Supplemental Table 1. Summary of studies containing physical health data on children and young people with ARFID.

Author (year), Country	Methodology and ARFID presentations	N (% female)	Age range (mean ±SD)	Anthropometrics (mean ±SD)	Other physical health complications	Quality assessment
Alberts Z. et al. (2020), UK [25]	Retrospective chart review. Underweight patients referred to a paediatric clinic for eating disorders between 2014 and 2019 diagnosed with ARFID or AN.	N= 134 ARFID 16 (18.8%) AN 118 (89.8%)	6-19 years old Median (IQR) ARFID 11.84 ±5.39 years AN 15.45 ±3.13 years	**BMI (kg/m^2):** ARFID: 14.57 ±1.59 AN: 16.81 ±2.24 *p <0.05* **BMIz:** ARFID: -2.22 ±1.18 AN: -1.51 ±1.12 *p <0.05* **Height z-score:** ARFID: -0.88 ±1.15 AN: -0.49 ±1.08 *NS* **Weight z-score:** ARFID: -1.88 ±0.83 AN: -1.52 ±1.07 *NS*	**Bone mineral density:** **BMD (mean ±SD):** ARFID: 0.7 ±0.13 AN: 0.92 ±0.17 *p<0.05* **BMD z-score (mean ±SD):** ARFID: -1.88 ±0.91 AN: -1.43 ±1.18. *NS* **BMAD z-score (mean ±SD):** ARFID: -1.44 ±0.88 AN: -1.03 ±1.53. *p=0.07*	Good quality: 6/8 NOS
Alten ED. Et al (2020), US [89]	Case study. Sensory selectivity subtype. Diet history nearly absent of all fruit and vegetables.	N=1 (male)	5-year-old.	Unknown	**Nutritional deficiencies:** **Deficiency:** Vitamin C **Resultant condition(s):** Scurvy	75% case completeness
Aulinas A. et al. (2020), US [8]	Cross-sectional. Participants were consecutively recruited from NIMH-funded studies on the neurobiology of low-weight eating disorders. Low-weight females diagnosed with ARFID or AN and HC.	N= 111 ARFID 20 (100%) AN-R 42 (100%) HC 49 (100%)	10-22 years old ARFID 14.3 ±0.7 years AN-R 18.8 ±0.5 years HC 16.6 ±0.4 years	**%MBMI:** ARFID: 80.9 ±1.3 AN: 81.6 ±1.0 HC: 102.4 ±1.2. *p<0.0001* **BMIz:** ARFID: -1.86 ±0.2 AN: -1.83 ±0.1 HC: 0.13 ±0.1. *p<0.0001* **Waist to hip ratio:** ARFID: 0.82 ±0.01 AN: 0.79 ±0.01 HC: 0.81 ±0.01 *p=0.031 age adjusted NS*	**Cardiovascular complications**: **Pulse rate (bpm)** ARFID: 76.4 ±2.5 AN: 69.6 ±1.9 HC: 72.7 ±1.8 *NS** **Systolic pressure (mmHg)** ARFID: 104 ±2.4 AN: 99 ±1.4 *ARFID vs HC/AN NS** HC: 106 ±1.3 *AN vs HC p*=0.001* **Diastolic pressure (mmHg)** ARFID: 61 ±1.9 AN: 63 ±1.0 HC: 65 ±0.9 *NS** **=adj for age* **Puberty and Menstruation:** **Breast tanner stage:** ARFID: 2.8±0.3 AN: 4.5±0.2 HC: 4.4±0.1 *ARFID vs HC/AN p*<0.0001* **Pubic hair tanner stage:** ARFID: 2.9±0.3 AN: 4.3±0.2 HC: 4.3±0.1 *ARFID vs HC/AN p*=0.0001* **Pre-menarcheal, N (%):** ARFID: 13 (65%)	Good quality: 7/9 NOS

					AN: 5 (12.2%) HC: 7 (14.9%). *ARFID vs HC/AN p*<0.0001* **Age at menarche:** ARFID: 13.2±0.3 AN: 13.1±0.3 HC: 12.7±0.1 *NS* **Number of menses missed in the preceding 9 months:** ARFID: 1.1±0.8 AN: 3.9±0.6 HC: 0.3±0.2z *AN vs HC/ARFID p*<0.0001* **Days since LMP:** ARFID: 22±2.6 AN: 137±38.8 HC: 16.9±2.9 *AN vs HC p*=0.028* * adjusted for age	
Bąbik K, et al (2021), Poland [113]	Randomized controlled trial. Participants were children who attended a paediatric feeding clinic for treatment diagnosed with ARFID via the DSM-5 criteria.	N=6 (50%)	2-5 years old.	**BMIz:** -0.42 ± 0.75	N/A	Moderate risk of bias
Barney A. et al (2022), US [90]	Case study. Sensory selectivity subtype. Picky eater since age 2 which worsened over time. Only ate popcorn, mashed potatoes, French fries, potato chips and ramen soup.	N=1 (female)	9-year-old.	**BMIz:** -2.14 **Height z-score:** -2.28	**Nutritional deficiencies:** **Deficiencies:** Vitamin A, Vitamin B12, Iron **Resultant conditions/diseases:** Xerophthalmia (Vitamin A and B12) Iron deficiency anaemia	71% case completeness
Basouny N. et al(2023), US [69]	Case study. Restricted diet due to nausea, abdominal pain, and post-prandial emesis.	N=1 (female)	12-year-old.	BMI (kg/m^2) Admission: 28.32 1 year prior: 46.6 Lost 45.4kg in one year	**Nutritional deficiencies:** **Deficiency:** Thiamine **Resultant condition:** Wernicke encephalopathy (WE)	89% case completeness
Becker KR. et al. (2020), US [57]	Case series. 1) Fear of aversive consequences subtype. Choked on a piece of break and developed an intense fear of choking leading to her reducing her food intake. 2) Sensory selectivity subtype. Since a child she had a very limited diet which consisted of no fruits and vegetables and was afraid of eating in front of others which led her to “fast” at school and binge when she got home.	N=2 (both female)	1) 12-year-old. 2) 16-year-old.	1) Lost 5.4 kg and fell of her growth curve.	**Nutritional deficiencies:** 2) Vitamin D deficiency	36% case completeness

Becker KR et al (2021), US [9]	Cross-sectional. Participants were consecutively recruited from NIMH-funded studies on the neurobiology of low-weight eating disorders. Low-weight females diagnosed with ARFID or AN and HC.	N=94 ARFID 22 (100%) AN 40 (100%) HC 32 (100%)	10-22 years old ARFID 14.4 ±3.2 years AN-R 18.9 ±3.1 years HC 17.4 ±3.1 years	**BMIz:** ARFID: -1.8 ±0.81 AN: -1.7 ±1.0 *ARFID vs AN: NS* HC: 0.14 ±0.50 *ARFID/AN vs HC: p=0.001* **BMI centile:** ARFID: 6.7 ±5.5 AN: 12.9 ±11.8 *ARFID vs AN: NS* HC: 55.2 ±17.7 *ARFID/AN vs HC: p=0.001*	**Puberty (mean ±SD)** Breast tanner stage: ARFID: 3.1±1.5 *AN vs HC NS* AN: 4.5±1.1 *ARFID vs AN p=0.005* HC: 4.4±1.1 *ARFID vs HC p=0.005*	Good quality: 7/9 NOS
Benezech S. et al (2020), France [84]	Case study. Sensory selectivity and low appetite subtype. Had eating phobias since early infancy. Only ate plain rice, pasta, chocolate biscuits and whole milk.	N=1 (male)	14-year-old.	**BMI:** 13.4 kg/m^2 (<1st centile) **Weight:** 50th centile **Height:** >90th centile	**Bone mineral density:** Diffuse periapical bone loss leading to clinical osteoporosis **Nutritional deficiencies:** **Deficiencies:** Vitamin C: <5 µmol/L Vitamin D: <10 nmol/L Vitamin B9: <1.5 µg/L **Insufficiencies:** Vitamin B2: 172 nmol/L Vitamin A: 0.4 µmol/L Vitamin E: 12.5 µmol/L **Resultant conditions/diseases:** Scurvy (Vitamin C) Osteoporosis (Vitamin D)	71% case completeness
Bergonzini L. et al (2022), Italy [102]	Case study. Sensory selectivity and low appetite subtype. At 13 years old started to limit his food intake to pasta, tomatoes, apples, pears, bananas.	N=1 (male)	15-year-old.	**BMI:** 12.7 kg/m^2 (< 3rd centile) **Height:** 7thcentile **Weight:** < 3rd centile **%MBMI:** 58%	**High prolactin** **Elevated alkaline phosphatase**	86% case completeness
Bertrand V. et al (2022), France [72]	Case study. Sensory selectivity subtype. Long-term selective and restrictive diet eating mostly protein and starchy foods with no fruits or vegetables.	N=1 (male)	16-year-old.	**BMI:** 11.5 kg/m^2 **Weight z-score:** -6.14 **Height z-score:** -0.93	**Cardiovascular complications:** **Heart Rate:** 110 bpm (tachycardia) **Nutritional deficiencies:** **Deficiencies:** Ferritin: 5ng/ml Vitamin C: 0.7mg/L Vitamin D: 4.6ng/mL Vitamin A: 195ug/L **Resultant conditions/diseases** Iron deficiency anaemia Hb 8.3g/dL **Other physical complications:**	82% case completeness

					Ogilvie's syndrome: colonic distention of 11 cm **Hypokalaemia** Lanugo Hypoalbuminemia Low levels of prothrombin and creatine High levels of urea	
Billman MG et al (2022), US [114]	Trial. Participants were children and adolescents presenting to a PHP for treatment for weight restoration between May 2018 and May 2020 for ARFID. ARFID "subtypes": Selective eating: 68.2%; Low appetite: 81.8%, Fear of adverse effects: 45.5%.	N=33 (63.3%)	7-17 years old mean 12.26 years.	**%MBMI admission:** 87.67 ±9.19%	N/A	High risk of bias
Boerner KE et al. (2022), Canada [103]	Retrospective chart review. Patients seen in a tertiary paediatric hospital between January 2014 and January 2019 diagnosed with ARFID.	N = 62 (69.4%)	5-18 years old. 14.1±2.9 years	**%MBMI:** 80.1 ±10.1%	**Physical symptoms reported at assessment N (%)** Cognitive problems: 58 (93.5%) Dizziness or fainting/syncope: 17 (27.4%) Gastrointestinal: 15 (24.2%) Headache or migraine: 21 (33.9%) Movement problems: 2 (3.2%) Perceptual disturbances: 3 (4.8%) Sensory problems: 8 (12.9%) Other pain: 12 (19.4%) Other symptoms: 18 (29%).	Fair quality: 4/8 in NOS
Breithaupt L. et al (2022), US [26]	Longitudinal study. Participants were low-weight (<90% of EBW) women in New England diagnosed with a ARFID or AN.	N=82 ARFID 16 (100%) AN 29 (100%)	10-23 years old. ARFID 15.3 ±4.9 AN 19.5 ±2.3	**BMI percentile <18 years** ARFID: 8.8 ±5.9 AN: 4.2 ±4.4 **BMI (kg/m^2) >18yrs** ARFID: 15.63 ±3.7 AN: 16.62 ±1.3	N/A	Good quality: 7/9 NOS
Brewerton TD and D'Agostino M (2017), US [115]	Retrospective chart review. Patients presenting for treatment at an ED clinic who were diagnosed with ARFID and received additional olanzapine treatment. Patients were offered adjunctive low-dose olanzapine treatment if they failed to improve in eating and weight gain.	N=9 (88.9%)	9-19 years old 14.4 ±4.1 years	**BMI:** 15.6 ±1.8 kg/m^2 **BMI percentile:** 11.0 ±14.7	N/A	Fair quality: 5/9 NOS
Brosig L. et al (2023), Germany [50]	Cross-sectional. Participants were recruited from those seeking ED treatment between February 2018 to October 2021 at Eating and	N=51	0-17 years old 7.49 ±5.44 years	**BMIz:** Total: -1.53 ±1.02 0-5 years: -1.25 ±1.11 6-17 years: -1.76 ±0.89 **Weight status (%)**	**Nutritional deficiencies** 0-5 years: 34.78% 6-17 years: 57.14%	Good quality: 8/10 NOS

