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Summary

Panel discussion: Eating disorders and unexplained weight loss

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Neurogastroenterology & Motility | Small Intestine & Nutrition

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Panel discussion addressed practical challenges in managing avoidant/ restrictive food intake disorder (ARFID) and food restriction in gastrointestinal patients, emphasizing multidisciplinary approaches and psychological considerations.

KEY POINTS

- Panelists highlighted that food diaries and restrictive diets may increase anxiety in patients at risk of eating disorders, though some patients remain suitable candidates for dietary restriction when eating behaviours are assessed beforehand.
- Mirtazapine is frequently used in patients with weight loss and can be helpful, while amitriptyline is considered problematic due to constipation risk in patients with reduced food intake.
- Microbiota testing has no clinical application yet, and most food intolerance tests brought by patients are not useful for guiding dietary management.
- Exposure therapy starting with less difficult foods and escalating gradually is the recommended psychological approach when no medical reason for restriction exists, though the process takes time.
- Tube feeding may be necessary for severe weight loss but makes return to normal eating very difficult; preference is to try oral nutritional supplements first while maintaining some oral intake.
- Many clinicians lack access to mental health professionals, and eating disorder specialists often reject ARFID referrals; panelists emphasized that clinicians can still structure low-risk interventions and that their own approach makes a significant psychological difference.

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