diagnosis characterized by one or more of the following:

- Significant weight loss
- Nutritional deficiency
- Dependence on nutritional supplements
- Psychosocial impairment related to restrictive intake, without weight or shape concerns

Common reasons for food restriction in ARFID include:

- Lack of interest in eating or food
- Sensory sensitivity to food characteristics (e.g., texture, smell, appearance)
- Fear of adverse consequences of eating (e.g., vomiting, choking, abdominal pain)

QUICK FACTS ABOUT ARFID[2]

> Accounts for up to 15% of new eating disorder cases

> 20-30% of patients are male

> Mean age at diagnosis is 11 years, but ARFID can occur at any age

> Often has a longer duration before diagnosis than other eating disorders

> Frequently co-occurs with conditions like autism, ADHD, OCD, anxiety, and depression

> 20% of patients have fears related to choking, vomiting, or illness

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DEVELOPMENT FOLLOWING BARIATRIC SURGERY[3,4]

Bariatric surgery can lead to adverse side effects that may alter an individual's relationship with food, including:

- Acid reflux
- Nausea and vomiting
- Dumping syndrome
- Hypoglycemia
- Gastrointestinal issues
- Nutritional deficiencies

Post-surgical nutrition recommendations may reinforce restrictive eating behaviors, such as:

1. Delaying fluid around meals
2. Eating protein before other foods
3. Avoiding sugar and high-fat foods
4. Adhering to protein and calorie goals

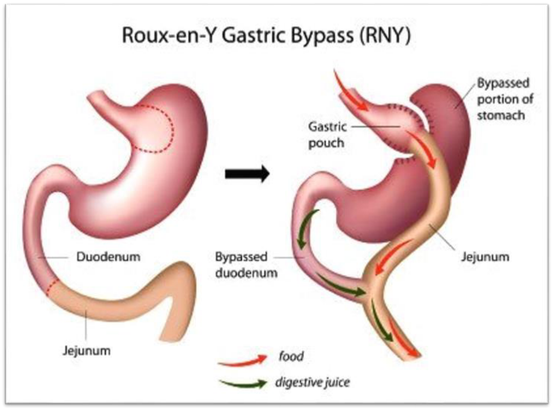

Figure 1: Roux-en-Y Gastric Bypass Surgery[5]

ASSESSMENT

A man in his early 40s presented to The Emily Program (TEP) for treatment of ARFID that developed following Roux-en-Y gastric bypass surgery approximately six months earlier

- Significant weight loss (110 lbs over 18 months)
- Meeting ~75% of estimated energy needs
- Limited dietary variety and avoidance of carbohydrate-containing foods
- Rigid food rules, including a 1,200 kcal/day limit
- Anxiety and distress around mealtimes
- Temporal muscle wasting (full NFPE deferred)
- Moderate risk for refeeding syndrome, but electrolytes within normal limits

INTERVENTIONS

- Gradual meal plan increases to support weight restoration & nutritional rehabilitation
- Repeated exposure to fear foods such as desserts and starches
- Nutrition education on mechanical eating, the seven types of hunger, and food combinations to prevent dumping syndrome
- Nutrition and therapeutic counseling to improve mealtime distress tolerance (e.g., DBT skills)
- Medication management to reduce postprandial pain and improve meal tolerance

Table 1: Troubleshooting Food Intolerances After Bariatric Surgery[6]

Food Intolerance	Intervention
Dense meats	• Add sauce • Chew thoroughly • Use ground meats • Consider non-meat protein sources (easier to digest)
Raw/fibrous veggies	• Cook vegetables • Smaller portions
Gummy starches	• Toast bread • Add sauces • Chew thoroughly
Lactose	• Lactose-free products or lactase enzyme supplement

TAKEAWAYS

- More research is needed on the development of ARFID following bariatric surgery
- ARFID may be an underrecognized postoperative complication
- Significant weight loss after bariatric surgery does not exclude malnutrition
- Interdisciplinary collaboration is essential for effective eating disorder treatment
- Bariatric nutrition recommendations may conflict with eating disorder recovery principles and require individualized adaptation

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References