Background

Avoidant/Restrictive Food Intake Disorder (ARFID) is characterized by limited dietary intake or variety that results in weight loss, nutritional deficiency, nutritional supplement dependence, or psychosocial impairment.

The Nine-Item Avoidant/Restrictive Food Intake Disorder Screen (NIAS) developed by Zickgraf and Ellis was the first psychometrically validated tool to screen for this condition. Its three subscales measure the degree of selective/neophobic eating (NIAS-Picky eating), poor appetite/limited interest in eating (NIAS-Appetite), and fear of aversive consequences of eating (NIAS-Fear) (1).

Transgender and nonbinary (TGNB) youth are at increased for eating disorders, including ARFID (2). Though the need to screen TGNB patients for eating disorders has been emphasized repeatedly, no screening tools have been validated with the TGNB population.

Study Purpose

The purpose of the study was to provide initial evidence for the internal consistency and convergent validity of the NIAS among TGNB youth and young adults.

Methods

Returning patients at a Midwestern gender clinic (n = 164) ages 12-23 completed the screeners listed below during their clinic visit.

Confirmatory factor analysis was used to establish the hypothesized three-factor structure of the NIAS in this sample. Relationships between the NIAS subscales and anthropometric data, SCOFF, PHQ-9, GAD-7, and sex assigned at birth were explored for convergent and divergent validity, and proposed screening cut-scores were used to identify the prevalence of likely ARFID in this population.

Key Findings

- Approximately one in five (22%) of TGNB youth and young adults screened positive for ARFID.
- The three-factor structure of the NIAS was an excellent fit to the current data.
- Assigned female at birth scored significantly higher on the NIAS-Total, Appetite, and Fear subscales than those assigned male at birth.
- NIAS-Total was significantly related to all convergent validity variables other than age, with a moderate-strong correlation with other symptom screeners (SCOFF, PHQ-9, GAD-7), and a small negative correlation with body mass index percentile.

Key Takeaways

- ARFID is a relevant nutrition concern among the TGNB population.
- The NIAS is a valid measure to screen for ARFID among TGNB youth and young adults.
- Gender clinics and other medical centers that serve TGNB patients can routinely screen for ARFID using the NIAS.

References


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