



Avoidant/Restrictive Food Intake Disorder (ARFID)

When Fear, Disinterest, or Sensory Aversion Pushes Them to Self-Medicate

What is ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder where a person severely limits what or how much they eat, but not due to concerns about weight or body image. People with ARFID may avoid food because of sensory issues (texture, smell, taste), fear of choking or vomiting, or simply a lack of interest in eating, leading to nutritional deficiencies and significant distress.

What Does it Look Like?

- **Extreme Food Avoidance**
They refuse entire categories of food based on texture, color, or smell, far beyond typical picky eating.
- **Fear-Based Restriction**
A past choking or vomiting incident leads them to avoid solid foods or eat only “safe” items.
- **Lack of Interest in Eating**
They forget to eat, describe food as a chore, and show no pleasure in meals.
- **Social Withdrawal Around Food**
They avoid restaurants, family dinners, and any situation where their eating might be noticed.

How Does ARFID Contribute to Relapse?

For someone with ARFID, the act of eating itself creates anxiety, disgust, or disinterest, and substances offer an escape from that constant battle.

- 1) **Anxiety Around Food Creates Unbearable Stress**
Substances provide temporary relief from the fear and tension that accompany every meal.
- 2) **Addressing the Relationship with Food**
Food aversion requires more than nutrition counseling. It takes months of gradual exposure and therapeutic work.
- 3) **Without Treating ARFID, the Avoidance Continues**
They leave treatment still unable to eat normally, returning to substances to cope with the same food-related distress.

Prevalence:

Up to 5% of U.S. adults¹

Co-Occurrence:

Up to 50% of those with eating disorders develop SUD²

Relapse Risk:

2x more likely to misuse alcohol than the general population³

Sources: ¹ NEDA, *National Eating Disorders Association: PMC Systematic Reviews*. ² Bahji et al., *Psychiatry Research* (2019); NEDA Statistics. ³ Engelkamp et al., *Journal of Eating Disorders* (2024), PMC

Long-Term Treatment for ARFID and Addiction

ARFID requires fundamentally rewiring someone's relationship with food. This cannot happen in 30 days. Our **long-term, progress-based model** provides the extended therapeutic structure needed to address both the eating disorder and the substance use that developed alongside it.

Clients advance through the program when they demonstrate genuine change in **how they approach food and manage the anxiety** surrounding it, not when a calendar says they're done.



“ARFID creates a constant state of tension around something most people take for granted. When someone finds that substances quiet that anxiety, even temporarily, a dangerous pattern develops.”



 **Meghan Bohlman, LPC-S, LCDC, EMDR-Trained**
Executive Clinical Director, Burning Tree Ranch

Dual Diagnosis Treatment for ARFID

When ARFID and addiction occur together, treating only one leads to relapse. The anxiety driving the eating disorder fuels substance use, while substance use further disrupts normal eating patterns.

- **Treating Both Conditions Together**
Without treating ARFID, the anxiety continues driving substance use.
- **Rebuilding a Relationship with Food**
Gradual exposure and therapeutic work are required to address deep-seated food aversions.
- **Breaking the Self-Medication Cycle**
Years of disordered eating patterns and reliance on substance use cannot be resolved in a few short weeks.

Dual Diagnosis:

The presence of **both a substance use disorder and a mental health condition** occurring together. Effective treatment for dual-diagnosis addictions must address both aspects simultaneously.



Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation's only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at www.BurningTree.com.

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