	Feeing Disorder Unit and diagnosed with ARFID.			**Severe underweight:** Total: 41.2% 0-5 years: 26.1% 6-17 years: 53.6% **Underweight:** Total: 23.5% 0-5 years: 26.1% 6-17 years: 21.4% **Normal weight:** Total: 35.3% 0-5 years: 47.8% 6-17 years: 25.0%		
Brown M. and Hildebrandt T (2020), US [116]	Case study. Sensory selectivity subtype. Restricted range of foods to mozzarella, pizza, cereal, snack foods.	N=1 (male)	12-year-old.	**BMI:** 21.9 kg/m^2 (86th centile) **Weight:** 105.0 lb **Height:** 58"	N/A	82% case completeness
Bryant-Waugh R. (2013), UK [117]	Case study. Sensory selectivity subtype. Diet consisted of a limited range of snack foods and only drank sugary drinks. He refused all fruit, vegetables, meat, and fish.	N= 1 (male)	13-year-old	**BMI:** 16.5 kg/m^2 (17th centile) **%MBMI**: 90% **Weight:** 9th centile **Height:** 10th centile	N/A	64% case completeness
Bryson AE. Et al. (2018), US [30]	Cross-sectional. Participants were ED patients who had been treated in Partial Hospital Program (PHP) between August 2008 and May 2013 and discharged for at least 12 months prior to data collection diagnosed with ARFID or AN.	N=62 ARFID 20 (70%) AN 42 (97.6%)	7-17 years old ARFID 11.4 ±1.6 years AN 14.1 ±1.5 years	**%MBMI at intake** ARFID: 84.91 ±7.80 % AN: 81.64 ±8.85 % *NS*	N/A	Fair quality: 6/9 in NOS
Buleza KA et al. (2021), USA [118]	Case study. Sensory selectivity subtype. Provisional ARFID diagnosis, history of picky eating.	N=1 (female)	17-year-old.	**%MBMI:** 76.2% **Weight:** 38.3kg **Height:** 155.2cm	N/A	71% case completeness
Burton C et al. (2021), Australia [119]	Case series. Both fear of aversive consequences subtypes.	N=1 (both female)	1) 6-year-old. 2) 11-year-old.	**BMI** 1) 14.9 kg/m^2 2)16.3 kg/m^2 **%MBMI** 1) 94% (lost 3kg over 3 weeks) 2) 101.6%	N/A	75% case completeness
Burton-Murray H. Et al (2022a), US [12]	Retrospective chart review. Consecutive referrals to the paediatric neuro-gastroenterology examination between 2016 and 2018 diagnosed with	N=129 ARFID 30 (76.7%) No ARFID	6-18 years old. ARFID 13.9 ±3.6 years	**BMI percentile:** Possible/definite ARFID: 43.2 ±32.8% No ARFID symptoms: 60.5 ±32.7 *p=0.012*	N/A	Good quality: 9/9 NOS

	ARFID symptoms (definite/potential) or no ARFID symptoms.	symptoms 99 (51.5%)	No ARFID symptoms 10.8 ±3.7 years			
Burton-Murray H. et al (2022b), US [13]	Cross-sectional. Participants were consecutively recruited patients with full/subthreshold ARFID at and ED facility between July 2014 to December 2019 and a sample of non-clinical controls (HC).	N= 125 ARFID 83 (49%) HC 42 (83%)	10-23 years old. ARFID 15.4 ±3.7 years HC 18.5 ±3.0 years	**BMI (kg/m^2):** ARFID: 19.3 ±5.5 HC: 21.7 ±2.2 *p<0.001* **BMI percentile (%):** ARFID: 35.4 ±34.5 HC: 54.3 ±17.6 *p<0.001*	N/A	Good quality: 8/9 NOS
Burton-Murray H. et al (2022d), US [120]	Case study. Sensory sensitivity subtype. Daily diet consisted primarily of cheese pizza, French fries, macaroni and cheese, grilled cheese, plain bagels, and chicken nuggets.	N=1 (male)	16-year-old.	**BMI**: 20.8 kg/m^2 (49th percentile)	N/A	75% case completeness
Cañas L. et al (2021), Spain [14]	Cross-sectional. Participants were children and adolescents who were assessed between October 2015 and May 2018 for EDs at a specialized ED unit for treatment. Diagnosed with AFRID, AN and Non-Clinical Group (HC).	N= 99 ARFID 33 (39.4%) AN 33 (93.9%) HC 33 (45.4%)	7-17 years old ARFID 10.9 ±2.4 years AN 14.2 ±1.8 years HC 11.1 ±2.5 years	**Weight (kg)** ARFID: 34.30 ±12.73 AN: 40.15 ±7.10 HC: 42.19 ±12.45 *ARFID vs HC: p=0.013* **BMI (kg/m^2)** ARFID: 16.78 ±3.29 AN: 15.75 ±1.68 HC: 18.93 ±3.03 *ARFID/AN vs HC p<0.001* **BMI percentile** ARFID: 36.73 ±37.21% AN: 6.24 ±7.52% HC: 65.55 ±24.14% *All p<0.001*	N/A	Good quality: 6/8 in NOS
Cao L. et al (2021), US [58]	Case study. Low appetite and sensory selectivity sub-type. Longstanding history of food aversion, with recent acute food refusal, only drinking 6/8 sips of Hawaiian Punch and occasional small bag of chips or a piece of cake.	N=1 (male)	3-year-old.	**BMI percentile**: 0.01% **BMIz:** -3.8 **Weight** 12.4kg (0.62 percentile) **2 months prior presentation weighed:** 13.8kg	**Cardiovascular complications:** **Heart Rate:** 120bpm (tachycardia) **Nutritional deficiencies:** Zinc: 32mcg/dL Folate: 2.5 ng/mL Vitamin A: <10mcg/dL Retinol binding protein: <1.2mg/dL **Other physical health complications:** **Electrolyte abnormalities:** Hypokalaemia Hypochloraemia Elevated bicarbonate *Resulting in Contractile alkalosis* **Rhabdomyolysis:** Elevate Creatine kinase Elevated aspartate aminotransferase	82% case completeness

Chandran JJ. et al (2015), Australia [59]	Case study. Sensory selectivity subtype. Abnormal diet from the age of 5 which only consisted of boiled rice, fried potato chips, chicken nuggets, potato crisps and occasional chocolate.	N=1 (male)	17-year-old.	**BMI on admission:** 20.7 kg/m^2 **BMI 2 months prior:** 26.3 kg/m^2 (lost 20kg within 2 months) **Body fat:** 40%	**Bone mineral density:** **BMD z-scores:** Lumbar 2-4: -1.6. Right femoral neck: -4.4. Left femoral neck: -4.6. **Nutritional deficiencies:** Vitamin A: 0.4 mcgmol/L Vitamin D: 27nmol Vitamin E: 6mcmol/L Vitamin K: <0.3nmol/L Vitamin B12: <100pmol/L Folate: 214nmol/L **Resultant conditions/diseases** Jaundice (Vitamin B12) Macrocytic anaemia (Vitamin B12 and Folate) SCD of the spinal cord (Vitamin B12 and D)	82% case completeness
Chatoor I. et al (2023), US [121]	Longitudinal. Children diagnosed with Infantile Anorexia, but when DSM-5 came out the research team clarified that the children now met the diagnosis of ARFID, lack of intertest/appetite subgroup, who presented to an Italian paediatric hospital for treatment. The infants were followed up after 1 year of treatment.	N= 30 (53%)	6-14 years old 10.0 ±2.1 years	**Weight z:** Baseline: -2.46 ±0.69 Follow-up: -1.31 ±1.33 *p<0.0001* **Height z:** Baseline: -0.97 ±0.81 Follow-up: -0.99 ±1.12 *p=0.9817*	N/A	Good quality: 8/9 NOS
Chiarello F. et al (2018), Italy [91]	Case study. Sensory selectivity subtype. Very selective eater since 3 years old; only eating chocolate, biscuits, milk, French fries, apples and ice creams.	N=1 (male)	18-year-old.	**BMI:** 21.0 kg/m^2	**Nutritional deficiencies:** Severe B12: 165 pg/ml Folate: 1.7ngl/ml **Resultant conditions/diseases** Bilateral optic neuropathy (Vitamin B12) Mild anaemia (13.9g/dL)	79% case completeness
Cooney M. et al (2018), Canada [71]	Retrospective chart review. All patients under the age of 18 years between May 2013 and April 2016 presenting to a paediatric hospital and diagnosed with ARFID. Sensory issues with food: 25% Low appetite: 57.1% Restricting their portions: 96.4% Avoided specific foods or food groups: 64.3%	N=28 (64.5%)	<18 years old. 13.2 ±2.3 years	**BMI:** 15.8 ±2.2 kg/m^2 (range: 12.2–20.2) **%TGW:** 81.9% ±8.2, (range: 65.0-94.6%) **TGW <80%:** 39.3% **Body weight lost:** 9.6 ±9.1kg (range: 0-27.9 kg)	**Cardiovascular complications:** **Medically compromised (< 50bpm, or < 80mmHg):** 2 (7.1%)	Fair quality: 6/9 in NOS

Cuttin K. et al (2020), US [92]	Case study. Sensory selectivity subtype. Restrictive diet of only rice, cereal and crackers and drank only cow's milk in excessive quantities.	N=1 (female)	2 years old.	**Height:** 0.11 (54th percentile) **Weight:** -2.25 (1st percentile) **BMIz:** -3.18 (1st percentile)	**Nutritional deficiencies:** Iron: 15 mg/dL **Resultant conditions/diseases** Severe iron deficiency anaemia (Hb: 2.2 g/dL0, ferritin: <2 ng/mL)	46% case completeness
Dahlsgaard KK. And Bodie J. (2019), US [56]	Pilot trial. Children referred for evaluation at an outpatient specialty clinic described by parents as extremely picky eaters who meet the ARFID criteria. Two case studies: Both sensory selectivity subtypes. Picky eaters since 2 years old and ate less than 20 foods.	N=21 (10%) 1) Male 2) Male	4-12 years old. 7.6 ±2.0 years 1) 11-year-old. 2) 6-year-old.	**BMI percentile:** 37.8 ± 33.0 **Weight group N (%)** Underweight (<15th percentile): 8 (38%) Overweight (>85th percentile): 3 (14%) 1) BMI percentile: 74th 2) BMI percentile: 36th	N/A	High risk of bias
Datta N. et al (2023a), US [122]	Case series. 1) Sensory selectivity subtype. Restricted diet: plain egg whites, boiled noodles, white rice and toast. 2) Sensory selectivity and low appetite subtype. Diet mostly of meats and fruits, refused to eat all vegetables and dairy products. 3) Sensory selectivity and low appetite subtype. Diet: specific potato chips, crackers, and fruit snacks.	N=3 (100%)	1) 7-year-old. 2) 10-year-old. 3) 12-year-old.	**Height percentile:** 1) 98th 2) 46th 3) 16th **Weight percentile:** 1) 75th 2) 39th 3) 1st	N/A	68% case completeness
Datta N. et al (2023b), US [23]	Cross-sectional. Participants were recruited from clinics, hospitals, schools and through online advertisements who had a diagnosis of ARFID or AN. Healthy controls were recruited from online advertisements and schools.	N=153 ARFID: 30 (56.7%) AN: 23 (95.2%) HC: 100 (65.7%)	12-18 years old. ARFID: 14.3 ±1.9 years AN: 15.2 ±1.9 years HC: 15.1 ±1.8 years	**%MBMI (%)** ARFID: 93.4 ±14.2 AN: 85.3 ±15.3 HC: 107.6 ±17.0	N/A	Good quality: 8/10 NOS
Dean M. et al (2022), UK [99]	Case series. Both had very restricted diets containing no fruits or vegetables.	N=2 1) female 2) male	1) 13-year-old 2) 11-year-old	Unknown	**Nutritional deficiencies:** Vitamin A (both) **Resultant conditions:** Xeropthalmia (irreversible)	46% case completeness
Dinkler L. et al (2022), Japan [55]	Nested cross-sectional. A sub-sample of the Japan Environment and Children's Study (JECS), children born in Kochi between July 2011 and December 2014 were included. A questionnaire was sent to parents to	N=59 (55.1%)	4-7 years old. 5.7 ± 9.2 years	**Height z-score, N (%)** <-3: 3 (6.5%) -3 to -2: 4 (8.7%) -2 to -1: 12 (26.1%) -1 to M: 14 (30.4%) M to 1: 10 (21.7%) 1 to 2: 2 (4.3%)	N/A	Fair quality: 6/10 NOS

