

r/ARFID Rules and FAQs

Welcome! We're glad you've found us. To make this group safe and supportive for everyone, we ask that our users read through these guidelines to get a sense of what our community strives to be.

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Subreddit and Community "Housekeeping"

Rules

1. **Contacting Mods:** the best way to get in contact with any of our mod team is via modmail. You can also email arfidonline@gmail.com. Please allow us some time to respond- remember that we are also mentally ill, have jobs, etc. We appreciate your patience!
2. **Support Group/Safe Space:** This is a Safe Space for people who have ARFID, a very serious eating disorder that can cause anxiety and medical complications.

As such, trolls and users who post offensive and demeaning comments will be warned and then banned if repeatedly causing issues. Any member who joins for the purpose of bullying people who they perceive as "picky eaters" is not welcome here.

There will be NO exception to this.

3. **No hate, slurs, or bullying:** Absolutely NO racism, sexism, homophobia, transphobia, or hate of any kind. No exceptions. These thoughts or "I don't believe ___ should exist or have rights" aren't debate topics or opinions. They are potentially harmful to members of this group. If you hold those beliefs, keep them to yourself.

No bullying. No body shaming. NO SLURS, including but not limited to the "r" slur and the "n" slur.

Anyone is welcome here as long as they are welcoming to everyone!

- 4. Food Photo Guidelines:** If your post includes photos of food, please "spoiler" tag the photo and/or provide a photo before the food photo indicating a content warning. If you have difficulty tagging your post, reach out to mods-- we have had tech issues with this in the past!
- 5. Advertisements and Self-Promotion Guidelines:** If you are advertising research studies you are organizing, apps, support groups, or anything else that you are inviting members of the community to participate in or help with, please contact the moderators first for approval. The best way to do so is via modmail or email: arfidonline@gmail.com. Please allow up to a week for mods to review your requests thoroughly.

Self-promotion or advertisements irrelevant to ARFID (i.e. please buy my _____) will not be approved.

- 6. We are not professionals:** This is not a group run by professionals. We, too, are sufferers of ARFID and are doing the best we can. Please remember that we cannot diagnose and treat-- just support each other and connect each other with resources.

We encourage you to read through the sub a bit before posting to see if you can find answers or posts about similar experiences to your own!

- 7. Guidelines for Discussion of Treatment Options:** While discussing treatment options, please provide your authentic experience as objectively as possible. Avoid language that implies that a form of treatment is others' last or only option. IE: "this is your last hope!"

However, referring to a treatment as YOUR OWN last hope or option is okay-- simply do not designate that for anyone else. This is to prevent undue frustration or anxiety in people who cannot receive or do not respond well to your form of treatment.

8. **Other Eating Disorders:** Discussion of other eating disorders (esp when comorbid or misdiagnosed as ARFID) is allowed. However, please bear in mind that the mods and community here do not have the same expertise that you may find over at r/eatingdisorders, so for some questions we may direct you there so that you can find more relevant resources.
9. **Memes are allowed:** Memes are a form of expression and a coping mechanism for many users. Thus, they are allowed on the subreddit. Please do not report memes unless they're vulgar or offensive. If you're posting a meme that may be triggering to others or include photos of food, please "spoiler" the image when you post it.
10. **Above all, be kind.** Before responding or posting, ask yourself-- is this the right thing to say to someone who is potentially going through a rough time? Is this what I would want to hear if I was struggling? Is this helpful? Or is it potentially harmful? This is a support group....keep it that way!

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Who are the Mods?

The mod team (as of August 2023):

Josh (u/joshb44231)

Rachael (u/himydandelion) · She/her

Ryanne (u/jorwyn)

Nikki (u/Nicksiee) · she/her

Taylor (u/apophisthegamer)

Ray (u/i_enjoy_music_n_stuf) · they/them

Luckykitty (u/ITriedSoHard419-68) ·

Ronin (u/ur_new_valentine) · they/he/ask about neos

Gray (u/grudgby) · they/she

How do I contact mods?

The best way to get in contact with any of our mod team is via modmail. You can also email arfidonline@gmail.com. Please allow us some time to respond– remember that we are also mentally ill, have jobs, etc. We appreciate your patience!

For research studies, awareness projects, or other advertisement requests, please include as much detail as possible and allow up to a week for us to thoroughly review your project.

For more urgent concerns, or to make sure we got your modmail if you haven't heard from us after a few days, we have a text hotline as well: 507-216-3952.

