

Til COLITIS-CROHN FORENINGEN

Modtag venligst vores ansøgning om forskningsstøtte til projektet med titlen:

Avoidant/restrictive food intake disorder (ARFID) blandt danske børn og unge med symptomer fra mave og/eller tarm

Med venlig hilsen

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Helen Burton-Murray, adjunkt, psykolog og ph.d.

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Lægmandsresumé

ARFID (Avoidant/Restrictive Food Intake Disorder) er en ny diagnose inden for området af spiseforstyrrelser. Diagnosen stilles, når en person spiser enten så lidt eller så ensidigt, at det fører til helbredsmæssige konsekvenser og/eller nedsat funktionsniveau fysisk, psykisk eller socialt. Eksempler på helbredsmæssige konsekvenser er alvorligt vægttab, mangeltilstande og behov for sondeernæring. Modsat andre spiseforstyrrelser skyldes det undgående eller restriktive spisemønster ikke bekymringer omkring figur eller vægt.

Der er forskellige præsentationer af ARFID, som hos nogle viser sig ved en manglende interesse for mad eller nedsat evne til at registrere sult. Hos andre kommer sygdommen til udtryk ved en øget følsomhed over for eksempelvis madens smag, lugt eller konsistens, mens en tredje gruppe frygter for ubehagelige konsekvenser ved spisning i form af kvælning, opkastninger eller mavesmerter.

Vi ved fra udlandet, at børn og unge med ARFID ofte præsenterer sig med samtidige symptomer fra eller sygdomme i mave-tarm-systemet og derfor sandsynligvis ofte først henvises til somatiske afdelinger med henblik på diagnostik og behandling.

ARFID forventes introduceret til det danske sundhedsvæsen i løbet af de kommende år ved implementeringen af 11. udgave af den internationale klassifikation af sygdomme (ICD-11). Dog foreligger på nuværende tidspunkt ingen viden om, hvor mange danske børn og unge, som rammes af ARFID, eller hvad, der karakteriserer dem.

Med støtte fra COLITIS-CROHN FORENINGEN ønsker vi som de første at undersøge forekomsten af ARFID blandt børn og unge henvist med mave-tarm-symptomer i dansk hospitalsregi. Vi vil tage udgangspunkt i et stort, alment børneambulatorium, hvor henviste familier vil blive inviteret til at deltage i en elektronisk spørgeskemaundersøgelse. Blandt deltagerne vil en gruppe unge og en gruppe forældre tilmed blive inviteret til at deltage i et efterfølgende interview. I spørgeskemaundersøgelsen vil vi undersøge, hvad der karakteriserer børn og unge med mave-tarm-symptomer og samtidige symptomer på ARFID, ligesom vi vil undersøge, hvad der karakteriserer deres forældre. Vi vil blandt andet spørge ind til børnenes forhold til mad, fordøjelse og sygdomsopfattelse samt forældrenes mestringstro. De efterfølgende interviews vil have fokus på de unges opfattelse af deres symptomer og oplevelse af at leve med dem. Tilsvarende vil forældreinterviewene have fokus på forældrenes oplevelse af at tage sig af et barn med symptomer på ARFID.

Med et dybdegående fokus på patienters og forældres opfattelse og oplevelse af ARFID vil projektet bidrage med helt nye perspektiver på lidelsen både nationalt og internationalt. Derudover forventes projektet at tilvejebringe viden, som vil danne grundlag for bedre og tidligere identifikation af ARFID blandt børn og unge med sygdom i eller symptomer fra mave og/eller tarm samt en mere målrettet indsats til de berørte familier. Slutteligt forventes projektet at udbrede kendskabet til ARFID forud for implementeringen af ICD-11 i Danmark.

