

**Adult**  
**ARFID Severity Index and Severity Matrix Tool**

**Severity Index Triage Tool**

Mild	Mild-Moderate	Moderate-Severe	Severe (meets all or any)
<p>1 area of impairment (Score 1) which is low-risk / well managed / shows low deterioration</p> <p>Remains in work (where applicable) and psycho-social impact is low / managed with mild adjustments</p> <p>May benefit from non-intensive interventions (such as third sector, brief group intervention, self-help resources)</p>	<p>1-2 areas of impairment (Scores 1 and 2) requiring occasional use of sip-feeds and/or micronutrient support to manage nutritional risk</p> <p>Remains in work (where applicable) / is able to carry out most aspects of routine daily life but these require more support and adjustments</p> <p>Would benefit from short-term targeted therapeutic support - potentially with access to dietetic and medical support depending on the individual need.</p>	<p>2 or more areas of impairment (Scores 2 and 3) requiring consistent use of sip-feeds and/or micronutrient supplementation to support nutrition where the physical impact of this impairment has/will have a notable negative impact on nutritional or weight status</p> <p>Engagement with work is impacted and/or requires substantial professional input to sustain with significant support adjustments</p> <p>Meets <b>Amber</b> risk categories according to the MEED guidelines for physical risk or would meet these if supportive treatment was withdrawn</p> <p>Requires regular therapeutic support including access to a specialist dietitian (trained in ARFID) and medical support as needed</p>	<p>Multiple areas of significant impairment (Score 4) resulting in a potentially life-threatening risk (not necessarily an acute risk to life, e.g., substantial nutritional deficiency) and severe impact to quality of life, and long-term health and prognosis</p> <p>Requires/is likely to require inpatient admission</p> <p>Requires extensive/exclusive use of sip-feeds or nasogastric tube feeding to meet nutritional needs</p> <p>Is unable to work or unable to function as normal in most/all psycho-social aspects of daily life</p> <p>Meets multiple <b>Red/Amber</b> risk categories according to the MEED guidelines for physical risk or would meet these if supportive treatment was withdrawn</p> <p>Requires the full and comprehensive support of a specialist dietitian (trained in ARFID) and multi-disciplinary team including medical and psychological support</p>

**The matrix below is not a specific, sensitive nor validated tool. It is intended to help inform local care planning by giving severity indicators for impairment across domains. A higher score is indicative of a higher level of impairment and/or risk. The tool should not be used in isolation to offer or withhold care. Each case should be considered holistically, informed by individual needs, and in view of local support options.**