	distinguish between children with ARFID.			>2: 1 (2.2%) **BMI percentile, N (%)** <3rd: 4 (9.1%) 3rd to 25th: 15 (30.6%) 25th to 50th: 9 (20.5%) 50th to 75th: 8 (18.2%) 75th to 97th: 5 (10.2%) 97th to 100th: 3 (6.8%)		
Dolan et al. (2023), U[123]	Nested cross-sectional. Participants were those with full or subthreshold ARFID and a sample of healthy controls recruited as part of a larger longitudinal study examining the neurobiological mechanisms of feeding and eating disorders in youth.	N=104 ARFID 71 (49.3%) HC 33 (51.5%)	10-23 years old ARFID 16.78 ±3.75 years HC 16.75 ±4.27 years	**BMIz** ARFID: -0.50 ±1.62 HC: 0.19 ±0.69	N/A	Fair quality: 6/9 NOS
Dolman L. et al (2021), Canada [93]	Case study. Sensory selectivity and low appetite subtype. From 8 months of age to kindergarten diet consisted of only 2 types of baby food. Then transitioned onto exclusively one flavour of yoghurt and water.	N=1 (male)	11-year-old.	**BMI:** 14.6 kg/m^2 (10th percentile)	**Nutritional deficiencies:** Vitamin C: <5 umol/L Vitamin A: <1.0 umol/L Vitamin E: <7umol/L Vitamin D: 73.2 nmol/L Ferritin: <1ug/L. **Resultant conditions/diseases** Severe iron-deficiency anaemia	93% case completeness
Dovey TM. et al (2019), UK [21]	Cross-sectional. Participants were primary caregivers of children who filled in a questionnaire on the website Mealtime Hostage Parenting Science Gang. Participants were children diagnosed with ARFID and typically developing children with no reported eating difficulties (healthy controls).	N=288 ARFID 29 (45.0%) HC 259 (93.2%)	2-7 years old. ARFID 8.45 ±2.15 years HC 6.39 ±2.2 years	**BMIz** ARFID: -1.3 ±4.5 HC: -0.5 ±3.6 NS	N/A	Poor quality: 4/10 NOS
Dumont E. et al (2019), Netherlands [124]	Case series. Adolescents referred to a specialized feeding disorder treatment facility who were diagnosed with ARFID.	N=11 (36.4%)	10-17 years old. 13.9 ±2.0 years.	**WHZ** -0.89 ±1.56 (Range -3.1 to 0.2)	N/A	64% case completeness
Duncombe Lowe, K et al. (2019), US [75]	Nested cross-sectional. Patients presenting to ED clinic for evaluation between 2015 and 2017 who were diagnosed with ARFID.	N=102 (59.8%) 1) 43 2) 59	8-18 years old. 1) 8-11years 2) 12-18 years	**BMI (kg/m^2)** Total: 16.11 ±2.7 1) 14.92 ±2.04 2) 16.99 ±2.81 **BMIz** Total: -1.44 ±1.4 1) -1.40 ±1.48 2) -1.47 ±1.36	**Cardiovascular complications:** **Pulse rate (bpm)** All: 78.78 ±15.10 Children: 82.40 ±17.84 Adolescents: 76.15 ±12.23 *p=0.05* Acute onset: 76.20 ±15.52 Chronic onset: 79.42 ±15.06 *NS* Normal weight: 76.65 ±14.83 Underweight: 80.00 ±15.23 *NS* **Bradycardia N (%)**	High quality: 8/10 NOS

	%MBMI	All: 4 (3.92)		
	Total: 87.08 ±12.9 %	Children: 3 (6.98)		
	1) 88.16 ±12.15 %	Adolescents: 1 (1.69)	*NS*	
	2) 86.29 ±13.46 %	Acute onset: 2 (13.33)		
		Chronic onset: 12 (2.33)	*NS*	
		Normal weight: 0 (0)		
		Underweight: 4 (6.15)	*NS*	
		Systolic BP (mmHg)		
		All: 113.13 ±9.54		
		Children: 109.72 ±10.14		
		Adolescents: 115.61 ±8.31	*p<0.01*	
		Acute onset: 113.20 ±5.51		
		Chronic onset: 113.17 ±10.14	*NS*	
		Normal weight: 113.13 ±9.54		
		Underweight: 115.08 ±8.76	*NS*	
		Diastolic BP (mmHg)		
		All: 63.32 ±7.79		
		1) 62.47 ±8.69	*NS*	
		2) 63.95 ±7.08		
		Acute onset: 63.00 ±6.68		
		Chronic onset: 63.40 ±8.05	*NS*	
		Normal weight: 62.08 ±6.68		
		Underweight: 64.03 ±8.24	*NS*	
		Hypotension N (%)		
		All: 2 (1.96)		
		Children: 2 (4.65)	*NS*	
		Adolescents: 0 (0)		
		Acute onset: 1 (6.67)		
		Chronic onset: 1 (1.16)	*NS*	
		Normal weight: 0 (0)		
		Underweight: 2 (3.08)	*NS*	
		Orthostatic instability N (%)		
		All: 56 (54.9)		
		Children: 21 (48.84)		
		Adolescents: 35 (59.32)	*NS*	
		Acute onset: 9 (60)		
		Chronic onset: 46 (53.59)	*NS*	
		Normal weight: 18 (48.65)		
		Underweight: 38 (58.46)	*NS*	
		Puberty and menstruation, N (%)		
		Amenorrhea (secondary or primary):		
		Total: 6 (9.84%),		
		Children: 1 (8.33%)		
		Adolescents: 4 (10.81%)	*NS*	
		Acute onset: 3 (23.08%)		
		Chronic onset: 3 (6.38%)	*NS*	
		Normal weight: 2 (9.52%)		

						Underweight: 4 (10.0%)	*NS*	
Duplois D. et al (2023), Germany [45]	Cross-sectional. Participants were patients seeking restrictive feeding and eating disorders.	N=82 ARFID: 19 (63.2%) AN: 20 (100%)	0-17 years old. ARFID: 10.6 ±5.5 years AN: 15.2 ±1.6 years	**BMIz:** ARFID: -1.4 ±1.2 AN: -1.6 ±1.1	*NS*	N/A		Good quality: 8/10 NOS
Eddy et al. (2014), US [48]	Retrospective chart review. Consecutive referrals to 19 Boston area paediatric gastroenterology clinic in 2008 who were retrospectively diagnosed with ARFID, possible ARFID or No ARFID symptoms.	N= 2231 (53.4%) ARFID 33 (33.3%) Possible ARFID 56 (63.0%) No ARFID Symptoms 2144 (53.2%)	8-18 years old. ARFID 11.4 years Possible ARFID 12.5 years No ARFID Symptoms 13.1 years	**BMI (kg/m^2)** ARFID: 14.54 Possible ARFID: 15.71 No: 21.83 **BMI percentile** ARFID: 12.42 Possible ARFID: 17.74 No ARFID symptoms: 67.60 **BMIz** ARFID: -1.39 Possible ARFID: -1.06 No symptoms: 1.01 **% below the 10th percentile** ARFID: 71.9% Possible ARFID: 56.9%, No symptoms: 2.4%.	*p <0.001* *p<0.001* *p <0.001* *p <0.001*	N/A		Fair quality: 6/9 NOS
Finn D. et al. (2023), US [125]	Case series. Consecutive patients with a ADHD diagnosis presenting for ED treatment for ARFID who received behaviour management interventions as well as pharmacotherapy using stimulants.	N=10 (20%)	7-14 years old. 10.3 ±2.34 years	**%Ideal Body Weight** 82.56% ±6.07%		N/A		64% case completeness
Fisher M. et al. (2014), US [108]	Retrospective chart review. Patients presenting to seven adolescent-medicine ED programs in 2010 retrospectively diagnosed with ARFID were compared to a randomly selected sample of AN who presented to the same clinics within the same time frame.	N=262 ARFID 98 (71.3%) AN 98 (85.7%)	8-18 years old. ARFID 12.9 ±2.5 years AN 15.6 ±1.9 years	**%MBMI** ARFID: 86.5 ±15.1 AN: 81.0 ±9.2 **Lowest weight (kg)** ARFID: 35.0 ±11.9 AN: 41.4 ±7.3 **Highest weight (kg)** ARFID: 40.8 ±15.0 AN: 54.0 12.9	*p<0.001* *p<0.001* *p<0.001*	N/A		Fair quality: 6/9 NOS
Fisher M. et al. (2015), US [27]	Retrospective chart review. Participants were children and adolescents referred to out-patient clinic for ED evaluation between September 2011 and December 2012. Participants were retrospectively diagnosed with ARFID or AN using DSM-5 criteria.	N=160 ARFID 60 (61.7%) AN 100 (82.0%)	7-21 years old. ARFID 14.6 years AN 15.1 years	**%MBMI:** ARFID: 85.9% AN: 83.0%		N/A		Fair quality: 5/8 NOS