Where's the Discord? What's Discord? I didn't know we had a Discord!

Discord is a chat app that allows for active, real-time messaging rather than discussion via posts. You can join here: <https://discord.gg/nHJgz4cn4j>

How do I provide content warnings?

If you are discussing a potentially upsetting topic, we ask that you provide a content warning so that users know that the content within the post may be triggering. This way, we can all choose how to proceed in the face of challenging discussions.

We recommend putting a content warning at the top of the post with a brief description of what users can expect to encounter should they choose to keep reading. For posts that may be especially upsetting or are entirely about a triggering subject, you can also use the Trigger Warning flair.

What should provide content warnings for?

Here's a suggested list for topics and pictures that should include a content warning at the top of the post. Please contact mods if you would like anything to be added to this list. Please remember that everyone here has some sort of mental illness, neurodivergence, or both- it's impossible to predict every potential trigger, but we can exercise caution as best we can!

Violence		Health Related	Hate	Other Common Fears/Triggers
abusive behaviors	Death	Emetophobia (vomit/choking/gagging)	Racism, sexism, islamophobia, antisemitism	Bugs, spiders
animal abuse, pet death	Guns	Flashing lights or images	Aphobia, biphobia, homophobia, lesbophobia, transphobia	
Self harm and suicide	Murder	Cancer		
Sexual assault, incest, pedophilia	Police brutality	Alcoholism and hard drugs		
Blood, gore, mutilation		Weight		

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Other Reddit Tips and Tricks

- setting user flair
- navigating resources

All About ARFID

What is ARFID?

ARFID (Avoidant/Restrictive Food Intake Disorder, formerly referred to as Selective Eating Disorder) is an eating disorder categorized by food aversions, selective eating, or a general distaste for food or eating. Reasons for food aversions with ARFID are broad, and can be tied to sensory issues, textural aversions, fear of adverse consequences (e.g. contamination, fear of vomiting or choking, fear of allergic reaction, etc.) ARFID can be caused by trauma and/or be linked to other disorders, conditions, or illnesses, such as Autism or chronic illness. These food aversions often cause nutritional deficiencies, being over/underweight, or rapid weight loss.

ARFID is different from other eating disorders (and often, less recognized) because of its detachment from body dysmorphia and the restriction of food based on nutrition or caloric value. Oftentimes, ARFID sufferer's 'safe foods' are generally deemed unhealthy or otherwise low in nutritional value, due to processed foods being more consistent in texture, taste, and quality.

Symptoms can present in a variety of ways. Some with ARFID have strong textural and taste aversions, as well as aversions to the color of food. Others' symptoms may present as fear of vomiting, choking, or other adverse consequences, and may restrict what they eat based on fear of what may happen if they ingest certain foods. Others, still, may have a lack of interest in food or eating, or may not experience hunger cues. Any and all forms and presentations of ARFID are valid and welcome in our community.

Many people with ARFID are limited to eating an extremely small list of foods. This small list of foods is known colloquially to sufferers and treatment providers as "safe foods." ARFID often looks like and is thus mistaken for picky eating. Though some amount of picky eating can be normal and acceptable, especially in children, ARFID is a possible explanation and diagnosis when "picky eating" persists to the point of significant interference with functioning and distress for the person affected.

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As designated in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), diagnostic criteria are as follows:

- Disturbance in eating or feeding, as evidence by one or more of:
- Substantial weight loss (or, in children, absence of expected weight gain)
- Nutritional deficiency
- Dependence on a feeding tube or dietary supplements
- Interference with psychosocial functioning

(American Psychological Association, 2013)

What does ARFID look like?

ARFID can affect a person regardless of age, gender, location, culture, or other factors. It can start at any age. Given its recent identification and addition to the DSM, ARFID is still relatively unknown to the general public, even to many medical professionals. As a result, diagnosis and treatment is still somewhat difficult to come by for many sufferers, even those who would likely be diagnosed if given the opportunity.

People with this disorder are generally limited to a small amount of "safe foods." These are foods that are generally palatable to the sufferer, and they rely on eating them. These vary from person to person-- every list is different, and there is a lot of variance! For instance, though many ARFID sufferers have difficulty with vegetables, there are still many sufferers who can and do eat vegetables. There is research in process to further determine if there are patterns in the foods or food groups that are safe for individuals with ARFID. Given the small amount of safe foods for many ARFID sufferers, many of these individuals eat the same foods over and over again, leading to easier "burn out," feeling sick of those foods.

