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Deputy Martin Browne.  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

10<sup>th</sup> March 2023

**PQ Number: 4963/23**

**PQ Question: To ask the Minister for Health his views on the claims made on the HSE website in which it is outlined that the national clinical programme for eating disorders focusses on four main eating disorders, including avoidant restrictive food intake disorder; if his attention has been drawn to reports that a number of children with this condition cannot receive the services they need; if his attention has been further drawn to the fact that despite reference on the website to a national clinical lead, some children with ARFID are without a clinical lead; if he will outline the services that are available and accessible to children with ARFID, including those children with autism, in each CHO; the services available for children in CHOs where such services are not available; the access routes available to families and children in CHOs where such services and clinical leads or experienced professionals are not available; if he will consider requesting that the HSE website be amended to reflect the deficit of services and the way that any services that may be available can be accessed; and if he will make a statement on the matter. -Martin Browne**

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Dear Deputy Browne,

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.

This response is from the perspective of HSE Mental Health Services and has been provided by the HSE National Clinical Programme for Eating Disorders (NCP-ED).

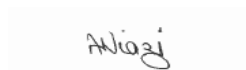
Avoidant Restrictive Food Intake Disorder (ARFID) is an umbrella term that refers to a range of feeding and eating disorders without any weight or shape concerns. It is a term recently added to diagnostic classifications: DSM -5 (2013) and ICD-11 (2022). ARFID is diagnosed when there is an eating or 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. There is a lack of research and evidence based treatments for ARFID. Treatment plans are best developed in a bespoke manner by treating teams and guided by the profile of the individual case. Cases of ARFID may present across health care settings including primary care, disability

services, paediatrics, adult medicine, mental health services, feeding clinics and eating disorder services. At present in Ireland there are no dedicated ARFID 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. Similar services will need to be funded and developed in Ireland. ARFID services need to offer comprehensive multidisciplinary and individually tailored therapy.

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. There are two well established community eating disorder services for children and adolescents operational in CHO 4 and CHO 7. Both teams accept referrals for ARFID when there is a clinical indication and evidence base for mental health intervention. The development of specific ARFID care pathways within these teams has been delayed due to the COVID pandemic and the significant increase in urgent severe presentations of anorexia nervosa. The child and adolescent community eating disorder teams have continued to offer assessment and treatment when indicated to cases of ARFID. From 2018 to 2022 ARFID has represented 7% of total cases assessed by community eating disorder teams. By the end of 2023 there will be a total of nine community eating disorder teams operational. As these further teams are delivered in line with recommendations of the HSE Model of Care for eating disorder cases, ARFID care pathways will be also be developed for cases where there is an indication for mental health assessments and interventions.

I trust this information is of assistance to you.

Yours sincerely,



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**Dr Amir Niazi**  
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**Clinical Design and Innovation**  
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