Forman SF. Et al (2014), US [29]	Retrospective chart review. Participants were adolescents who had visited one of 14 adolescent medicine ED programs in 2010 and were diagnosed with AN or ARFID.	N=462 ARFID 87 (77%) AN 375 (90.4%)	9-21 years old ARFID 13.8 ±2.5 years AN 15.5 ±2.4 years	**MBMI <90% N (%):** ARFID: 69 (79.3%). AN: 321 (86.3%) *NS* **MBMI ≥ 90% N (%):** ARFID: 18 (20.7%). AN: 51 (13.7%) *p=0.13*	**Puberty and menstruation N (%):** **Regular menses:** ARFID: 7 (30.4%) AN: 41 (18%) *p<0.0001* **Irregular menses:** ARFID: 16 (69.6%) AN: 187 (82.0%) *p<0.0001*	Good quality: 7/9 NOS
Gray E et al (2018), US [126]	Retrospective chart review. Consecutive patients undergoing PHP treatment for weight restoration for ARFID at an ED clinic given adjunctive mirtazapine, between 2015 and 2016.	N=14 (42.9%)	7-23 years old. 15.2 ±5.5 years	**BMI:** 16.8 ±1.6 kg/m^2 (range: 13.9-19.1 kg/m^2)	N/A	Fair quality: 6/9 NOS
Gorrell S. et al (2023), US [82]	Retrospective chart review. Cross-sectional. Participants were patients who had been hospitalized for inpatient medical stabilization due to complications secondary to malnutrition and ARFID.	N=32 (47%)	9-23 years old. 15.6 ±3.3 years	**%MBMI:** 76.0 ±7.4% (range 59-94%)	**Cardiovascular complications:** **Heart Rate bpm (range)** Supine: 75.45 ±15.5 (38, 107) Standing: 112.2 ±22.2 (72, 162) Orthostatic HR change: 61.5 ±14.5 (5, 88) HR Nadir: 61.5 ±14 **Blood pressure mmHg (range)** Supine systolic: 101.6 ±9.7 (76, 125) Standing systolic: 102.1 ±11.9 (73, 125) Systolic nadir: 91.2 ±10.3 (67, 109) Supine diastolic: 61.0 ±8.7 (49, 86) Standing diastolic: 65.1 ±10.7 (42, 86) Diastolic nadir: 54.2 ±8.5 (39, 72) **Nutritional deficiencies:** **Nutritional serum markers mean ±SD (range, ref range)** Sodium: 138.2 ±2.6 (130-143, 137-142) Potassium: 4.2 ±1.2 (2.8-10.0, 3.5-5.5) Magnesium: 2.1 ±0.27 (1.2-2.9, 1.7-2.2) Phosphorus: 3.7 ±0.62 (2.8-5.9, 3.4-4.5) Zinc: 68.1 ±19.6 (45.0-135.0, 60-130) Vitamin D: 24.8 ±12.7 (9.0-62.0, 20-40)	Good quality: 7/9 NOS
Hadwiger AN et al (2019), US [85]	Case series. Both low appetite and fear of aversive consequences sub-type. 1) General restriction in food intake quantity and variety due to a disinterest in food and emetophobia. 2) Skipped meals, low interest in food and post-meal vomiting and emetophobia.	N=1 (both male)	1) 17-year-old. 2) 15-year-old.	**%MBMI** 1) 73.2% 2) 74.4% **BMI (kg/m^2)** 1) 15.5 2) 14.8	**Bone mineral density:** **Total body less head BMD z-score:** 1) -1.5 2) 0.04 **AP spine BMD z-score:** 1) -2.4 2) 0.4 **Nutritional deficiencies** **1)** Vitamin D = 13.6 ng/mL	68% case completeness

						Phosphorus = 2.3 mg/dL.	
Harshman SG. Et al (2019), US [94]	Nested cross-sectional. Participants were those with full or subthreshold ARFID and a sample of healthy controls (BMI within 25-85th percentile, regular menses, sound physical health).	N=104 ARFID 52 (38.5%) HC 52 (61.5%)	9-22 years old ARFID 14.3 ±0.4 years HC 16.9 ±0.4 years	**%MBMI:** ARFID: 103 ±27.8% HC: 105 ±16.6%	*p=0.54*	**Nutritional deficiencies:** **Not meeting DRI % (N)** **Vitamin A:** ARFID: 70% (37) HC 63% (33) *NS* **Vitamin C:** ARFID 62% (32) HC 49% (25) *NS* **Vitamin D:** ARFID 93% (48) HC 92% (48) *NS* **Vitamin E:** ARFID 86% (45) HC 84% (44) *NS* **Vitamin K:** ARFID 78% (40) HC 55% (28) *p<0.001* **Vitamin B6:** ARFID 38% (20) HC 27% (14) *NS* **Folate:** ARFID 41% (21) HC 32% (17) *NS* **Vitamin B12:** ARFID 36% (19) HC 32% (17) *NS* **Calcium:** ARFID 63% (33) HC 72% (37) *NS* **Iron:** ARFID 45% (24) HC 46% (24) *NS* **Magnesium:** ARFID 90% (47) HC 76% (39) *p=0.002* **Zinc:** ARFID 65% (34) HC 52% (27) *p=0.01*	Fair quality: 6/9 NOS
Islam N. et al (2023), US [81]	Case series. All sensory selectivity subtypes. 1) Restricted diet of chicken nuggets, pizza, pasta, cereal, crackers etc. Rejected all fruits, vegetables, and dairy products.	N=4 (0%)	1) 14-year-old. 2) 12-year-old. 3) 13-year-old. 4) 17-year-old.	**BMIz:** 1) -1.91 (2.8 centile) 2) 94.56 centile 3) -0.19 (42.65 centile) 4) 2.26 (98.8 centile) **Weight z-score:** 1) -2.18 2) 1.6 3) -0.34		**Cardiovascular complications:** 2) Prolonged QT interval 3) Mildly prolonged QT interval **Bone mineral density:** **BMDz:** 3) Total body: -3.3, AP spine: -3.8, Hip: -3.1	82% case completeness

	2) Diet: chicken, eggs, oatmeal, milk, smoothies, pop-tarts pizza etc. Refused all fruits and vegetables. 3) Diet: chicken nuggets, juice, French fries, popcorn, crackers, and pizza. Refused all fruits (except some juices), vegetables and dairy products (except cheese on pizza). 4) Diet: protein, starches, chips, cookies and almond or coconut milk. Limited amounts of vegetables and fruits and avoided most dairy products.			4) 2.47 **Height z-score:** 1) -1.65 2) 0.68 3) -0.56 4) 0.51	4) TBLH z-score of –4.0, A/P spine z-score of −2.2, and distal radius z-score of −2. Both had fractures **Nutritional deficiencies:** Calcium: 100% Vitamin A: 50% Vitamin B12: 50% Vitamin D: 100% Vitamin E: 50% Zinc: 50% **Resultant conditions:** 1) Nutritional rickets 2) Rickets 3) low BMD and fractures 4) low BMD and fractures	
Izquierdo A. et al. (2019), US [127]	Cross-sectional. Participants were recruited from NIMH-funded study on low-weight eating disorders and were included in the current study if they were diagnosed with AN (Fat phobic FP-AN and Non-fat phobic NFP-AN), ARFID or HC.	N= (100%) ARFID: 10 FP-AN: 39 NFP-AN: 13 HC: 32	10-22 years old. ARFID: 15.2 ±3.6 years FP-AN: 15.5 ±2.5 years NFP-AN: 18.3 ±3.6 years HC: 17.4 ±3.1 years	**BMI (kg/m^2):** ARFID: 16.0 ±1.4 FP-AN: 17.6 ±1.5 NFP-AN: 17.4 ±1.4 HC: 21.4 ±2.2 *ARFID vs HC/FP-AN p<0.05* *FP-AN/NFP-AN vs HC p<0.05* **BMIz:** ARFID: 82.5 ±5.1 FP-AN: 82.9 ±6.7 NFP-AN: 83.1 ±6.9 HC: 101.7 ±16.8 *All vs HC p<0.05* **%MBMI:** ARFID: -1.8 ±0.7 FP-AN: -1.7 ±0.9 NFP-AN: -1.6 ±0.9 HC: 0.1 ±0.5 *All vs HC p<0.05*	N/A	Good quality: 7/9 NOS
Katsumi Y. et al. (2022), Japan [60]	Case study. Low appetite subtype. She had slowly decreased her oral intake 15 months prior to presentation when her mother had returned to work. However, one year later, Japan's government closed the schools due to COVID and she decreased her oral intake rapidly.	N=1 (female)	9-year-old.	**BMI:** 12.0 kg/m^2 **Weight:** 22kg (Lost 6 kg in 2 months) Stopped gaining weight from 15 months prior to presentation	**Cardiovascular complications:** **Heart rate:** 40 bpm (bradycardia) **Blood pressure:** 82/56 mmHg **Physical health complications:** **Low levels of:** Blood sugar Pre-albumin Transferrin Alkaline phosphatase Insulin-like growth factor-1 Free T3 Dry skin	93% case completeness

						Delayed capillary refill time (3 secs) - indicating dehydration	
Katzman DK et al. (2014), Canada [61]	Case study Fear of aversive consequences subtype. Choked on some steak 18 months prior to presentation and had become afraid to eat solid foods since then. He had progressively eaten fewer foods since then.	N=1 (male)	10-year-old.	**Weight prior to ARFID:** 50th percentile **Weight at presentation:** 3rd percentile **Height at presentation:** 15-50th percentile		**Cardiovascular complications:** **Heart rate:** 44 bpm (bradycardia) **Other physical health complications** Cachectic Dry mucous membranes Mottled hands and feet Delayed capillary refill- indicating dehydration.	39% case completeness
Katzman DK et al. (2021) Canada [76]	Cross-sectional. Patients with ARFID were identified through the Canadian Paediatric Surveillance Program by surveying 2700 Canadian paediatricians monthly from January 1, 2016, to December 31, 2017.	N=207 (61.4%) 5-9y: 30 (46.7%) 10-14y: 132 (65.9%) 15-18y: 45 (57.8%)	5-18 years. 5-9y: 7.2 ±1.6 years 10-14y: 13.4 ±2.1 years 15-18y: 16.0 ±0.6 years	**BMIz:** 5-9y: -0.50 ±0.90 10-14yr: -1.8 ±1.4 15-18yr: -1.9 ±1.3 **%TGW** 5-9y: 92.5 10-14yr: 83.9 15-18yr 82.8	*p<0.001* *p<0.001*	**Cardiovascular complications:** **Heart rate (bpm)** 5-9y: 88.9 ±11.1 10-14y: 78.9 ±21.7 15-18y: 69.2 ±21.6 *p=0.002* **Bradycardia %** 5-9y: 0% 10-14y: 17.5% 15-18y 14% *p=0.001* **Arrhythmias n (%):** 5 (5.4) **Hypotension n (%):** 9 (9.7) **Puberty and menstruation:** Post-menarcheal: 54 (45.8%) Regular menses: 23 (42.6%) **Other physical health complications:** **93 (44.9%) had 1 or more medical signs or symptoms reported, N (%):** **Constipation:** 44 (47.3%) **Muscle wasting:** 34 (36.6%) **Dizziness:** 33 (35.5%) **Dehydration:** 24 (25.8%) **Syncope:** 9 (9.7%) **Hypothermia** 4 (4.3%)	High quality: 9/9 NOS
Katzman DK. Et al. (2022), Canada [77]	Cross-sectional. Patients with ARFID were identified through the Canadian Paediatric Surveillance Program by surveying 2700 Canadian paediatricians monthly from January 1, 2016, to December 31, 2017. Using latent class analysis a 3-class model of overall best fit was created: 1)	N=207 (61.4%) AM: 92 (69.6%) LOA: 70 (57.1%) S: 14 (14.3%) AM/LOA: 30 (66.7%)	5-18 years old 13.1 ±3.2 years AM: 13.98 ±2.81 years LOA: 12.8 ±3.05 years S: 7.79 ±3.1 years AM/LOA: 13.29 ±2.09 years	**BMIz:** AM: -1.4 ±1.34 LOA: -2.21 ±1.36 S: -0.17 ±0.95 AM/LOA: -1.73±1.32 **%TGW:** AM: 84.26 ±9.74 LOA: 82.42: 999 S: 101.36 ±12.75 AM/LOA: 84.36 ±10.06	*p<0.001* *p<0.001*	**Cardiovascular complications:** **Heart rate (bpm)** AM: 69.88 ±21.99 LOA: 85.17±20.25 S: 83.62 ±11.82 AM/LOA: 83.19±15.78 *p<0.001*	High quality: 9/9 NOS