Some sufferers of ARFID may have a wider variety of safe foods, but have a lack of interest in eating or food in general, making it difficult for them to eat even if a food is palatable. Some individuals experience both issues, having lack of interest in food and limited acceptable foods.

For someone with ARFID, it is beyond the point of "I won't eat that." Instead, people with ARFID genuinely feel that they cannot eat that, fearing that something bad (gagging, vomiting, other

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illness) may happen if they eat a particular food. Sometimes, people with ARFID do not even view unsafe foods as food. As in, they may see a particular food but it will not register as being food, even if the person intellectually knows that it is a food. To these sufferers, it's like the equivalent of typical eaters looking at cardboard. It simply is not food to them, even if in reality, is food. It is extremely difficult for individuals with ARFID to try new foods, even new recipes or brands of foods that tend to be acceptable. It is not always known what makes certain foods safe or unsafe. Some aspects impacting this may be taste, smell, texture, appearance, color, recipe, brand, restaurant, consistency, prior bad experience, or fear of gagging, vomiting, and illness.

What causes ARFID?

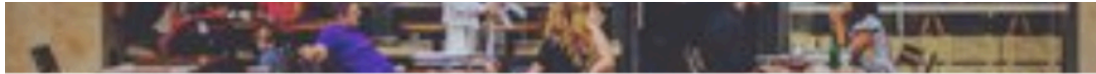
It is not known what causes ARFID. However, there are a variety of comorbid conditions that are frequently associated with the disorder. Generalized and Social Anxiety Disorders, Depression, ADHD, Obsessive-Compulsive Disorder, and Autism are each frequently associated with ARFID. Some of those conditions also have some overlap in symptoms with ARFID.

Combining ARFID with other food-related issues can further complicate an already limited diet. Allergies, lactose intolerance, or other dietary restrictions can further restrict somebody's safe food list.

Many individuals have physical symptoms in addition to, exacerbating, or because of ARFID. These can include nausea, exhaustion, headaches, dizziness, concentration issues, digestive problems, a weakened immune system, hypersensitivity to taste or texture, and abdominal pain. ARFID sufferers often have issues with malnutrition and nutritional deficiencies, which can sometimes cause some of those physical symptoms. Some health risks mirror those of anorexia, which includes cardiac complications, kidney/liver failure, bone density loss, anemia, gastrointestinal issues, and electrolyte, hormonal, or nutritional imbalances. Many individuals with ARFID are underweight, but many are also overweight or are within a normal weight range. It varies significantly. Beyond the physical symptoms and results of ARFID, there are social and emotional impacts as well. All of these impacts are frequently discussed in [r/ARFID](#), and in the Discord support group.

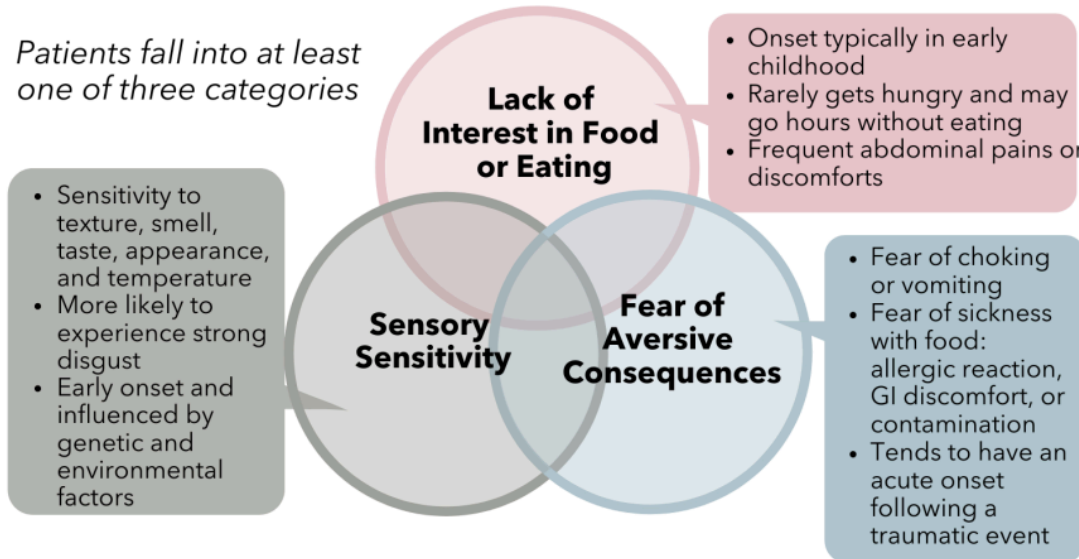
What are the ARFID subtypes?

