Eating Disorders pathway, including avoidant/restrictive food intake disorder (ARFID)

Anchor Psychiatry Group offers a dedicated clinical pathway to diagnose and manage ARFID. This integrated **Private Psychiatry Care Pathway** provides a multidisciplinary structure for the assessment, medical risk management, and psychological treatment of Avoidant/Restrictive Food Intake Disorder (ARFID) alongside standard eating disorders like Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder (BED). Because ARFID is uniquely driven by sensory aversion, fear of negative consequences, or low interest in food rather than weight or body shape concerns, this pathway separates clinical streams where appropriate to ensure targeted, safe intervention. The multidisciplinary team includes a consultant psychiatrist, an occupational therapist, a CBT therapist, and dietetic support. We can deliver assessment and treatment in person and/or via video consultation.

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**Specialised Outpatient Care for Eating Disorders & ARFID: Your Journey to Recovery**
Taking the first step toward overcoming an eating disorder or can feel overwhelming. Our private adult clinic provides a highly tailored, compassionate, and doctor-led **outpatient care pathway**. This means all assessments and treatments are delivered via scheduled clinic appointments, allowing you to receive specialist care while maintaining your independent daily life, work, and home routines.

We treat standard eating disorders (such as Anorexia, Bulimia, Binge Eating Disorder and Other Specified Feeding or Eating Disorders (OSFED)) alongside **ARFID (Avoidant/Restrictive Food Intake Disorder)**. Because **ARFID** is driven by sensory sensitivities, low appetite, or a fear of negative consequences (like choking or vomiting) rather than body image concerns, we provide separate, highly specialised treatment tracks for each condition.

## 🛑 Our Service Acceptance Criteria (CR233 MEED Framework)

Because our clinic operates strictly on an outpatient basis, we must ensure that it is clinically safe for you to be treated outside a hospital setting. In line with national medical guidelines (Royal College of Psychiatrists Report CR233), we can accept and support individuals meeting **Mild to Moderate Risk** criteria. [1, 2, 3]

## 🟩 Mild Risk (CR233 Green Status) — Fully Eligible

- **Body Mass Index (BMI)**: Stable BMI of **15.0 or above**. [1]
- **Weight Stability**: Recent weight loss is minimal, sitting at **under 0.5kg per week**. [1]
- **Cardiovascular Health**: A waking or resting heart rate between **50–60 bpm** with normal, healthy sitting-to-standing blood pressure changes. [1]
- **Hydration & Labs**: Minimal fluid restriction; blood tests show entirely normal electrolyte, glucose, and biochemistry markers. [1, 2]
- **Muscle Function**: Able to complete the "SUSS test" easily (can sit up from flat or rise from a deep squat without using arms for support). [1, 2]

## 🟧 Moderate Risk (CR233 Amber Status) — Eligible with Active Monitoring (working with your GP)

- **Body Mass Index (BMI)**: A BMI ranging between **13.0 and 14.9**.
- **Weight Stability**: Rapid or steady weight loss between **0.5kg and 1.0kg per week**.

- **Cardiovascular Health**: A resting heart rate between **40–50 bpm**, or an orthostatic drop in systolic blood pressure of **15–20 mmHg** upon standing.
- **Hydration & Labs**: Moderate fluid restriction with only mild, easily correctable electrolyte imbalances.
- **Muscle Function**: Noticeable muscle weakness (difficulty or slight straining when rising from a squatting or lying position). [1, 2, 3]

## 🟥 Severe Risk (CR233 Red Status) — Excluded from Outpatient Care

- **Critical Indicators**: A BMI below 13.0, severe fluid refusal, persistent fainting (syncope), a resting heart rate under 40 bpm, or critical blood chemistry markers.

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**Your 5-Step Outpatient Journey**

Our outpatient pathway is divided into five clear phases, ensuring our core team of specialists fully supports your physical safety, emotional well-being, and daily living skills.

**1. Welcome & Initial Review**

Your journey begins with a confidential outpatient review of your history to ensure that our clinic is the right fit for your current health needs.

- **Digital Check-in**: We send you secure digital questionnaires to help us understand your specific dietary patterns, mental health, and recovery goals.
- **Outpatient Health Safeguards**: We review recent medical checks (such as simple blood tests or an ECG) from your GP. Because we are an outpatient clinic, these checks ensure it is completely safe for you to receive treatment outside a hospital setting.
- **Full-Picture Screening**: We check for other factors that frequently overlap with eating disorders, such as neurodivergence (Autism or ADHD) or a mental disorder.

**2. Your Comprehensive Assessment**

You will attend our clinic for a thorough outpatient assessment process. This helps us understand the "why" behind your struggles and build your personal recovery roadmap.