	Acute Medical (AM); 2) Lack of Appetite (LOA); 3) Sensory (S).					
Keery H. et al, (2019), US [33]	Cross-sectional. Child and adolescent patients presenting for ED treatment between July 2015 to December 2017 diagnosed ARFID or AN.	N=160 ARFID 106 (59.4%) AN 54 (84.6%)	7-19 years old. ARFID 12.4 ±2.7 years AN 15.1 ±2.0 years	**BMI (kg/m^2):** ARFID: 16.09 ±2.67 AN: 16.63 ±1.74 *p<0.05* **BMIz:** ARFID: -1.49 ±1.45 AN: -1.59 ±1.0 *NS* **%MBMI:** ARFID: 86.40 ±14.87% AN: 83.11 ±7.75% *NS* **Acute weight loss (vs chronic) n (%)** ARFID: 15 (14.9%) AN: 16 (40.0%) *p<0.05*	**Cardiovascular complications:** **Pulse rate (bpm)** ARFID: 78.80 ±15.91 AN: 63.44 ±16.62 *p<0.0001* **Bradycardia N (%)** ARFID: 5 (4.72) AN: 21 (24.14). *p<0.0001* **Systolic BP (mmHg)** ARFID: 113.1 ±9.42 AN: 109.7 ±12.09 *p=0.04* **Diastolic BP (mmHg)** ARFID: 63.43 ±7.7 AN: 61.57 ±6.71 *NS* **Hypotension N (%)** ARFID: 2 (1.89) AN: 4 (4.60) *NS* **Orthostatic instability N (%)** ARFID: 57 (53.77) AN: 48 (55.17) *NS* **Puberty and menstruation:** **Amenorrhea N (%)** ARFID: 7 (11.1%) AN: 26 (34.7%) *p=0.001*	Fair Quality: 5/9 NOS
Kerem L.et al (2022), US [128]	Cross-sectional. Participants were full- or sub-threshold healthy-weight ARFID (HW-ARFID) or overweight/obese ARFID (OV/OB-ARFID) patients selected from an observational study examining the neurobiological mechanisms of feeding and eating disorders in youth.	N=23 HW-ARFID 12 (58%) OV/OB-ARFID 11 (73%)	7-17 years old. HW-ARFID 16.1 (0.9) years OV/OB-ARFID 17.9 (1.4) years	**BMI kg/m^2** HW-ARFID: 19.1 ± 0.63 OV/OB-ARFID: 30.96 ± 1.19 *p<0.0001* **BMIz** HW-ARFID: −0.47 ±0.14 OV/OB-ARFID: 1.8 ±0.12 *p<0.0001* **%MBMI** HW-ARFID: 94.47 ±1.8 OW/OB-ARFID: 152.51 ±6.84 *p<0.0001*	N/A	Fair quality: 6/9 NOS
Kim G. et al (2023), US [80]	Case report. Restricted diet of only carbohydrates: bread, cereal, chips, and butter.	N=1 (female)	15-years-old.	BMI: 5th centile (16.3 kg/m^2) Weight: 34th centile Height: 95th centile	**Cardiovascular complications:** Tachycardia Abnormal orthostatic vital signs **Bone mineral density:** Gelatinous transformation of the bone marrow **Nutritional deficiencies:** Iron Vitamin A Vitamin D Vitamin K	82% case completeness

					Folate Vitamin C **Resultant conditions:** Iron-deficiency anaemia Scurvy Gelatinous transformation of the bone marrow	
Kinter R. et al (2023), Turkey [129]	Cross-sectional. Participants were recruited from an Child and Adolescent Psychiatry outpatient clinic diagnosed with Autism Spectrum Disorder co-morbid with ARFID (ASD-ARFID) or Autism Spectrum Disorder without ARFID (ASD). Age and gender matched typically developing children (healthy controls) were recruited through advertisements.	N=111 ASD-ARFID 37 (24.3%) ASD 37 (37.0%) HC 37 (37.0%)	4-10 years old. ASD-ARFID 6 years ASD 6 years HC 7 years	**BMIz** ASD-ARFID: -0.26 ±1.30 ASD: 0.88 ±1.13 HC: 0.21 ±0.91 *p<0.001* *ASD-ARFID < ASD* **Height z-score (range)** ASD-ARFID: -0.67 (-2.98, 2.12) ASD: 1.00 (-2.66, -2.98) HC: 0.60 (-1.85, 2.98) *p<0.001 ASD-ARFID < ASD/HC* **Weight z-score (range)** ASD-ARFID: -0.42 (-2.23, 1.74) ASD: 1.32 (-2.20, -2.96) HC: 0.44 (-0.55, 2.75) *p<0.001 ASD-ARFID < ASD/HC*	N/A	Fair quality: 6/9 NOS
Krom H. et al (2019), Netherlands [130]	Cross-sectional. Children presenting for care at a paediatric feeding clinic between September 2014 and July 2016 who were diagnosed with ARFID. ARFID presentations: Failure to meeting nutritional needs, shown by tube feeding (62.5%) or supplement dependence (10.9%) Growth faltering/limited weight gain or weight loss (9.4%) Nutritional deficiencies (3.1%) Problems in psychosocial functioning (14.1%).	N=48 (64.6%)	0-10 years old. Median (IQR): 1.84 (1.19-4.61) years	**Height z-score:** -0.78 ±1.24 **Weight z-score:** -1.13 ±1.18 **WHZ:** -0.9 ±1.11	N/A	Fair quality: 6/10 NOS
Krom H. et al (2021), Netherlands [131]	Cross-sectional. All parents of children who were diagnosed with ARFID at a tertiary care paediatric feeding clinic between September 2014 and May 2019.	N=89 (58.4%)	0-10 years old. Median (IQR): 1.9 (1.3-4.3) years	**Height z-score:** -0.9 ±1.1 **WHZ:** -0.9 ±1.2	N/A	Fair quality: 6/10 NOS
Kurotori I. et al (2019), Japan [34]	Retrospective chart review. Patients presenting to a child and adolescent psychiatric ward for inpatient	N=92 ARFID 13 (84.6%) AN-R 79 (98.7%)	≤16 years old ARFID 10.7 ±2.5	**BMI kg/m²** ARFID: 13.0 ±1.5 AN: 13.5 ±1.5 *p=0.24* **%MBMI**	N/A	Good quality: 6/8 NOS

	treatment (medically unstable) between April 2007 and March 2017 diagnosed with ARFID or AN-R.		years AN-R 12.7 ±1.4 years	ARFID: 74.4 ±8.5 AN: 71.6 ±7.1 *p=0.28* **%IBW** ARFID: 74.3 ±9 AN: 70 ±6.7 *p=0.12*		
Lane-Loney SE. et al. (2022), US [132]	Retrospective chart review. Participants were patients who presented to an ED program between September 2008 and December 2018 diagnosed with ARFID. The participants were then grouped by ARFID "subtype": Fear, Appetite and Co-primary (selective eating and low appetite).	N=81 Fear 42 (85.7%) Appetite 15 (60%) Co-primary 24 (62.5%)	Fear 10.9 ±2.2 years Appetite 13.1 ±2.1 years Co-primary 11.5 ±2.0 years	**%MBMI** Fear: 88.3 ±15.0 Appetite: 85.6 ±10.9 Co-primary: 79.9 ±8.0	N/A	Fair quality: 5/8 NOS
Lange CRA. Et al (2019), Sweden [31]	Retrospective chart review. Consecutive patients diagnosed with restrictive low-weight ED retrospectively diagnosed with ARFID or AN and treated before the age of 13 at a regional ED service between 1983 and 2007.	N=56 (94.3%) ARFID 19 AN 37	6.8-12.9 years old Mean: 11.0 years	**EBW%** ARFID: 78.2 ±5.17% (range: 68.8-86.9%) AN: 77.6 ±7.97% (range 64.8–91.1%)	N/A	Fair quality: 5/8 NOS
Lieberman M. et al (2019), Canada [35]	Cross-sectional. Inpatients and outpatients in a specialized ED program for children between May 2013 and January 2017 who were diagnosed with ARFID or AN.	N=106 ARFID 29 (75.9%) AN 77 (85.7%)	8-13 years old. ARFID 10.8 ±1.0 years AN 11.5 ±0.8 years	**BMI (kg/m^2)** ARFID: 14.6 ±1.6 AN 15.8 ±2.1 *p<0.01* **%TGW (%)** ARFID: 81.8 ±8.3 AN: 80.5 ±7.5 *NS*	**Cardiovascular complications: Heart Rate (bpm)** ARFID: 72.8 ±18.5 AN: 60.5 ±13.4. *p <0.01*	Fair quality: 6/9 NOS
Lim TSH. et al (2020), Singapore [97]	Case study. Low appetite sub-type. Feeding issues since early infancy. Only accepted a couple of bites of solid food and a small amount of milk every few hours.	N=1 (male)	20 months old.	**Weight z-score:** < -3, **Height z-score:** -2.02 **WHZ:** -2.92 **Head circumference z-score:** -1.54	**Nutritional deficiencies:** Iron Zinc **Resultant conditions/diseases** Iron deficiency anaemia **Physical health complications:** Cachectic Loose skin folds Dry skin Sparse hair Could not stand independently and tired quickly when crawling	57% case completeness
Lock J. et al (2019a), US [133]	Case-series. 1) Low appetite. Consumed a range of foods but only ate very small amounts. Complained of stomach aches when pressured to eat more. 2) Sensory selectivity. Since a toddler, her food preferences became	N=3 (all female)	8-11 years old. 1) 8-year-old 2) 9-year-old 3) 11-year-old	**%EBW** 1) 80.1% 2) 82.6% 3) 82.6%	N/A	83% case completeness

	increasingly restricted, and she would only eat specific brands. Upon presentation she was only eating one type of cracker, one type of cheddar cheese and refused hot dogs or quesadillas if they had grill marks. 3) Fear of aversive consequences. After a bout of severe vomiting and diarrhoea she developed an extreme fear of vomiting and began restricting her eating.					
Lock J. et al (2019b), US [134]	Randomized-controlled feasibility trial. Participants were children (5-12years old) diagnosed with ARFID attending outpatient treatment.	N=28 (50%) Intervention 16 (56.3%) Usual care 12 (41.7%)	5-12 years old. 9.3 ±2.3 years	**%EBW:** 89.96 ±12.14	N/A	Moderate risk of bias
Lu ZA. et al (2018), US [135]	Case study. Fear of aversive consequences subtype. OCD, would spend multiple hours a day inspecting every bit of food for contamination.	N=1 (male)	18-year-old.	**BMI:** 13.8 kg/m^2	N/A	82% case completeness
Lucarelli L. et al (2018), Italy [46]	Longitudinal. Children diagnosed with Infantile Anorexia, but when DSM-5 came out the research team clarified that the children now met the diagnosis of ARFID, lack of intertest/appetite subgroup, who presented to an Italian pediatric hospital for treatment. The children were evaluated at 4 time points when they were: 2, 5, 7 and 11 years.	N=113 (48.7%)	1-12 years old	**Assessment 1 (2 years of age) N (%)** **Weight-for-age (acute malnutrition)** Severe (<70% of ideal body weight): 16 (76%) Moderate (70-79% of ideal body weight): 3 (14%) Mild (80-89% ideal body weight): 2 (10%) No malnutrition (≥90% of ideal body weight): 0 (0%) **Height-for-age (chronic malnutrition)** Severe (<85% of ideal body height): 41 (51%) Moderate (85-89% of ideal body height): 20 (25%) Mild (90-95% ideal body height): 19 (24%) No malnutrition (>95% of ideal body height): 0 (0%) **Assessment 2 (5 years of age) N (%)** **Weight-for-age (acute malnutrition)** Severe (<70% of ideal body weight): 15 (72%) Moderate (70-79% of ideal body weight): 3 (14%) Mild (80-89% ideal body weight): 3 (14%)	N/A	Low quality: 4/9 NOS