Recent research has identified distinct presentations of ARFID that can be observed as “subtypes.”



ARFID Subtypes

Patients fall into at least one of three categories



ARFID Treatment

Note: Treatment requires a multidisciplinary team to treat the physical and mental aspects of the condition.

Improving Intake

- Structured meals and snacks
- Exposure therapy*:
 - culinary groups
 - sensory exposure
 - food discovery groups
 - food hierarchy

Developing skills

- Therapy (DBT, FBT, CBT) to manage emotions and build up stress tolerance
- Coping skills to decrease distress in social situations

*Some clients experience strong disgust around certain foods that may never go away. In this case exposure therapy may not always be effective. Client will need to be highly motivated to do the work.

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E: hello@nourishedcolorado.com **P: (720) 664-8927** **Denver, CO 80203**

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Is ARFID self-diagnosis valid?

In short, absolutely!

There is no physical test or universal mental assessment to determine whether someone has ARFID, as it presents differently in every person. With proper research, self-diagnosis is completely valid. You are entitled to complete privacy about your diagnostic status, and we do not tolerate any harassment or against self-diagnosed members or self-diagnosis itself.

Remember: diagnosis is a privilege, not a necessity!

ARFID Resources

Though we are not medical or mental health professionals, we try our best to compile and maintain resources for our community members. Some of these are projects we are still working to get off the ground. If you feel you can contribute, please [reach out anytime](#) to suggest additions to this list!

Coupon and Referral Code Sharing:

https://docs.google.com/spreadsheets/d/1a_o1Xpl6mRmgIME8Aif0PRCyGvNm2J3anM3scZHpSjo/edit?usp=sharing

ARFID Food Encyclopedia (not maintained by this mod team):

<https://docs.google.com/document/d/18ODke5DWN9hQoVvHKRe9WxFi4ur0SfpUi1-rdbzj3yQ/edit>

Treatment Options

We maintain a Treatment Provider Database based on suggestions from our users. You can find this database here: [ARFID Treatment Provider Database](#).

To add a provider to this list, please fill out this form:

<https://docs.google.com/forms/d/e/1FAIpQLScBSKdaMfmXDA-kPUUCgjpCGJQTU0BYOdwsBRzniArOvdS6YA/viewform>

We have also found a website managed by others (not this mod team) that seems to have a great format for a variety of resources: <https://www.arfidcollaborative.com/list-of-providers>

How do I get an ARFID diagnosis?

Getting an ARFID diagnosis can be a tricky process. BMI and weight categorizations are unfortunately still used in the diagnostic process, and some doctors refuse to give a diagnosis unless a patient is underweight or presents as 'typical.'

However, a good place to start the process of getting an ARFID diagnosis is to talk to your general practitioner about being referred to an eating disorder specialist, psychiatrist, or dietician. If you have trouble going through your general practitioner, here is a link to a site where you can find ARFID professionals in your area. (Note that this site is not maintained by this ARFID mod team!)

<https://www.arfidcollaborative.com/list-of-providers>

It's important to remember that *none* of us are medical professionals able to formally diagnose ARFID or give any medical advice. Many of our members are disabled and chronically ill, so we may be able to *guide* you in the process of getting diagnosed or dealing with a medical issue, but we are not doctors! We strongly advise all members to seek professional medical care, if their situation allows them to.

How can I support someone I know who has ARFID?

If your loved one has ARFID, or you suspect they do, follow some of these guidelines in order to best support them: Be flexible. Don't shame people for being unable to eat a certain food, or eat at a certain time or in a certain location. Instead, allow them to eat a safe food, or ask if there's anything you can do to help. Talk to your loved one to determine how you can best support them during difficult times. Be polite. Don't comment publicly on how much or how little someone is eating, or what they're eating. If you feel you have to ask about someone's eating habits, do so in a way that doesn't call attention to them. Ideally, that conversation should happen privately, and non-confrontationally. Be respectful. For the most part, other peoples' diets don't affect your life. It's easy to see somebody who acts or eats differently than you and

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immediately jump to conclusions. However, this can be harmful to people with ARFID, other eating disorders, and a variety of other dietary restrictions, rules, or allergies.