RISK SCORE	Weight	Nutritional adequacy of diet (check food diary with dietician if unsure about nutritional safety)	Impact on the person's social and mental health	Impact on family functioning
<b>0 = no risk identified</b>	No concerns regarding weight, physical health or nutritional status  <b>and/or</b> BMI >18.5 kg/m2	Sufficient intake across food groups (protein, carbohydrates, dairy, fruits, and vegetables) for example >20 foods from 4+ food groups  <b>and/or</b> adequate intake of vitamin and minerals <b>or</b> is able to take micronutrient supplementation.	Able to participate in a range of usual social events / work settings with some small adjustments	Family are able to make reasonable adjustments to support the person
<b>1 = some risk but not of immediate concern</b>	Weight loss of <10% in 1 year/<5% in 3-6 months  <b>and/or</b> BMI >18 kg/m2	>10 foods from 4 food groups  <b>and/or</b> suboptimal intake of vitamin and minerals but is not deficient / <b>or</b> is able to take micronutrient supplementation.  <b>and/or</b> <6 months of nutritional deficiency <b>and/or</b> oral nutritional supplementation (ONS) is being considered	Unable to eat in social / work / travel settings unless able to take in their own familiar foods.	Only able to eat in restaurants or other unfamiliar settings if significant amount of safe food is brought from home
<b>2 = moderate risk. Requires consideration when prioritising the intervention</b>	Weight loss of <15% in 1 year/ 5% in 3-6 months  <b>and/or</b> BMI >17 kg/m2  <b>and/or</b> Symptoms of amenorrhoea / testosterone suppression	<10 foods from 2 - 3 food groups  <b>and/or</b> deficient in essential vitamins and minerals (Vitamin D/C, Calcium, Iron etc) <b>and</b> cannot take micronutrient supplementation.  <b>and/or</b> >6 months nutritional deficiency <b>and/or</b> routine consumption of ONS provides less than 50% of the total energy	Work (performance / social-emotional experience) is impacted (e.g time taken to eat, inability to eat during worktime) due to ARFID  <b>and/or</b> unable to eat in restaurants or other unfamiliar settings and misses out on social opportunities with others due to food avoidance and restriction.  <b>and/or</b> mild-comorbid mental health difficulties / neurodiversity impact	The person is missing out on opportunities to join their family on social occasions outside their home despite considerable accommodations.  <b>and/or</b> their family are unable to eat in restaurants or other unfamiliar settings unless a significant amount of safe food is brought from home
<b>3 = high risk requiring planned action</b>	Weight loss of <20% in 1 year/ 10% in 3-6 months  <b>and/or</b> BMI >16 kg.m2  <b>and/or</b> 2 or more <b>Amber</b> MEED physical risks identified  <b>and/or</b> Symptoms of amenorrhoea / testosterone suppression	<5 foods from 1 – 2 food groups  <b>and/or</b> multiple nutritional deficiencies known/suspected <b>and/or</b> unable to take appropriate supplementation.  <b>and/or</b> >1 year of nutritional deficiency  <b>and/or</b> routine consumption of ONS is indicated but unable to tolerate/consume these <b>or</b> the ONS provides less than 80% of the total energy needs  <b>and/or</b> enteral feeding is being considered	Work (performance / social-emotional experience / attendance) is impacted due to ARFID  <b>and/or</b> unable to socialise outside the home for reasons related to ARFID (e.g., social events related to food)  <b>and/or</b> moderate mental health difficulties / neurodiversity impact e.g., low mood/anxiety, significant comorbid MH difficulties, significant fear of adverse consequences, food distress etc	Their family are unable to consume food outside the home and socialise for reasons related to ARFID  <b>and/or</b> their family are severely limited in their food routine (e.g., only one person can cook / shop / prepare food; family are limited to buying specific products from specific shops)  <b>and/or</b> their family suffer ill-health or mental-health decline as a direct result of ARFID-related restrictions.  <b>and/or</b> there is a significant direct impact on the welfare or wellbeing within the home (or safeguarding concern) as a direct result of ARFID related consequences
<b>4 = very high risk requiring immediate action</b>	Weight loss of >20% in 1 year/ >10% in 3-6 months  <b>and /or</b> BMI <16 kg/m2  <b>and/or</b> risk of re-feeding syndrome is identified.  <b>and/or</b> 1 or more <b>Red</b> MEED physical health risks identified	Multiple nutritional deficiencies <b>and</b> unable to take the appropriate supplements  <b>and/or</b> >2 years of nutritional deficiency  <b>and/or</b> routine consumption of ONS is indicated but is unable to tolerate/consume these <b>or</b> the ONS provides over 80% of the total energy needs  <b>and/or</b> severe malnutrition identified. Enteral feeding is indicated.	Inclusion in a work environment is not possible due to reasons related to ARFID  <b>and/or</b> severe mental health difficulties / neurodiversity impact e.g., low mood/anxiety, significant comorbid MH difficulties, significant fear of adverse consequences, food distress  <b>and/or</b> increase in shut-down/arousal behaviours negatively associated to an increased risk to self or others	Their family are limited from being able to leave the home for ARFID related reasons.  <b>and/or</b> food routine specificities are causing significant carer / financial stress/burden.  <b>and/or</b> there is a significant direct impact on the welfare or mentalhealth within the home (or safeguarding concern) as a direct result of ARFID related consequences