				No malnutrition (≥90% of ideal body weight): 0 (0%) **Height-for-age (chronic malnutrition)** Severe (<85% of ideal body height): 41 (51%) Moderate (85-89% of ideal body height): 22 (28%) Mild (90-95% ideal body height): 17 (21%) No malnutrition (>95% of ideal body height): 0 (0%) **Assessment 3 (7years of age) N (%)** **Weight-for-age (acute malnutrition)** Severe (<70% of ideal body weight): 13 (62%) Moderate (70-79% of ideal body weight): 5 (24%) Mild (80-89% ideal body weight): 3 (14%) No malnutrition (≥90% of ideal body weight): 0 (0%) **Height-for-age (chronic malnutrition)** Severe (<85% of ideal body height): 29 (36%) Moderate (85-89% of ideal body height): 26 (33%) Mild (90-95% ideal body height): 25 (31%) No malnutrition (>95% of ideal body height): 0 (0%) **Assessment 4 (11 years of age) N (%)** **Weight-for-age (acute malnutrition)** Severe (<70% of ideal body weight): 11 (52%) Moderate (70-79% of ideal body weight): 4 (19%) Mild (80-89% ideal body weight): 6 (29%) No malnutrition (≥90% of ideal body weight): 0 (0%) **Height-for-age (chronic malnutrition)** Severe (<85% of ideal body height): 20 (25%) Moderate (85-89% of ideal body height): 28 (35%) Mild (90-95% ideal body height): 4 (5%) No malnutrition (>95% of ideal body height): 28 (35%)		
Maertens C. et al (2017), Canada [136]	Case series. Both fear of aversive consequences subtype.	N=2 (one male, one female)	1) 15-year-old female. 2) 10-year-old male.	**%IBW:** 1) 70% 2) 81%	N/A	64% case completeness

	1) A recent episode of stomach flu had caused her longstanding fear of vomiting to intensify, leading to significant weight loss. 2) Intense fear of vomiting following a bout of gastroenteritis. Checked food labels for fat content as felt sick after eating fatty foods.						
Mahoney GL. Et al (2022), Australia [86]	Case study. Sensory selectivity and low appetite subtype. Abnormal diet from the age of 2 which has since consisted of only 9 foods: MacDonald's hotcakes and hot chips, KFC chicken nuggets, milk chocolate, salt and vinegar chips and apple juice.	N=1 (female)	11-year-old.	**BMI**: 14.6 kg/m^2 (z-score -1.68)		**Bone mineral density:** **Total body less head BMD z-score:** -1.8 **Nutritional deficiencies:** Vitamin A: <0.4 umol/ Vitamin B12: 123pmol/L Selenium: 0.5 umol/L **Resultant conditions/diseases** Xerophthalmia: ocular surface disease, blind spots, retinal pigmentary changes and atrophy (Vitamin A)	61% case completeness
Mahr F. et al (2022), US [137]	Retrospective chart review. Patients diagnosed with ARFID who were admitted to a PHP for children and adolescents with EDs between April 2009 and November 2019 and who were prescribed SSRIs. ARFID subtypes: picky 3.8%, appetite 17%, coprimary 17%.	N=53 (84.9%)	11.45 ±2.79 years	**BMI:** 15.77 ±2.60 kg/m^2 **%MBMI:** 88.33 ±12.27 %		**Nutritional deficiencies:** **Zinc levels % (n)** **ARFID:** Low: 46.2% (6) Within Range: 46.2% (6) High: 7.7% (1) **AN:** Low: 53.3% (8) Within range: 46.7% (7) High: 0.0% (0) **Zinc level:** ARFID: 82.15 (17.66) AN: 70.66 (12.24)	Good quality: 6/8 NOS
Mahr F. et al (2023a), US [43]	Cross-sectional study. Participants were ED patients receiving treatment (partial hospital or outpatient clinic) for AN or ARFID.	N=28 (75%) ARFID 13 (53.8%) AN 15 (93.3%)	8-17 years old ARFID: 12.5 ±3.02 years AN: 14.0 ±1.77 years	**%MBW:** ARFID: 98.15 ±12.7 AN: 97.41 ±6.49		N/A	Fair quality: NOS 6/10
Mahr F. et al (2023b), US [44]	Cross-sectional. Participants were ED patients receiving treatment (partial hospital or outpatient clinic) for AN or ARFID.	N=28 (78.6%) ARFID: 13 (61.5%) AN: 15 (93.3%)	10-17 years old. ARFID: 13.87 ±2.64 years 14.0 ±1.77 years AN: 14.0 ±1.77 years	**%MBMI:** ARFID: 95.18 ±14.25 AN: 97.42 ±6.49		N/A	Fair quality: 6/9 NOS
Makhzoumi SH. et al (2019), US [32]	Retrospective chart review. Consecutive underweight patients admitted to an inpatient ED program	N=275 ARFID 27 (70%) AN 248 (86%)	11-26 years ARFID 19.2 ±3.5 years AN 18.9 ±3.6 years	**BMI (kg/m^2):** ARFID: 16.55 ±1.83 AN: 15.74 ±1.75	p<0.05	**Cardiovascular complications:** **ARFID, N (%)** **Bradycardia**: 4 (15.4) **Other physical health complications**	Fair quality: 6/9 NOS

	between 2003 and 2017 for ARFID or AN.				**ARFID N (%):** **Anemias** 2 (7.7%) **Transaminitis:** 3 (11.5%), **Hypoglycaemia:** 1 (3.8%) **Hypokalaemia:** 6 (23.1%) **Hypophosphatemia** 2 (7.7%)	
Middleman A. et al (2021), US [36]	Cross-sectional. Female patients presenting to an ED program from 2013 to 2021 who had a documented date for Last Menstrual Period (LMP) and were diagnosed with ARFID or AN.	N=89 ARFID 19 (100%) AN 70 (100%)	9-26 years old. ARFID 16.7 ±1.2 years AN 16.3 ±0.7 years	**% MBMI (95% CI):** AN: 83% (80.7-86.1) ARFID: 76% (72.4, 80.3) *p=0.004*	**Puberty and menstruation** Time since LMP (days, mean ±IQR): ARFID: 13 (8.4-16.8) AN: 174 (101.4-246.1) *p<0.0001*	Good quality: 7/9 NOS
Milligan T. and Middleman AB. (2022), US [62]	Case study. Sensory selectivity and low appetite subtype. Always been a picky eater but selectivity worsened over time. Since 13 years old she had failed to gain weight and lost interest in food and appetite. On most days, she ate one or two small "meals" which consisted mostly of small portions of cereal, chips, or other traditional snack foods	N=1 (female)	18-year-old.	**BMI:** 14.16 kg/m^2 (height 162cm and weight 37.1kg) **%MEBMI**: 66.2% Failed to gain weight from 13 years of age. Recently lost 3 lbs.	**Puberty and menstruation** Regular menses	79% case completeness
Mina JA. and Greeff S. (2022), Australia [87]	Case study. Fear of aversive consequences and sensory selectivity subtype. At 12 months of age choked on a piece of carrot and restricted his food slice then. Upon admission patient only ate processed meats, chocolate, biscuits, water, and a limited choice of colour specific fruits.	N=1 (male)	15-year-old.	**BMI percentile:** 25-50th	**Bone mineral density:** **BMD z-score range:** -2.4 (anteroposterior spine) to -4.1 (left total hip) **Nutritional deficiencies:** Folate: 5.7 nmol/L (Active vitamin B12: 17 pmol/L Vitamin D: 23 nmol/L Vitamin A: <0.3 µmol/L **Resultant conditions/diseases:** Xerophthalmia (Vitamin A) Optic neuropathy (Vitamin B12) Osteoporosis (Vitamin D)	57% case completeness
Naviaux AF. (2019), Ireland [63]	Case study. Fear of aversive consequences and sensory selectivity subtype. Always been a very fussy eater. She would only eat one food for a period and then move on. Suffered with constipation which made her afraid to eat.	N=1 (female)	12-year-old.	**BMI (kg/m^2) (centile)** 12/03/18: 15.7 (13th) 27/03/18: 15.1 (6th) 01/06/18: 17.2 (33rd) 12/06/18: 16.7 (<25th) 17/07/18: 16.2 (17th) 06/11/18: 14.8 (3rd) 20/11/18: 15.6 (8th) 24/12/18: 16.9 (24th)	**Cardiovascular complications:** **Heart Rate:** 64 bpm in the day 50 bpm at night **Respiratory rate:** 16 breaths per min **BP:** 111/71 mmHg **Puberty and menstruation:** Tanner stage 2	93% case completeness

				15/01/19: 17.3 (29th) 21/05/19: 18.2 (40th) **Height m (centile):** 12/03/18: 1.62 (92nd) 27/03/18: 1.62 (92nd) 01/06/18: 1.62 (88.5th) 12/06/18: 1.62 (88.5th) 17/07/18: 1.62 (87.1th) 06/11/18: 1.63 (84th) 20/11/18: 1.63 (84th) 24/12/18: 163 (83.6th) 15/01/19: 1.63 (82.4th) 21/05/19: 1.65 (84.6th)			
Nicely TA. et al (2014), US [40]	Retrospective chart review. Patients admitted to a day program for younger patients with EDs between 2008 and 2012 diagnosed with ARFID, or AN.	N=173 (92%) ARFID 39 (79.5%) AN 93 (95.7%)	7-17 years old. ARFID 11.1 ±1.7 years AN 14.0 ±1.5 years	**%MBW:** ARFID: 87.1 ±13.0 AN: 82.6 ±9.2		N/A	Fair quality: 4/8 NOS
Norris M. et al. (2014), Canada [24]	Retrospective chart review. Patients presenting to an ED department between 2000 and 2011 diagnosed with ARFID or AN.	N=70 ARFID 34 (79% female) AN 36 (92% female)	8-17 years old. ARFID 13.7 ±2.5 years AN 14.9 ±1.9 years	**BMI (kg/m²):** ARFID: 15.8 ±1.7 AN: 16.2 ±1.8 *NS* **% of Healthy Body Weight:** ARFID 83 ±8.0% AN 80.6 ±7.4% *NS*		**Cardiovascular complications:** **Heart rate (bpm)** ARFID: 70 ±13 AN: 55 ±15 *p=0.000* **Bone mineral density:** **BMD z-score in lumbar spine:** ARFID -2.0 AN -1.38 *p=0.000* **ARFID N (%):** BMD <-1: 20 (77%) BMD <-2: 7 (25%)	Good quality: 7/9 NOS
Norris M. et al (2018), Canada [78]	Retrospective chart review. Patients assessed in an ED clinic in a paediatric hospital between January 2000 to May 2017 retrospectively diagnosed with ARFID and separated into three groups: 1) Limited intake due to lack of appetite/interest in food, 2) Limited variety due to sensory issues of aversions, 3) Fear of aversive consequences e.g., vomiting/choking.	N=77 1) 30 (67%) 2) 14 (71%) 3) 33 (79%)	8-17 years 1) 13.9 ±2.3 years 2) 12.5 ±1.8 years 3) 14.0 ±2.6 years	**BMI (kg/m²):** 1) 15.31 ±1.77 2) 15.43 ±1.71 3) 15.71 ±2.71 *NS* **BMIz:** 1) -2.13 ±0.99 2) -1.62 ±1.27 3) -2.00 ±1.34 *NS* **%TGW:** 1) 83.03 ±6.60 2) 86.58 ±9.12 3) 81.67 ±7.94 *NS*		**Cardiovascular complications:** **Heart Rate (bpm)** 1) 76.2 ±21.2 2) 82.7 ±13.7 3) 69.0 ±16.4 *NS*	Good quality: 7/9 NOS
Norris M. et al (2020), Canada [41]	Retrospective chart review. Patients with restrictive EDs presenting for care at a tertiary care ED program between January 2001 to May 2017 with ARFID and those who had ARFID	N=77 ARFID 71 ARFID-AN 6 (100%)	0-18 years old. 13.7 ±2.1 years	**BMI (kg/m²):** ARFID only: 15.33 ±1.03 ARFID-AN: 14.86 ±1.89 **BMIz:** ARFID: -1.93 ±1.21 ARFID-AN: -2.38 ±0.93		**Cardiovascular complications:** **Heart Rate (bpm)(range)** ARFID: 74 ±17.4 (46-130) ARFID-AN: 46 ±12.4 (37-69)	Good quality: 7/9 NOS