Treatment options are limited, especially for people in certain areas. Cognitive-Behavioral Therapy is most common. Working with a nutritionist familiar with ARFID can help, as nutritionists can help plan meals and discuss appropriate portion sizes and food variety, while helping to expand into other foods. A therapist can help support a patient as they are exposed to new foods. Medications may also help, with the support of a psychiatrist. Some individuals also seek out hypnotherapy, though this is not successful for everyone.

ARFID Research

At times, research being conducted on ARFID, eating disorders, or mental illness may be posted on this subreddit. If you're interested in participating in these studies or other ARFID-related awareness projects, you can find those posts here:

https://www.reddit.com/r/ARFID/?f=flair_name%3A%22Research%20and%20Awareness%22

Due to lack of awareness about this disorder, many sufferers are passionate about raising awareness. As a result, other awareness projects are present both on the Discord and Reddit page.

If you are facilitating a study or awareness project, please [contact mods](#).

Where can I read more about ARFID or find information to share with others?

We've collected some links over the years with articles, videos, and more information about ARFID. If you have any suggestions to add to this list, please [contact the mod team](#)!

Eating Disorders.org Description:

<https://eatingdisorder.org/eating-disorder-information/avoidantrestrictive-food-intake-disorder-arfid/>

ABC News Video:

<http://abcnews.go.com/2020/video/woman-eats-french-fries-panics-rice-22421517>

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Myths:

<http://www.yourtango.com/experts/felixeconomakis/top-six-myths-about-selective-eating-disorder-food-phobias>

Healthline Article:

<https://www.healthline.com/health-news/parents-may-mistake-picky-eating-for-a-more-serious-eating-disorder#10>

“Picky Eating” as a Disorder:

<https://www.scientificamerican.com/article/when-picky-eating-becomes-a-disorder/>

CNN Article (July 2024):

https://www.cnn.com/2024/07/02/health/arfid-eating-disorder-wellness/index.html?fbclid=IwZXh0bgNhZW0CMTEAR0bC4yf9wKM9uTISi_V3jgMiUoHbKxl15D_Rw5W6FrSKP4g1iUT-URnPpA_aem_IHk7veZis6qxPIPCcK6WNw

Awareness Article (Rachael):

<https://notapaperjournal.wordpress.com/2019/04/25/listen-up-awareness-is-important/>

The Truth About the Eating Disorder That Made a Teenager Go Blind

<https://www.theguardian.com/lifeandstyle/2019/sep/06/the-rise-of-arfid-the-truth-about-the-eating-disorder-that-made-a-teenager-go-blind>

TEDx Talk: The Power of a Diagnosis (Rachael):

<https://www.youtube.com/watch?v=ZtFoiC7tD2E&t=18s>

Survival Tips for College Students (Rachael): <https://youtu.be/SA8Z6kCFe6g>

Powerpoint Notes:

[https://drive.google.com/file/d/1-BTK0-ZRpteUw6iXE6PJXGHNstXUuZ3W/view?usp=share link](https://drive.google.com/file/d/1-BTK0-ZRpteUw6iXE6PJXGHNstXUuZ3W/view?usp=share_link)

ABC News Video:

<http://abcnews.go.com/2020/video/adult-picky-eater-feels-tormented-food-22399067>

American Psychiatric Association. (2013). Feeding and eating disorders. In Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC: Author.

<https://doi.org/10.1176/appi.books.9780890425596.dsm10>

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Fox, G., Coulthard, H., Williamson, I., & Wallis, D. (2018). "It's always on the safe list": Investigating experiential accounts of picky eating adults. *Appetite*, 130, 1–10. doi:

<https://doi.org/10.1016/j.appet.2018.07.023>

Zickgraf, H. F., Lane, L. S., Essayli, J. H., & Ornstein, R. M. (2019). Further support for diagnostically meaningful ARFID symptom presentations in an adolescent medicine partial hospitalization program. *International Journal of Eating Disorders*, 52(4), 402-409.

<https://doi.org/10.1002/eat.23016>

Other resources:

Recipe by ingredient helper site:

<https://www.supercook.com/#/desktop>

ARFID Friendly Cookbook:

<https://sites.prh.com/color-taste-texture-book>