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Summary

Q&A: Eating disorders and unexplained weight loss

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Neurogastroenterology & Motility | Small Intestine & Nutrition

October 18, 2026

A Q&A session addressed practical challenges in managing disordered eating and ARFID in gastroenterology, emphasizing that not all patients require full multidisciplinary teams and that gradual food reintroduction with follow-up over time is key.

KEY POINTS

- The speaker stated that some patients with restriction can be managed by gastroenterologists alone without a full ARFID diagnosis if restriction is limited and consequences are not severe
- Following up patients over multiple visits helps when time is limited, allowing clinicians to observe symptom evolution and adjust management accordingly
- Gradual exposure to avoided foods is important, starting with the easiest foods and progressing in a ladder of difficulty
- The speaker noted that 50 percent or more of nutritional needs from oral nutritional supplements is considered significant dependence according to the Radcliffe Group for ARFID standards
- IBS and eating disorder can coexist, and the consequences and extent of food restriction help differentiate severe IBS from disordered eating
- The speaker stated that sex does not significantly impact management approach, though certain ARFID presentations may be more common in males due to autism associations

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