	which was later reclassified as AN (ARFID-AN).			**%TGW:** ARFID: 83.89 ±7.88% ARFID-AN: 71.6 ±6.52%		In the entire non-AN sample only 3 demonstrated HRs less than 50 beats per minute	
Nygren G. et al (2021), Sweden [95]	Longitudinal. Participants were pre-school children born between 2010-2016 and diagnosed with ASD comorbid with ARFID.	N=13 (30.8%)	1-5 years old 2.9 ±0.65 years	**BMIz (n):** +1: 1 0: 2 ≤-2: 8 ≤-3: 2		**Nutritional deficiencies:** 3 had iron deficiency anaemia	Good quality: 6/9 in NOS
Ornstein RM. et al (2017), US [138]	Retrospective chart review. Patients admitted to a PHP for children and adolescents with ED between August 2008 and May 2012, diagnosed with ARFID or AN	N=130 ARFID 32 (81.3%) AN 68 (97.1%)	7-17 years old. ARFID 11.1 ±1.9 years AN 14.1 ±1.3 years	**%MBMI:** ARFID 86.21 ±9.96 AN 82.85 ±8.00	*p<0.001*	N/A	Fair quality: 6/9 NOS
Peebles R. et al (2017), US [37]	Retrospective chart review. Patients admitted for inpatient nutritional rehabilitation between October 2012 and October 2014 diagnosed with ARFID or AN.	N=147 (88%) ARFID 9 AN 138	5-23 years old. 15.3 years old	**%MBMI:** ARFID: 81.6 ±6.5 AN: 78.6 ±7.0		N/A	Fair quality: 5/8 NOS
Peck SK. et al (2021), US [42]	Acceptability trial. Young adults admitted to an intensive ED treatment program between October 2017 and June 2019 diagnosed with ARFID or AN.	N=38 ARFID 6 (83.3%) AN 24 (91.7%)	ARFID 19.2 ±1.3 years AN 19.7 ±2.2 years	**BMI (kg/m^2):** ARFID: 17.23 ±1.11 AN: 19.94 ±2.82 **BMI <18.5 N (%):** ARFID: 6 (100%) AN: 9 (37.5%)		N/A	Moderate risk of bias
Rebollo-Román A. et al (2018), Spain [139]	Case study. Fear of aversive consequences subtype. Difficulty of swallowing liquids and solids after an episode of viral pharyngitis due to a fear of choking and contamination.	N=1 (male)	20-year-old.	**BMI:** 24.1 kg/m^2		N/A	64% case completeness
Pennell A. et al (2016), Canada [140]	Case series. 1) Low appetite and sensory selectivity subtype. 1 year history of increasing food avoidance and weight loss after starting ADHD medication. Longstanding history of selective and avoidant eating and became full quickly. 2) Low appetite subtype. 3–6-month history of weight and height stunting upon starting ADHD medication. Had eating difficulties since childhood, always had a small appetite and got bored and distracted when eating.	N=2 (one male, one female)	1) 10-year-old male. 2) 9-year-old female.	**BMI (kg/m^2):** 1) 17.2 2) 11.4 **%Ideal Body Weight:** 1) 83% 2) 80% of IBW (<3rd centile) 1) Had lost 11.8 kg over the previous 15 months.		N/A	82% case completeness

Pitt PD. and Middleman AB. (2018). [101]	Case series. 1) Sensory selectivity subtype. Picky eating habits since childhood. Presented to ER with 12 episodes of vomiting within a 36-hour period, food and water restriction with abdominal pain. 2) Sensory selectivity and fear of aversive consequences subtype. Long-standing malnutrition with persistent complaints of constipation and nausea when eating. Picky eating since 6 months of age.	N=2 (both female)	1) 17-year-old female. 2) 13-year-old female.	**BMI (kg/m^2):** 1) 15.7 2) 12.47 **%MBMI:** 1) 74.4% 2) 65.4%	**Puberty and menstruation:** 1) Regular periods reported. 2) Tanner stage 1, premenarchal	68% case completeness
Prasetyo YB. Et al (2020), Indonesia [51]	Cross-sectional. Participants were children suffering from ARFID. Mothers of children with ARFID were selected from 3 subdistricts and three public health centres in Malang from August 2018 to February 2019.	N=245 (55.1%)	<5 years old.	**Weight for age N (%)** Dramatically underweight: 7 (2.9%) Underweight: 39 (15.9%) Normal weight: 197 (80.4%) Overweight: 2 (0.8%) **Height for age N (%)** Dramatically short: 50 (20.4%) Short: 38 (15.5%) Normal: 149 (60.8%) Tall: 8 (3.3%) **Weight for height N (%)** Dramatically underweight: 7 (2.9%) Underweight: 23 (9.4%) Normal: 188 (76.7%) Overweight: 27 (11%)	N/A	Fair quality: 4/9 in NOS
Quinn LA. et al. (2022), US [70]	Case study. Fear of aversive consequences subtype. Diet became increasingly restrictive after he choked on a French fry at 2 years of age. 6 months prior only ate chocolate peanut butter cups and water.	N=1 (male)	6-years-old	**BMIz:** At presentation: -6 2 years prior: -0.16 5% weight loss in preceding 2 months 3 months after Gastronomy tube placement: -0.6	**Cardiovascular complications:** Pulmonary artery hypertension Anaesthesia induced bradycardia and hypotension leading to cardiac arrest due to scurvy driving pulmonary artery hypertension. **Bone mineral density:** Diffuse demineralisation without fracture. **Nutritional deficiencies:** Vitamin A Vitamin C Vitamin D Iron Selenium Thiamine Zinc **Resultant conditions:**	82% case completeness

					Scurvy Pulmonary artery hypertension from Vitamin C deficiency	
Reid DB. (2016), US [65]	Case study Fear of aversive consequences subtype. She choked on a nacho chip and developed a fear of swallowing, resulting in here restricting her food consumption in quantity and just to liquid food (protein shakes, pudding, and chicken broth).	N=1 (female)	13-year-old.	**Pre-morbid BMI:** 19.2 kg/m^2 (46th centile) **BMI at presentation (3 weeks after choking incident):** 17.0 kg/m^2 (15th centile) **BMI 1 month after initial consultation:** 15.5 kg/m^2 (3rd centile)	N/A	68% case completeness
Richmond T. et al (2023), US [88]	Retrospective case note review. Cross-sectional. Participants were patients seen for an ED assessment between May 2018 and December 2021 diagnosed with ARFID.	N=239 (43%)	8-22 years old. 12.8 ±3.0 years.	**BMIz:** **Total:** -1.14 ±1.25 **Sensory:** -0.84 ±1.32 **Lack of appetite:** -1.74 ±0.92 **Sensory and lack of appetite:** -1.25 ±1.27 **Fear and sensory or appetite:** -1.25 ±0.92 **Fear, sensory and appetite:** -0.87 ±1.06 **BMI percentile:** **Total:** 23.6 ±26.6 **Sensory:** 30.3 ±29.2 **Lack of appetite:** 9.43 ±10.5 **Sensory and lack of appetite:** 21.4 ±26.4 **Fear and sensory or appetite:** 17.2 ±20.3 **Fear, sensory and appetite:** 28.0 ±26.6 33% had malnutrition (BMI percentile < 5)	**Bone mineral density:** **BMD (N=33):** Total body less head: -2.46 ±1.12 91% had abnormal BMD **Nutritional deficiencies:** Vitamin A: 14% (N=5) Vitamin B1: 25% (N=1) Vitamin B6: 10% (N=1) Vitamin B12: 4% (N=2) Folate: 10% (N=2) Vitamin C: 44% (N=11) Vitamin D: 41% (N=33) Vitamin E: 3% (N=1) Copper: 10% (N=1) Selenium: 0% (N=0) Zinc: 21% (N=8)	Good quality: 8/10 NOS
Rienecke RD. et al (2020), US [64]	Case series. 3 patients diagnosed with the different subtypes or ARFID and who participated in a family-based partial hospitalization program/intensive outpatient program for ED. 1) Fear of aversive consequences subtype. Choked on a chicken nugget and subsequently started having trouble swallowing foods and liquids and decreasing her food intake. 2) Sensory selectivity subtype. Sensitivity to taste and texture and severe food neophobia. Limited variety and low appetite. 3) Low appetite subtype. General disinterest in food and eating. Limited variety and early satiety.	N=3 (1 female)	1) 18-year-old female. 2) 10-year-old male. 3) 14-year-old male.	**BMI (kg/m^2):** 1) 14.1 (10th centile) (lost 13lb within the last 7 months) 2) 16.6 (46th centile) 3) BMI 15.1 (0 centile), **Weight centile:** 1) 10th 2) 21st 3) 11th **Height centile:** 1) 61st 2) 11th 3) 70th	N/A	79% case completeness

Robson J. et al. (2019), US [141]	Case series. Both had Eosinophilic Esophagitis (EoE) 1) Sensory selectivity and low appetite subtype. He was on a restricted diet due to EoE but he also started to cite an aversion to certain textures/tastes and a general disinterest in eating and early satiety. 2) Fear of aversive consequences subtype. Started to report EoE flare up and symptoms triggered by previously safe food and started to restrict his food intake and variety. He refused food in fear it was contaminated or mislabelled foods.	N=2 (both male)	1) 3-year-old. 2) 13-year-old.	1) BMI < 3rd percentile, 82% TGW. 2) Weight-for-age < 3rd percentile, BMI <3rd percentile	N/A	64% case completeness
Rosania K. and Lock J. (2020), US [142]	Case study/ Sensory selectivity subtype. Around 2 and a half years old she began to develop aversions to textures and tases which worsened over time.	N=1 (female)	9-year-old.	**%EBW:** 96.95%	N/A	79% case completeness
Santiago A. et al (2021), US [96]	Cross-sectional. Participants were patients presenting to an ED program for Adolescent Medicine, between February 2015 and March 2016.	N=46 (83%) ARFID 10 AN 19	12-20 years old. 15.61 years	**BMI percentile, mean (range):** 30.1% (1-92%)	**% of daily recommended micronutrient intake** **Vitamin A:** ARFID: 124 AN: 176 **Vitamin C:** ARFID: 82 AN: 110 **Vitamin B12:** ARFID 57 AN: 52 **Vitamin D:** ARFID: 55 AN: 52; **Vitamin E:** ARFID: 38 AN: 52 **Manganese:** ARFID: 157 AN: 175 **Selenium:** ARFID: 128 AN: 99 **Calcium:** ARFID: 97 AN: 60 **Magnesium:** ARFID: 57 AN: 57 **Potassium:** ARFID: 56 AN: 52 **Iron:** ARFID: 84 AN: 51 **Copper:** ARFID: 46 AN: 46	Fair quality: 5/8 NOS

