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Deputy Mark Ward,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.

14th March 2023

PQ Number: 10193/23

PQ Question: To ask the Minister for Health if there are any plans to develop a model of care for people with avoidant restrictive food intake disorder; if there is a clinical lead in the HSE; and if he will make a statement on the matter. -Mark Ward

Dear Deputy Ward,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

In January 2018, the HSE published a National Model of Care for Eating Disorders (MOC) in partnership with College of Psychiatrists' of Ireland and Bodywhys. In the absence of a pre-existing dedicated eating disorder infrastructure or strategy, this Model of Care document has been developed in order to guide the provision of high quality, accessible and value for money eating disorder services in Ireland. Key recommendations include the development of a national network of dedicated eating disorder teams embedded within the mental health service, a stepped model of outpatient, day patient and inpatient care provision based on clinical need, and the development of a skilled, trained workforce. In the context of the significant physical morbidity associated with eating disorders, this Model of Care also recommends a strong integration between primary care, mental health services and medical teams, including the bridging of the acute hospital and mental health service divide through mutual clinical commitments and shared pathways.

The NCPED aims to establish an ED network (8 adult teams and 8 CAMHS teams) in accordance with the agreed Model of Care 2018. These multidisciplinary teams provide specialist eating disorder assessment and treatment in the community and are the foundations of delivering quality eating disorder care across the stepped model of care.

Avoidant Restrictive Food Intake Disorder (ARFID) is an umbrella term that refers to a range of feeding and eating disorders without any weight or shape concerns. It is a term recently added to diagnostic classifications: DSM -5 (2013) and ICD-11 (2022). ARFID is a new way of classifying feeding and eating disorders that have always presented in a wide range of settings depending on needs such as

paediatrics, dietetics, speech and language therapy, mental health, developmental clinics and disability services.

ARFID is diagnosed when there is an eating or feeding disturbance that results in the persistent failure to meet appropriate nutritional and/or energy requirements and is associated with one or more of the following: significant weight loss, significant nutritional deficiency, dependence on enteral feeding or oral nutritional supplements and marked interference with psychosocial functioning. There are three profiles (anxiety related, sensory related, lack of interest) associated with ARFID and people of all ages can present with one or a mixture of these profiles or drivers.

There is a lack of research, best practice information and evidence based treatments for ARFID. As a consequence ARFID is not included in NICE guidelines for Eating Disorders (2017 or 2020 update). ARFID is also not included in APA American Psychiatric Association draft guidelines for eating disorders 2022. Treatment plans are best developed in a bespoke manner by treating teams and guided by the profile of the individual case. Treatment is likely to be multimodal, multidisciplinary and involve multiple settings (mostly outpatient). Given the absence of an evidence base for service models or formal treatments, there are no national HSE care pathways or clinical lead for ARFID. Cases of ARFID will present across health care settings including primary care, disability services, paediatrics, adult medicine, mental health services, feeding clinics and eating disorder services.

A pilot outpatient ARFID service or feeding clinic was recently established in England during 2019 at the Maudsley Centre for Child and Adolescent Eating Disorders, and this is leading the development of clinical services, care pathways, training and research. Recommendations where services for ARFID best sit within health systems are awaited and currently not known. Domains of assessment need to include psychosocial, developmental, dietetic and medical. Management of children with ARFID in Ireland requires a collaborative working between a number of professionals and, depending on a person's needs and level of complexity, may involve joint working between the acute hospital sector and HSE community healthcare divisions such as Primary Care, Disability and Mental Health. Effective treatment and care planning requires access to dietetics across mental health, disability and outpatient paediatric services.

The HSE National Clinical Programme for Eating Disorders and its Model of Care are focused on the following DSM-5/ICD-11 eating disorder categories: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and Avoidant Restrictive Food Intake Disorder. Feeding disorders fall outside the scope of the National Clinical Programme for Eating Disorders. ARFID is included when there is a clinical indication and evidence base for mental health intervention. From 2018 to 2022 The NCPED teams completed 833 assessments, of which 48 (5.76%) had ARFID. It is likely many of these cases were referred initially with anorexia nervosa. The male:female ratio for ARFID was 30:70.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,



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