Budget PhD project (DKK)	Year 1				Year 2				Year 3				Total	
	Feb. 2026-Jan. 2027				Feb. 2027-Jan. 2028				Feb. 2028-Jan. 2029				Applied	Co-financed
	Applied		Co-financed(*) (x)		Applied		Co-financed(#) (x)		Applied		Co-financed(x)		Applied	Co-financed
Payroll cost	Months	DKK	Months	DKK	Months	DKK	Months	DKK	Months	DKK	Months	DKK	DKK	DKK
Academic staff														
PhD student Christina Hornemann (1)	12	73.083	12	73.083	12	74.910	12	74.910	12	76.783	12	76.783	2.697.311	2.697.311
Student assistant (2)	2	31.595	2	31.595	4	32.385	4	32.385					192.730	192.730
Administrative staff														
Secretarial assistance (3)	1	49.000	1	49.000	1	50.225	1	50.225	1	51.481	1	51.481	150.706	150.706
Total salaries													3.040.746	3.040.746
Other expenses														
		DKK		DKK		DKK		DKK		DKK		DKK	DKK	DKK
Yearly conference participation		40.000		40.000		40.000		40.000		40.000		33283	120.000	113.283
Open access publications		25.000				25.000				25.000			75.000	
OPEN facilities (4)		20.000											20.000	
Costs associated with stay abroad (5)									50.000		50.000		50.000	50.000
Computer for the PhD student		10.000		10.000									10.000	10.000
Telephone for the PhD student		10.000		10.000									10.000	10.000
Preparation of information material (6)		5.000											5.000	
2 tablets for participants		10.000		10.000									10.000	10.000
Proofreading of article manuscripts									10.000				10.000	
Total other expenses													310.000	193.283
Salaries + other expenses													3.350.746	3.234.029
Total amount or part of amount applied by COLITIS-CROHN FORENINGEN (applied minus co-financed)													116.717	

(1) Salary for PhD student and medical doctor with B-authorization (pay scale 8). Salary includes pension, holiday pay and a 2,5% annual increase.

(2) The student assistant will contribute with participant recruitment (study 1)(year 1 and 2) and transcription of interview data (study 2 and 3)

(3) Secretarial assistance for financial management and literature search including a 2,5% annual increase

(4) Datamanagement and use of software

(5) Includes travel expenses and rental of apartment in Boston

(6) Includes expenses for graphical assistance, paper, and print

(*) A part of the payroll cost and the PhD study fee during 1 year will be financed by Department of Regional Health Services, University of Southern Denmark

(#) A part of the payroll cost and the PhD study fee during year 2 will be financed by the Region of Southern Denmark

(x) AAGE OG JOHANNE LOUIS-HANSENS FOND has donated 2.000.000 DKK for the project

CV og publikationsliste for Læge Christina Hornemann

Kontaktoplysninger

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Uddannelse

2022: Tilladelse til selvstændigt virke som læge (B-autorisation)

2020: Lægevidenskabelig embedseksamen, Aarhus Universitet (AU)

2017: Præ-graduat diplom inden for sundhedsvidenskabelig forskning, Det sundhedsvidenskabelige fakultet, AU

Nuværende ansættelse

2023-: Hoveduddannelseslæge, Børne- og ungdomspsykiatri, Psykiatrien i Region Syddanmark (BUP-S)

Tidligere kliniske ansættelser

2022: Introduktionsreservelæge samt skemalægger, BUP-S

2021: KBU-reservelæge, Lægerne ved Havnen, Vejle

2020: KBU-reservelæge, Urinvejskirurgisk afdeling, Sygehus Lillebælt

Videnskabelige ansættelser

2017: Forskningsårsstuderende ved afdeling for Funktionelle Lidelser, Aarhus Universitetshospital (AUH)
Ansvarlig for forskningsprojekt om klassifikation af kroniske smerter og evaluering af patientuddannelsen "Lær at tackle kroniske smerter"

2017: Forskningsassistent ved afdeling for Funktionelle Lidelser, AUH
Indsamling af kliniske data til ph.d.-projekt vedrørende effekten af Acceptance and commitment therapy til unge med funktionelle lidelser

