TREATMENT GUIDE

THE BALANCE

Avoidant/Restrictive Food Intake Disorder (ARFID)

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 causes clinically significant food restriction without weight or shape concerns as the primary driver, affecting nutrition, health, and daily functioning.

02 Assessment examines medical, nutritional, psychological, sensory, and neurodevelopmental factors, while unstable adults or those needing intensive refeeding require specialist hospital care.

03 THE BALANCE may offer selected medically stable adults coordinated residential treatment in Mallorca or Zurich, followed by locally supported continuing care.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

How ARFID May Present

One person may eat a very narrow range of foods because of sensory sensitivity to texture, smell, appearance, temperature, or taste. Another may fear choking, vomiting, allergic reaction, pain, or another aversive consequence. A third may have very low interest in food or difficulty recognizing hunger.

ARFID Is Not “Picky Eating”

Selective eating is common, but ARFID involves clinically significant consequences or impairment. Adults may avoid business meals, travel, relationships, family events, or medical treatment because safe foods are unavailable or eating around others has become distressing.

Shame and repeated pressure to “just eat” can intensify avoidance. Treatment should not rely on humiliation, confrontation, or the assumption that the person is choosing restriction for attention.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment may consider weight history, recent change, vital signs, hydration, laboratory findings, nutritional deficiencies, cardiovascular symptoms, gastrointestinal symptoms, swallowing, medication, supplements, and current intake. Appearance alone does not establish medical safety.

Medical instability, severe malnutrition, electrolyte disturbance, cardiac risk, dehydration, inability to maintain intake, or the need for enteral feeding may require hospital or specialist eating-disorder care. A private residence is not a substitute for a medically managed inpatient unit.

Safety and the appropriate setting

THE BALANCE should consider ARFID only after confirming adult age scope, specialist competence, medical stability, nutritional requirements, and emergency pathways. A person requiring tube feeding, continuous medical observation, intensive refeeding management, or secure inpatient care may need a specialist hospital or eating-disorder unit. Acute instability, severe dehydration, fainting, cardiac symptoms, marked electrolyte disturbance, or inability to maintain intake requires prompt medical assessment. See Suitability and Entry Criteria.

04 / CARE BUILT AROUND YOU

Care built around you

Psychological and Behavioral Treatment

Evidence for adult ARFID treatment is developing. Cognitive behavioral approaches adapted for ARFID may address avoidance, nutritional rehabilitation, exposure, fear, sensory sensitivity, and flexibility. Anxiety treatment and family or partner support may also be relevant.

No single protocol fits every presentation. Treatment goals should be specific and measurable, such as improved adequacy, a broader range of foods, reduced fear, greater ability to eat in necessary settings, or less dependence on supplements.

Nutritional Care

A dietitian or appropriately qualified nutrition professional can assess adequacy, deficiencies, meal structure, supplementation, and the pace of change. Nutritional work should be coordinated with medical and psychological care rather than delivered as a generic meal plan.

Food preferences, allergies, religious requirements, gastrointestinal symptoms, and sensory needs should be documented accurately. A private chef can support implementation but does not replace specialist dietetic assessment.

Food Expansion and Exposure

Exposure work may involve very small steps toward a feared food, texture, smell, setting, or bodily sensation. The sequence is individualized and connected with nutritional priorities and the client's own goals.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

ARFID often requires continued medical, dietetic, and psychological support after the residential phase. The handover should identify who monitors nutrition, physical health, exposure goals, medication, and deterioration. International continuing care may involve a local eating-disorder service, primary-care physician, dietitian, therapist, psychiatrist, and family or partner. Cross-border care should not leave essential medical monitoring without a responsible local professional.

07 / CONSIDERING THE NEXT STEP

Considering the next step

What is ARFID?

ARFID is an eating or feeding disorder involving avoidance or restriction that causes nutritional, medical, weight or growth consequences, supplement dependence, or significant interference with life.

How is ARFID different from anorexia nervosa?

In ARFID, restriction is not primarily driven by weight or shape concerns. Medical risk can still be serious, and a full assessment is needed because conditions can overlap or change.

Can adults have ARFID?

Yes. ARFID can persist into adulthood or become clinically significant later. This page concerns adult assessment and treatment only unless another age scope is formally verified.

What causes ARFID?

Presentations may involve sensory sensitivity, fear of choking or vomiting, low interest in food, neurodevelopmental factors, medical illness, or a combination. No single cause applies to everyone.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.