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Summary

SCREENING FOR ARFID IN IRRITABLE BOWEL SYNDROME: CLINICALLY OR USING THE NIAS-FR QUESTIONNAIRE?

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In a French tertiary care cohort of 80 IBS patients, 53.8% screened positive for ARFID symptoms using the NIAS-Fr questionnaire, but only 23.8% had clinical ARFID by dietitian assessment, yielding a specificity of 55.8% that is too low for diagnostic use in IBS.

KEY POINTS

- Among 80 IBS patients analyzed after excluding those with other eating disorders, 53.8% had at least one positive NIAS-Fr subscale, with 48.8% showing fear of eating, 16.3% poor appetite, and 10.0% picky eating.
- Dietitian assessment identified clinical ARFID in 23.8% of the cohort, representing 44.2% of those with positive NIAS-Fr screening.
- The NIAS-Fr questionnaire showed a specificity of 55.8% (95% CI: 41.1-69.6) for diagnosing clinical ARFID in IBS, which the authors conclude is too low to allow diagnosis in this population.
- Patients with positive NIAS-Fr screening had significantly more functional dyspepsia than those with negative screening (65.1% vs. 35.1%, p = 0.013), but no other clinical parameters differed between groups.
- This study is relevant for gastroenterologists evaluating IBS patients in tertiary care settings who wish to screen for restrictive eating patterns.

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