2015 – 2016: Forskningsassistent, Dansk smerteforskningscenter, AUH
Indsamling af biologisk materiale i forbindelse med ph.d.-projekt omhandlende placeboeffekter

2014: Forskningsassistent, Hjerteafdelingen, Sygehus Lillebælt, Vejle
Indsamling af kliniske og parakliniske data i forbindelse med ph.d.-projekt

Videnskabelige publikationer

4 skriftlige, fagfællebedømte publikationer (2 som førsteforfatter og 2 som anden-forfatter, hvoraf den seneste er under revision)

2 mundtlige præsentationer ved internationale konferencer

1 poster præsentation ved international conference

Andre relevante præsentationer

2024: Poster-præsentation med titlen: "Undgående eller restriktiv spisning blandt børn og unge i ambulans somatisk hospitalsregi", Psykiatriens Forskningsdag, Fredericia

2024: Mundtligt oplæg med titlen: "Undgående eller restriktiv spisning (ARFID) hos patienter med gastrointestinale symptomer", Regional temadag om funktionelle lidelser blandt børn og unge, Sygehus Sønderjylland, Aabenraa

Udvalgte undervisningsaktiviteter

2025: Lægefaglig undervisning om "The Common Sense Model of Self-Regulation", BUP-S

2025: Lægefaglig undervisning om ARFID, Børneafdelingen, Sygehus Lillebælt, Kolding

Vejlederskab

2025: 1 medvejlederskab for en medicinstuderende i forbindelse med kandidatspeciale omhandlende ARFID hos patienter med gastrointestinale lidelser

Relevante kurser

2025: Specialespecifikt forskningstræningskursus, AU

2025: Forskningstræningskursus, grundkursus 1, Det Sundhedsvidenskabelige fakultet, Syddansk Universitet

2024: Teoretisk gennemgang og praktisk anvendelse af det kliniske, psykopatologiske interview, K-SADS, BUP-S

2024: Grunduddannelse i psykoterapi, Psykiatrien i Region Syddanmark

2016: Biostatistik, ph.d.-kursus, AU

2016: Systematisk litteratursøgning, ph.d.-kursus, AU

2016: Stata og datadokumentation, ph.d.-kursus, AU

2016: "Hvad er smerte og hvordan skal det måles?" ph.d.-kursus, AU

Udlandsophold

2013: 4-ugers klinisk ophold i Tunesien som udvekslingsstuderende igennem den internationale studenterorganisation for medicinstuderende (IFMSA)

Andre udvalgte aktiviteter

2017: Leder af DRY Camp, lejroophold for børn og unge med urininkontinens igennem børneafdelingen, AUH

2016 – 2018: Ansvarlig for afholdelse af studenterforedrag i Studerendes almenmedicinske selskab (SAMS)

2015 – 2018: Studentermedhjælper, almen praksis, Lægerne Brahe og Rykær, Aarhus

2015 – 2018: Certificeret førstehjælper ved Østjyllands Brandvæsen med deltagelse ved flere sportsstævner

2014: Leder af mor-barn-lejr for udsatte familier igennem Frelsens Hær, Middelfart

2013 – 2014: Undervisning af lægestuderende i basal genoplivning på løbende hold, AU

2011-2015: Ventilator og sygeplejevikar på fast hold igennem "Foreningen af Danske Lægestuderendes Vagtbureau"