- **Medical & Psychiatric Consultation**: Our Consultant Psychiatrist reviews your medical history, rules out physical causes of your symptoms, and examines how your mood or anxiety affects your eating.
- **Therapeutic Review**: Our CBT Therapist maps out the thoughts, feelings, and behaviours that keep you trapped in difficult eating cycles.
- **Daily Living & Sensory Assessment**: Our Occupational Therapist (OT) evaluates your sensory profile, looking at how sights, textures, or smells affect your food choices and how your routine impacts your daily life.
- **Dietitian**: If required, we can ask a dietitian to provide an individualised nutritional assessment and recovery-focused guidance. Supports the development and maintenance of regular, balanced eating patterns and provides nutritional rehabilitation and monitors nutritional adequacy and physical health throughout recovery.

**3. Outpatient Medical Safety & Protection**

Your physical health is our absolute priority. Before starting psychological work, we ensure your body is stable enough for outpatient treatment.

- **Physiological Baseline**: We will ask your GP to provide a detailed referral and physical health information, including recent weight, routine bloods and an ECG. We check your vital signs (such as heart rate and blood pressure) in an outpatient setting.
- **Gentle Nutritional Planning**: If your nutrition has been severely limited, we outline a safe, gradual plan to reintroduce nourishment at home and if needed with the help of a dietician.
- **Safety Thresholds**: If our initial medical checks suggest you require intensive support, we will advise on further referral options.

**4. Your Tailored Treatment Track**

Once outpatient safety is confirmed, you begin a treatment track strictly customised to your specific condition. You will work side by side with our core team during scheduled clinic sessions.

| **Your Specialist Team** | **The ARFID Track** ***(Sensory, Phobia, or Low Appetite)*** | **The Standard Eating Disorders Track** ***(Anorexia, Bulimia, Binge Eating or OSFED.)*** |
|---|---|---|
| **Consultant Psychiatrist** | • Prescribes tailored medications to reduce food-related anxiety or physical tension.<br>• Oversees outpatient medical safety. | • Treats overlapping concerns like anxiety, depression or OCD.<br>• Carefully monitors biological stability. |
| **CBT Therapist** *Psychological Specialist* | • Delivers specialised **CBT-AR** therapy.<br>• Guides you through gentle, step-by-step exposure to target food phobias and expand your diet. | • Delivers world-leading **CBT-E, MANTRA or SSCM** therapy.<br>• Helps you challenges of body image and break binge/purge or restriction cycles. |

| | | |
|---|---|---|
| **Occupational Therapist**<br>*Practical Life Skills, coaching* | • Teaches you how to manage sensory overload.<br>• Works with you on independent meal prep and workplace adjustments.<br>• Managing the impact on daily life | • Guides you through real-world food challenges (like restaurant or social eating).<br>• Rebuilds a healthy body image and reduces perfectionism.<br>• Psychoeducation |
| **Dietician** | • Provides personalised nutritional guidance while respecting sensory preferences, food fears and appetite difficulties.<br>• Supports gradual dietary expansion and nutritional adequacy.<br>• Helps develop practical strategies for managing mealtimes and nutritional challenges. | • Provides individualised nutritional assessment and guidance to support recovery.<br>• Supports the restoration and maintenance of regular, balanced eating patterns.<br>• Helps address behaviours such as restriction, binge eating, purging and compensatory exercise.<br>• Supports nutritional rehabilitation and monitors the impact of eating behaviours on physical health. |

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### 👥 How Partners & Loved Ones Can Support

Recovery does not happen in a vacuum. Because this is an outpatient pathway, your home environment plays a massive role in your success. With your consent, we actively invite partners, spouses, family members, or close friends to become your **co-recovery champions**.

Here is how we integrate your support network into the treatment process:

**1. Collaborative Care Sessions**

Our CBT therapist offers dedicated psychoeducation sessions for your partner or chosen loved ones. She helps them understand the clinical realities of your condition, reducing frustration and guesswork at home.

**2. Streamlined Support for the ARFID Track**

- **Reducing Food Accommodation**: We teach partners how to step back from inadvertently modifying every meal to accommodate "safe foods," while maintaining a low-stress environment.
- **Coaching Food Chaining**: Your support network learns how to support your homework from the CBT Therapist and Occupational Therapist, helping you safely introduce new textures and foods at home without pressure.

**3. Streamlined Support for Standard Eating Disorders**

- **De-escalating Mealtime Conflict**: We provide practical strategies to turn mealtimes from a battleground into a neutral, supportive space.
- **Constructive Validation**: Loved ones learn how to support you through body image distress and difficult emotional moments without offering counterproductive comments about weight, shape, or food portions.

