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Summary

Evidence of disordered eating in disorders of gut–brain interaction

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Postgraduate Teaching Programme Barcelona 2026 | Presentation

Neurogastroenterology & Motility | Small Intestine & Nutrition

October 18, 2026

Avoidant restrictive food intake disorder (ARFID) is highly prevalent in disorders of gut-brain interaction, with screening studies reporting rates of 34% in DGBI patients compared to 19% in controls, though prevalence estimates vary widely depending on diagnostic criteria used.

KEY POINTS

- The speaker reported that ARFID prevalence in DGBI populations ranges from 10-80% across studies, with the main presentation being fear of aversive consequences of eating rather than body image concerns.
- In a UK/US online survey of 4002 participants, the speaker stated that 34% of DGBI patients screened positive for ARFID versus 19% without DGBI, and prevalence increased with the number of GI regions involved.
- The speaker's retrospective study of 326 tertiary-care IBS patients found 47% had ARFID-like symptoms and 33% met DSM-5 compatible criteria, with depressive symptoms as a common associated factor.
- Screening questionnaires validated in general populations may overestimate ARFID prevalence in DGBI because questions about appetite and eating difficulty overlap with DGBI symptoms like functional dyspepsia.
- The speaker stated that 39% of patients in one neurogastro clinic study had a history of exclusion diets (dairy-free, gluten-free, low-FODMAP), and exclusion diet history was significantly associated with ARFID symptoms.
- The speaker recommends screening high-risk DGBI patients for ARFID, confirming positive screens with trained clinicians or dietitians, and avoiding prescriptive restrictive diets in patients with eating disorders, noting that 20% of eating disorder patients in one ten-year study were prescribed restrictive diets by gastroenterologists.

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