2010: Engelskunderviser igennem 5 måneder på et center for unge mødre, Argentina

Faglige medlemskaber

2021-: Børne- og Ungdomspsykiatrisk Selskab

2020-: Lægeforeningen

Publikationsliste

Fagfællebedømte publikationer

1. Henriksen SB, **Hornemann C**, Hulgaard DR. Avoidant-Restrictive Food Intake Disorder (ARFID) in Patients with Gastrointestinal Disorders: A Systematic Review. Journal of Human Nutrition and Dietetics. 2025 December (under revision)
2. **Hornemann C**, Schröder A, Ørnbøl E, Christensen NB, Høeg MD, Mehlsen M, Frostholm L. Application of ICD-11 among individuals with chronic pain: A post hoc analysis of the Stanford Self-Management Program. Eur J Pain. 2020 Feb;24(2):297-311
3. Frostholm L, **Hornemann C**, Ørnbøl E, Fink P, Mehlsen M. Using illness Perceptions to Cluster Chronic Pain Patients: Results from a Trial on the Chronic Pain Self-Management Program. Clin J Pain. 2018 Nov;34(11):991-999
4. **Nielsen CH**, Larsen A, Nielsen AL. DNA methylation alterations in response to prenatal exposure of maternal cigarette smoking: A persistent epigenetic impact on health from maternal lifestyle? Arch Toxicol. 2016 Feb;90(2):231-45

Mundtlige, videnskabelige præsentationer:

1. **Hornemann C**, Hulgaard D. A case of sudden onset tic-like behavior in a Danish teen: What is the best setting for diagnosis and treatment? 20th International Congress of the European Society for Child and Adolescent Psychiatry, Denmark, 2023
2. **Nielsen CH**, Schröder A, Jensen JS & Frostholm L. Who benefits from the Chronic Pain Self-Management Program? A comparison of a biomedical and a psychological approach to the classification of chronic pain. 5th Annual Scientific Conference of the European Association of Psychosomatic Medicine, Barcelona, 2017 (2-minutters mundtlig præsentation af bedste poster)

Poster-præsentation:

1. **Nielsen CH**, Schröder A, Jensen JS & Frostholm L. Who benefits from the Chronic Pain Self-Management Program? A comparison of a biomedical and a psychological approach to the classification of chronic pain. 5th Annual Scientific Conference of the European Association of Psychosomatic Medicine, Barcelona, 2017

Project proposal

Background

Avoidant/restrictive food intake disorder (ARFID) is a recently introduced diagnosis within the eleventh version of The International Classification of Diseases (ICD-11) (1). The diagnosis has been used in the American health care system since 2013. With the upcoming implementation of ICD-11 in Denmark, ARFID will be introduced to the Danish health care system for the first time (2, 3). To the best of our knowledge, no research within the area of ARFID has been performed in Denmark yet.

ARFID is categorized as an eating disorder but differs from other eating disorders as patients with ARFID are not primarily preoccupied with body weight or shape. The restricted or avoidant eating behavior may be caused by 1) a lack of interest in eating, 2) concern about perceived aversive consequences of eating such as choking, vomiting, or bloating, or 3) hypersensitivity regarding the smell, taste, texture, or temperature of the food (1). The diagnostic criteria of ARFID further include either impaired psychosocial functioning or somatic consequences of the disordered eating (1). ARFID is associated with prolonged and costly inpatient stays (4). It has been shown to increase the risk of cardiovascular diseases, lower bone mineral density, and loss of vision (5-7). Gastrointestinal comorbidity is highly prevalent and therefore children and adolescents with ARFID most likely get referred to pediatric gastroenterology departments for treatment (6, 8). This may imply a risk of overlooking ARFID because of focus being mainly on somatic symptoms in such settings (9).

Studies investigating ARFID have primarily utilized quantitative methods with only two qualitative studies published to date (10, 11). Patients' and parents' perceptions of illness are important as they influence how the individuals cope with illness and respond to it emotionally (12). No studies have investigated illness perceptions in children and adolescents with ARFID.

With the upcoming implementation of ICD-11 in Denmark, ARFID will soon be introduced to the Danish health care system, calling for information on the occurrence, presentation and experience of the disease.

