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Summary

SCREENING FOR ARFID IN PATIENTS WITH GASTROINTESTINAL DISORDERS: A CALL FOR INTEGRATED CARE

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Immunology | Neurogastroenterology & Motility | Small Intestine & Nutrition | Oesophagus | Stomach & H. Pylori | Colorectal

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ARFID screening in 467 tertiary care GI patients revealed significantly elevated prevalence across multiple disorders, with IBS, functional dyspepsia, and constipation showing 15- to 18-fold increased odds compared to healthy volunteers, and depression independently contributing to ARFID in non-esophageal disorders.

KEY POINTS

- ARFID (avoidant/restrictive food intake disorder) prevalence was 26% in IBS (n=88), 29% in constipation (n=59), 19% in functional dyspepsia (n=83), 14% in dysphagia (n=37), and 10% in reflux (n=107) and achalasia (n=48), compared to 2% in 92 healthy volunteers.
- Compared to healthy volunteers, ARFID was significantly associated with IBS (OR 15.00, p<0.001), constipation (OR 18.21, p<0.001), functional dyspepsia (OR 10.59, p=0.002), dysphagia (OR 7.03, p=0.024), and reflux (OR 5.16, p=0.036), but not with achalasia or globus.
- Each one-point increase in depression score (PHQ-9) independently increased the odds of ARFID by 11% (OR 1.11, p=0.009) in non-esophageal disorders after adjusting for symptom severity and extraintestinal symptoms.
- Within disease categories, no differences in ARFID odds were found after adjusting for symptom severity or comorbid extraintestinal symptoms and depression.
- The authors conclude that routine ARFID screening is crucial to address psychosocial and nutritional impacts in GI patients, with psychological factors such as depression playing a role in non-esophageal disorders.

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