



Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte
Ospidéal Naomh Lómáin,
Baile Phámar Baile Átha Cliath 20.
R: PQReps.NatMHOPS@hse.ie

Head of Operations, Mental Health Service
St Loman's Hospital,
Palmerstown, Dublin 20.
Email: PQReps.NatMHOPS@hse.ie

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

16th March 2023

PQ Number: 10194/23

PQ Question: To ask the Minister for Health if there are any plans to develop a model of care for people with a dual diagnosis of avoidant restrictive food intake disorder and ASD; 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.

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. 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



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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 which is a global leader in Eating Disorder Services. This pilot 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.

Management of individuals with ARFID in Ireland require 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. Such joint working is governed by existing joint working protocols and established CHO and hospital governance structures.

I trust this information is of assistance to you.

Yours sincerely,

Jim Ryan
Assistant National Director - Head of Operations
National Mental Health Services

Mr Bernard O'Regan,
Head of Operations - Disability Services,
Community Operations

Cc Mental_Health_Services@health.gov.ie