Purpose

The purpose of this multi-method PhD project is two-fold. First, we aim to investigate the prevalence of individuals fulfilling the diagnostic criteria of ARFID and other characteristics among Danish children and adolescents (4-17 years) referred for gastrointestinal assessment. Second, we will explore illness perceptions and lived experience of ARFID among parents and adolescents (13-17 years) by qualitative interviews. We will conduct one quantitative and two qualitative studies with the following objectives:

Study 1)

- A. To estimate the parent-reported prevalence of children and adolescents (4-17 years) who fulfill the diagnostic criteria of ARFID as well as the specific subtypes of ARFID among those referred to gastrointestinal assessment. Individuals will be categorized as individuals with high versus low risk of ARFID depending on whether they fulfill the diagnostic criteria or not.
- B. To compare children and adolescents (4-17 years) with high versus low risk of ARFID on parent-reported parameters such as age, gender, ethnicity, BMI, illness perceptions, eating style, gastrointestinal symptoms, and parental self-efficacy.

A self-report survey will be conducted on adolescents (10-17 years) referred for pediatric gastrointestinal assessment as an add-on to the parent survey. Results on ARFID symptoms, illness perceptions,

gastrointestinal symptoms, and diet will be reported. Further, the consensus between parent and adolescent reports of ARFID-symptoms will be estimated.

[Study 2\)](#)

To explore qualitatively how parents of children (aged 4-17) with gastrointestinal symptoms and high risk of ARFID (based on results from study 1) perceive their child's symptoms and experience taking care of him/her.

[Study 3\)](#)

To explore qualitatively how adolescents (aged 13-17) with gastrointestinal symptoms and high risk of ARFID (based on results from the add-on survey) perceive their symptoms and experience living with ARFID.

Methods

Study design

The project consists of three individual studies including a quantitative, cross-sectional study (study 1) and two subsequent qualitative studies (study 2 and 3). See "Bilag 1" for an overview of the project design.

[Study 1\)](#)

Study population: Parents of children aged 4 to 17 years with gastrointestinal symptoms referred to pediatric outpatient assessment at Lillebaelt Hospital between August 2026 and August 2027 will be invited to participate in study 1. Referred adolescents aged 10-17 years will receive a separate invitation to participate in the parallel add-on survey.

Recruitment: Referred families will receive an electronic invitation and written information about the research project together with the official invitation letter from the pediatric department. Oral information about the research project will be provided by the PhD student or a trained student worker during the first visit to the clinic.

Data Collection: Participants can choose between either 1) immediate participation by tablet in the waiting area of the pediatric department or 2) later participation by QR-code from home. Patient records will be accessed 3 months after first contact to the clinic to attain final gastrointestinal diagnosis of assessment, weight, and height.

Assessment of ARFID: ARFID symptoms of the child/adolescent will be measured by PARDI-AR-Q which comes in a parent version and a self-version (13). PARDI-AR-Q can be used to predict a likely diagnosis of ARFID and to rate the three common ARFID subtypes (14).

Assessment of characteristics: Characteristics include parent-reported measures from the electronic survey, biometric data, and gastrointestinal diagnosis of the child. Parent-reported measures include the following:

- Illness perceptions measured by a modified, Danish version of the validated Brief illness perception questionnaire (B-IPQ) (15)
- Eating disorder symptoms of the child assessed by the Parent Eating Disorder Examination Questionnaire (PEDE-Q) (16)
- Eating style of the child measured by the Children's Eating Behaviour Questionnaire (CEBQ) (17)
- Additional questions about current diet and history of exclusion diet
- Gastrointestinal symptoms of the child measured by the validated Pediatric Quality of Life Inventory Gastro (Peds-QL GI) (18)
- Parental self-efficacy measured by the Brief Parental Self Efficacy Scale (BPSES) (19)

- Information about age, sex, gender identity, ethnicity, and residence of the child
- Information about age, sex, ethnicity, education, and marital status of the parent

The add-on survey of adolescents aged 10-17 years include self-reported versions of the above-mentioned questionnaires except for the CEBQ and BPSES.

Analyses: Statistical analyses will be carried out using STATA for Windows and with assistance from statistician, Erik Christiansen, Department of Regional Health Services, University of Southern Denmark. RedCap will be used for data collection, data storage, building, and management of electronic surveys.

