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Summary

When food restriction becomes a problem in disorders of gut–brain interaction?

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The speaker presented a case illustrating how to identify and manage eating disorders, specifically ARFID, in patients with disorders of gut-brain interaction such as irritable bowel syndrome.

KEY POINTS

- The case described a 40-year-old woman with severe IBS type C and functional dyspepsia who was found to have ARFID after systematic questioning revealed 10 years of restrictive eating, fear of food-triggered symptoms, and unintentional weight loss to BMI 17.3.
- The speaker taught that picky eating and eating disorders are under-diagnosed in DGBI patients and are linked to lower quality of life, emphasizing the need for systematic screening of eating patterns.
- Clinicians should use a stepwise approach to assess eating: ask about general eating experience, request a typical day of eating, inquire about food group avoidance, and evaluate social impact.
- The SCOFF questionnaire screens for body shape or weight centered eating disorders like anorexia and bulimia, while the NIAS score screens for ARFID, a non-body-shape-centered disorder added to DSM-5 in 2013.
- The speaker stated that proposing restrictive diets such as low-FODMAP to patients with existing eating disorders could be detrimental and that screening for eating disorders helps guide whether diet modification is appropriate.

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