**4. Shared Accountability**
Your partner or support person can assist by holding a gentle space for your recovery goals, celebrating small victories, and helping you stick to the outpatient routine agreed upon by our team.

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**5. Lasting Independence & Beyond**
True recovery means giving you the tools to stay well long after you finish your sessions with our clinic.

- **Gradual Stepping-Down**: As your eating patterns and health stabilise, we slowly reduce the frequency of your outpatient appointments so you can practice your skills independently.
- **Your Personal Blueprint**: Together, we write a personalised relapse-prevention guide that highlights your early warning signs and the coping tools you have learned for daily life.
- **Long-Term Check-ins**: We schedule relaxed follow-up reviews at 3, 6, and 12 months to celebrate your progress and keep you on track.
- **GP Collaboration**: With your permission, we send your GP a clear, helpful summary with advice on how to support your ongoing health in the community.

**Frequently Asked Questions (FAQ)**

**What makes ARFID different from an eating disorder like Anorexia?**
While both involve restricted food intake, the intent differs entirely. Anorexia is driven by distress regarding body weight, size, or shape. ARFID has **no body image component**. Instead, ARFID is driven by sensory issues (textures, smells), a lack of interest in food, or a fear of negative consequences like choking or vomiting.

**Will I be forced to eat things that terrify me or make me gag?**
Absolutely not. Our outpatient clinic works on a model of collaborative consent. For ARFID, our CBT therapist and Occupational Therapist use a process called **food chaining and gradual desensitisation**. We build on foods you already find safe and expand your diet at a pace you control. There are no forced-eating practices here.

**Do I need a doctor's referral to book an assessment?**
Yes. We accept **self-referrals** directly from individuals seeking support. We will then ask you to get your GP to provide basic clinical information. Because we are an outpatient facility, we require you to be registered with a local GP so we can coordinate basic medical monitoring (such as blood tests) to support your ongoing physical safety.

**What happens if I am not physically stable enough for outpatient care?**

Your safety comes first. During Phase 1 and Phase 3, our Consultant Psychiatrist carefully reviews your physical metrics. If your medical markers indicate that you need immediate hospital stabilisation or 24/7 refeeding monitoring, we will be transparent with you and guide you to an appropriate acute care provider.

**Can my partner or spouse attend appointments with me?**
Yes. While individual therapy sessions are private, we encourage you to involve your support network. We deliberately reserve space in our care pathway for **collaborative partner psychoeducation**, so your loved ones can learn precise, stress-free ways to support your meal prep and eating routines at home.

**What is MANTRA?**
MANTRA (Maudsley Model of Anorexia Nervosa Treatment for Adults) is based on a cognitive-interpersonal model of anorexia nervosa. It is one of three NICE-recommended first-line therapy options for anorexia nervosa in adults. MANTRA was developed with support from the NIHR Maudsley Biomedical Research Centre and was designed with the needs, characteristics and illness-maintaining factors of anorexia nervosa in mind. It considers both the biology and psychology of anorexia.

**What is SSCM?**
Specialist Supportive Clinical Management (SSCM) is an effective outpatient eating disorders treatment for anorexia nervosa. SSCM allows for flexibility in sessions to address broader life issues and client goals, as well as eating disorder behaviours. Ongoing research has confirmed SSCM as an effective, viable treatment option for eating disorders.

**What happens in CBT-AR?**
CBT-AR is a form of CBT designed specifically for people with Avoidant Restrictive Feeding Intake Disorder (ARFID). CBT-AR focuses on reducing nutritional compromise (low weight or significant nutritional deficiencies) and reducing negative thoughts or feelings about eating. It is appropriate for children over 10, adolescents and adults, as long as they are medically stable and eating food by mouth.

**What happens in CBT-E?**
Enhanced Cognitive Behaviour Therapy (CBT-E) is a specialised form of cognitive behavioural therapy designed specifically to treat eating disorders, including Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, and Other Specified Feeding or Eating Disorders (OSFED). Developed by Professor Christopher Fairburn and colleagues at Oxford University, CBT-E focuses on the core cognitive mechanisms that maintain eating disorder behaviours rather than the diagnosis alone.

**What is involved in a sensory assessment?**
A sensory assessment for autism evaluates how an individual processes and responds to sensory information from their environment and within their own body. It identifies hyper-reactivity (oversensitivity), hypo-reactivity (undersensitivity), and sensory-seeking behaviours across different sensory systems. Our Occupational Therapist (OT) is trained in sensory integration.