The prevalence of children who fulfill the diagnostic criteria according to parent reports of the ARFID screening questionnaire will be estimated (14) and defined as individuals with high risk of ARFID. Also, the prevalence of ARFID subtypes will be estimated. Descriptive statistics will be used to describe the characteristics of children with gastrointestinal symptoms and high versus low risk of ARFID.

Associations between dichotomized ARFID risk groups and characteristics of children and parents will be investigated by logistic regression modeling and adjusted for potential confounders. Sensitivity analyses will be performed to investigate agreement between parent and adolescent reports of ARFID symptoms on the PARDI-AR-Q.

[Study 2 and 3\)](#)

A qualitative approach based on Interpretative Phenomenological Analysis (IPA) is used for studies 2 and 3. IPA is reported to be particularly useful within complex and novel research areas such as ARFID (20).

Study population for study 2: Parents of children aged 4 to 17 years will be selected from the overall study population according to purposive sampling (20). Only parents of children with high risk of ARFID will be invited. Sampling will aim for variation regarding age, gender, ARFID subtype, and gastrointestinal diagnosis of the child.

Study population for study 3: Adolescents aged 13-17 years will be selected from the add-on self-report survey according to purposive sampling (21). Only adolescents with high risk of ARFID will be invited. Sampling will aim for variation regarding age, gender, gastrointestinal diagnosis, subtype of ARFID, and illness perceptions.

Recruitment: Selected parents and adolescents will be invited by telephone by the PhD student or student worker.

Data Collection: Qualitative interviews will be carried out by the PhD student. Interviews will be semi-structured, and questions will be open-ended. Interview schedules will form the basis of the interview and will be developed in collaboration between the research group, adolescents with symptoms of ARFID, and parents of adolescents with symptoms of ARFID.

Analyses: Interviews will be recorded, transcribed and analyzed according to the IPA principles (20). The software program NVIVO will be used during transcription and analysis of interviews. Transcripts will be analyzed in their original language and quotes will be translated for publication. A stepwise analysis will be performed by 2 authors, one of which is experienced in qualitative research. Main themes and sub themes will be discussed in collaboration with the entire research team.

Ethics

The project will be reported to the Danish Data Protection Agency and a request will be sent to The Danish Health Research Ethics Committee system before beginning of the PhD. If the project needs further approval from the Health Ethics committee, this approval will be ensured prior to beginning study 1. We will collaborate with the research support unit "OPEN" (22) during this process and throughout study period. Oral and written consent will be obtained from all participants.

Feasibility and work plan

During the PhD period, the applicant will be affiliated to the Research unit of Mental Health Research Aabenraa, Department of Regional Health Services, University of Southern Denmark. The applicant will receive regular supervision by experienced supervisors who possess all relevant qualifications to ensure the accomplishment of this PhD project at a satisfactory scientific level. Participants will be recruited from the pediatric department at Lillebaelt Hospital, of which main supervisor Ditte Hulgaard is a consultant physician. Collaboration on the project is approved by the head of department and head of research unit at the pediatrics department. A pilot test of the setup will be conducted prior to the beginning of study 1 to ensure the feasibility of the project.

The outpatient clinic receives approximately 500 new referrals regarding gastrointestinal symptoms per year. Based on power calculations, a total of 278 parents will be needed to ensure statistical power of study 1. Accordingly, we expect all participants to be recruited within one year. Interviews will be held during and after recruitment and will be finished within 2 years leaving the final year of the PhD to analyses and dissemination of results. See "Bilag 2" for a time schedule.

Dissemination of results

Our findings will be presented in both psychiatric and pediatric departments. Professionals and lay people, including project participants, will be invited. Further, results will be presented at both national and international scientific conferences and in at least three articles submitted to international, peer-reviewed scientific journals. To ensure wider public outreach, results will be presented on websites for relevant patient organizations and medical societies.

References

1. WHO. ICD-11 for Mortality and Morbidity Statistics 2025 [Information of ARFID]. Available from: <https://icd.who.int/browse/2025-01/mms/en#1242188600>.
2. Sundhedsdatastyrelsen. Om ICD-11 2025 [Available from: <https://sundhedsdatastyrelsen.dk/indberetning/icd-11>].
3. APA. American Psychiatric Association and DSM-5 Task Force. Diagnostic and statistical manual of mental disorders: DSM-52013.
4. Milliren CE, Crowley M, Carmody JK, Bern EM, Eldredge O, Richmond TK. Pediatric hospital utilization for patients with avoidant restrictive food intake disorder. 2024(2050-2974 (Print)).
5. Schimansky SA-O, Jasim H, Pope L, Hinds P, Fernandez D, Choleva P, et al. Nutritional blindness from avoidant-restrictive food intake disorder - recommendations for the early diagnosis and multidisciplinary management of children at risk from restrictive eating. LID - archdischild-2022-325189 [pii] LID - 10.1136/archdischild-2022-325189 [doi]. 2023(1468-2044 (Electronic)).
6. Burton-Murray HA-O, Sella AC, Gydus JE, Atkins M, Palmer LP, Kuhnle MC, et al. Medical Comorbidities, Nutritional Markers, and Cardiovascular Risk Markers in Youth With ARFID. 2024(1098-108X (Electronic)).

7. Sella AC, Becker KR, Slattery M, Hauser K, Asanza E, Stern C, et al. Low bone mineral density is found in low weight female youth with avoidant/restrictive food intake disorder and associated with higher PYY levels. 2023(2050-2974 (Print)).
8. Sanchez-Cerezo JA-O, Nagularaj L, Gledhill J, Nicholls D. What do we know about the epidemiology of avoidant/restrictive food intake disorder in children and adolescents? A systematic review of the literature. 2023(1099-0968 (Electronic)).
9. Burton Murray H, Calabrese S. Identification and Management of Eating Disorders (including ARFID) in GI Patients. 2022(1558-1942 (Electronic)).
10. Kim YA-O, Di Martino JA-O, Nicholas JA-O, Rivera-Cancel AA-O, Wildes JA-O, Marcus MA-O, et al. Parent strategies for expanding food variety: Reflections of 19,239 adults with symptoms of Avoidant/Restrictive Food Intake Disorder. 2022(1098-108X (Electronic)).
11. Ruiz Fischer MM, Starr RA. A tradeoff between safety and freedom: Adults' lived experiences of ARFID. 2024(2050-2974 (Print)).
12. Leventhal H MD, Nerenz D. The common sense representation of illness danger. *Medical psychology*, Pergamon Press. 1980;2:7-30.
13. Bryant-Waugh RA-O, Stern CA-O, Dreier MA-O, Micali NA-O, Cooke LA-O, Kuhnle MA-OX, et al. Preliminary validation of the pica, ARFID and rumination disorder interview ARFID questionnaire (PARDI-AR-Q). 2022(2050-2974 (Print)).
14. PARDI-AR-Q. Introduction for Administrators Bryant-Waugh, R. p. 2.
15. Broadbent E, Wilkes C, Koschwanetz H, Weinman J, Norton S, Petrie KJ. A systematic review and meta-analysis of the Brief Illness Perception Questionnaire. 2015(1476-8321 (Electronic)).
16. Drury CA-O, Hail LA-O, Rienecke RA-O, Accurso EA-O, Coelho JA-O, Lock JA-O, et al. Psychometric properties of the Parent Eating Disorder Examination Questionnaire. 2023(1098-108X (Electronic)).
17. Wardle J, Guthrie Ca Fau - Sanderson S, Sanderson S Fau - Rapoport L, Rapoport L. Development of the Children's Eating Behaviour Questionnaire. 2001(0021-9630 (Print)).
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