						Zinc: ARFID: 55 AN: 46	
Schermbrucker J. et al (2017), Canada [79]	Case study. Fear of aversive consequences. Acute food refusal. He complained of epigastric pain, constipation, and dysphagia. And had a fear of choking	N=1 (male)	11-year-old.	**Height:** 75th percentile **Weight:** 10th percentile **%TGW:** 80%		**Cardiovascular complications:** **Heart Rate:** 56 bpm (Bradycardia)	89% case completeness
Schmidt R. et al (2019), Germany [143]	Cross-sectional. Participants were a subset from the LIFE Child study, a prospective longitudinal population study, selected for having avoidant/restrictive eating behaviours with no body image problems and matched controls were selected for having no avoidant/restrictive eating behaviours.	N=39 ARFID 25 (36.0%) HC 14 (50.0%)	8-13 years old. ARFID 10.7 ±1.6 years HC 10.9 ±1.6 years	**Height z-score**: ARFID -0.66 ±1.1 HC 0.11 ±1.06 **Weight z-score:** ARFID -1.36 ±0.99 HC -0.73 ±0.98 **BMIz:** ARFID -1.13 ±0.86 HC -0.83 ±1.00	*NS* *NS* *NS*	N/A	Fair quality: 5/9 NOS
Schmidt R. et al (2021), Germany [15]	Cross-sectional. Patients presenting to the feeding and eating disorders unit for treatment diagnosed with ARFID and matched healthy controls (HC).	N=40 ARFID 20 (45%) HC 20 (45%)	0-17 years old ARFID 7.5±5.3 years HC 7.5 ±5.3 years	**BMIz:** ARFID: -1.5 ± 1.0 HC: 0.0 ± 1.1 **ARFID N (%)** Severely underweight 9 (45%) Underweight: 3 (15%) Normal weight 8 (40%)	*p <0.001*	**% of recommended micronutrient intake (mean ±SD):** **Vitamin B1:** ARFID: 19.4 ±21.8% HC: 60.9 ±52.4% *p=0.002* **Vitamin B2:** ARFID: 18.7 ±18.6% HC: 41.5 ±23.8% *p=0.001* **Vitamin B6:** ARFID: 24.3 ±21.4% HC: 61.2 ±48% *p=0.012* **Vitamin B12:** ARFID: 29.1 ±62.8% HC: 42.7 ±31.9% *p=0.020* **Vitamin C:** ARFID: 42.7 ±36.1% HC: 143.6 ±138.1% *p<0.001* **Vitamin D:** ARFID: 8 ±17.1% HC: 5.3 ±8.6% *NS* **Vitamin E:** ARFID: 25 ±28.8% HC: 33.6 ±23% *NS* **Vitamin K:** ARFID: 23.8 ±18.6% HC: 64.5 ±45% *p=0.004* **Folate:** ARFID: 18.7 ±27.0% HC: 39.7 ±21.7% *p=0.018* **Zinc:**	Fair quality: 6/9 NOS

					ARFID: 21.1 ±30.9% HC: 52.5 ± 28.7% p=0.002 **Calcium:** ARFID: 51.0 ±60.3% HC: 47.4 ±32.2% *NS* **Iron:** ARFID: 17.4 ±22.8% HC: 30.6 ±16.5% *p=0.008* **Magnesium:** ARFID: 68.8 ±70.1% HC: 71.5 ±38.8% *NS* **Potassium:** ARFID: 20.3 ±15.7% HC: 42.3 ±24.3% *p=0.007*	
Schmidt R. et al (2022), Germany [16]	Cross-sectional. Patients seeking treatment for restrictive feeding or eating disorders between February 2018 and May 2021 diagnosed with ARFID, AN and non-treatment seeking healthy controls (HC).	N=149 ARFID 45 (47%) AN 23 (96%) HC 81 (49%)	0-17 years old. ARFID 7.6 ±5.4 years AN 15.1 ±1.6 years HC 9.4 ±5.4 years	**BMIz:** ARFID -1.47 ±1.14 AN -1.43 ±1.29 HC -0.04 ±0.88 *NS*	N/A	Good quality: 8/9 NOS
Schöffel H. et al (2021), Germany [18]	Retrospective chart review. Children and adolescents admitted to the general paediatric clinic of University Hospital Leipzig between June 2018 and May 2019 with ARFID symptoms or without ARFID symptoms.	N=111 ARFID 8 (50%) No ARFID symptoms 103 (64.1%)	8-18 years old. ARFID 13.4 ±3.0 years No ARFID symptoms 13.0 ±3.0 years	**BMIz:** ARFID -1.65 ±1.17 No ARFID symptoms: 0.30 ±1.24 *p<0.001* **Underweight N (%)** ARFID 7 (87.5%) No ARFID symptoms 9 (8.7%). **Normal weight N (%)** ARFID 1 (12.5%) No ARFID symptoms 69 (67.0%) **Overweight N (%)** ARFID 0 (0%) No ARFID symptoms 25 (24.3%) *p<0.001*	N/A	Good quality: 8/9 NOS
Sella AC. et al (2023), US [22]	Cross-sectional. Participants were low-weight female ARFID patients and HCs identified from the NIH studies: the neurobiology of EDs, bone health in AN and endocrine function in young athletes.	N=34 (100%) ARFID: 14 HC: 20	10-23 years old. ARFID: 16.41 ±0.96 HC: 16.29 ±0.78	**BMIz:** ARFID: -1.71 ±0.25 HC: 0.29 ±0.17 **% body fat:** ARFID: 26.4 ±0.69 HC: 31.67 ±1.10	**Bone mineral density:** **Total body BMDz:** ARFID: -1.41 ±0.28 HC: -0.5 ±0.25 *p=0.021* **Total body less head BMD:** ARFID: -1.67 ±0.40 HC: -0.74 ±0.27 *p=0.055* **Lumbar spine BMD:** ARFID: -0.95 ±0.35 HC: -0.67 ±0.23 *NS* **Puberty and menstruation:** **Tanner stages:** Breast: ARFID: 3.71 ±0.03	Fair quality: 7/10 NOS

					HC: 4.05 ±0.28 *NS* Pubic hair: ARFID: 3.64 ±0.32 HC: 4.05 ±0.28 *NS*	
Shafiq R. et al (2023), Pakistan [144]	Cross-sectional. Participants were children from the Paediatrics and Children Ward of a hospital who were diagnosed with ARFID.	N=30 (53%)	5-8 years old 8.53 ±2.56 years	**BMI (kg/m^2):** 13.7 ±1.45	N/A	Fair quality: 5/9 NOS
Sharp WG. et al (2016), US [145]	Pilot trial. Participants were children meeting criteria for ARFID (evidenced by dependence on enteral feeding or oral nutritional formula supplementation) were randomly assigned to receive treatment for 5 consecutive days in a day treatment program (n=10) or waitlist (n=10).	N=20 (60%)	1-6 years.	**BMI percentile median (25th to 75th):** Intervention group: 31.7% (9.5% to 64.4%) Waitlist: 66.1% (25.6% to 95.8%)	N/A	Moderate risk of bias
Sharp WG. et al (2018), US [52]	Retrospective chart review. Participants were children who presented to a feeding clinic between January 2014 and January 2015 with ASD and severe food selectivity that met the ARFID DSM-5 criteria.	N= 70 (20%)	2-17 years Median age: 5.09 years (3.65-6.74)	**BMI category N (%)** Underweight <5th percentile: 4 (5.7%) Normal 5th to 85th percentile: 48 (68.6%) Overweight 85th to 95th percentile: 11 (15.7%) Obese >95th percentile 7 (10.0%) One child had stunted growth	**Participants consuming <80% of DRI N (%)** **Protein:** 3 (4.4) **Vitamin A:** 40 (57.1) **Vitamin B-12:** 22 (31.4) **Vitamin C:** 19 (27.1) **Vitamin D:** 68 (97.1) **Vitamin E:** 58 (82.8) **Folic acid:** 38 (54.2) **Calcium:** 50 (71.4) **Iron:** 23 (32.8) **Zinc:** 40 (57.1) **Fibre:** 62 (91.2) **% of DRI consumed (Median (IQR)** **Protein:** 181.7 (109.3) **Vitamin A:** 71.9 (72.9) **Vitamin B-12:** 192.4 (188.2) **Vitamin C:** 168.5 (281.4) **Vitamin D:** 21.0 (35.3) **Vitamin E:** 22.5 (45.3) **Folic acid:** 74.2 (70.7) **Calcium:** 64.9 (55.1) **Iron:** 96.1 (71.8) **Zinc:** 76 (74.9) **Fibre:** 42.9 (28.1) **No. of nutrients consumed at <80% of DRI per child (n (%))** **1:** 1 (1.4)	Good quality: 7/9 NOS

					2: 3 (4.3) **3:** 7 (10) **4:** 4 (5.7) **5:** 8 (11.4) **6+:** 47 (67.1) One child had scurvy	
Sharp WG. et al (2020), US [146]	Retrospective chart review. Consecutive patients admitted to a feeding disorder day program between June 2014 and June 2019 who met the criteria for ARFID, had a dependence on enteral nutrition and required intensive intervention.	N=81 (43%)	0-19 years old. Median (IQR) 3 years-old (2-5 years)	**Weight (median, IQR):** **Percentile:** 10.2 (2.9 to 39.5) **Z-score:** -1.3 (-1.9 to -0.3)	N/A	Fair quality: 5/8 NOS
Shimshoni Y. et al. (2020), US [147]	Feasibility trial. Participants were children who presented to a paediatric feeding clinic between June 2018 and June 2019. ARFID "subtypes" Sensory selectivity: 14 (93.3%) Low appetite: 1 (6.7%) Fear of aversive consequences: 4 (26.7%)	N=15 (13.3%)	6-14 years old. 9.14 ±2.63 years	**%EBW:** 102.01 ±16.29	N/A	Moderate risk of bias
Soffritti EM. et al (2019), Brazil [66]	Case study. Fear of aversive consequences subtype. At 18 years old, she began to experience symptoms of coughing and choking which developed into morning and prandial nausea. She slowly started to avoid food until she had complete dependence on enteral nutrition.	N=1 (female)	20-year-old.	**BM (kg/m^2):** At presentation: 10.9 BMI one-year prior presentation: 20.8	N/A	86% case completeness
Spettigue W. et al (2018), Canada [148]	Case series. 6 sequential patients with ARFID referred for adolescent ED treatment. 1) Fear of aversive consequences subtype. Terrified of choking leading her to only eat soft foods and restricting her diet over time. 2) Fear of aversive consequences subtype. After repeat episodes of viral gastroenteritis, she progressively ate less resulting in complete refusal to eat and drink in the fear she would be sick.	N=6 (83.3%)	1) 12-year-old female. 2) 10-year-old female. 3) 13-year-old male 4) 14-year-old female. 5 and 6) 12-year-old female twins	**Mean %TGW:** 80.5% ±8.56% **%TGW:** 1) 83% 2) 75.8% 3) 72% 4) 90% 5/6) 73.2% and 83.3%	N/A	93% case completeness

	3) Fear of aversive consequences subtype. Injured his ribs in a horse-riding accident leading to pain when swallowing so limited intake to minimize pain. 4) Low appetite and sensory selectivity subtype. 1–2-year history of restrictive food intake. Always been picky and very rigid with her food. 5/6) Low appetite and sensory selectivity subtype. Longstanding highly picky eaters with low appetite.					
Strandjord SE. et al (2015), US [39]	Retrospective chart review. Patients hospitalized for refeeding due to an ED between 2008 and 2014 and retrospectively met criteria for ARFID or AN.	N=244 ARFID 41 (85%) AN 203 (89%)	5-25 years Median and IQR ARFID 16 (14-18) years AN 17 (15-20) years	**%MBMI before illness, median (IQR):** ARFID: 96% (88-113%) AN: 103% (97-113%) *p=0.006* **%MBMI on admission, median (IQR):** ARFID: 78% (72-88%) AN: 83% (77-89%) *p=0.05* **Change in %MBMI, median (IQR):** ARFID: 15% (8-25%) AN: 21% (14-29%) *p=0.03* **Weight loss (kg), median (IQR):** ARFID: 8 (4-13) AN: 12 (8-16) *p=0.003*	**Reason for hospitalization N (%)** **Bradycardia:** ARFID: 19 (46%) AN: 144 (71%) *p=0.002* **Prolonged QTc:** ARFID: 5 (13%) AN: 32 (16%) *NS* **Electrolyte abnormality:** ARFID: 9 (23%) AN: 20 (10%). *p=0.03*	Good quality: 8/9 NOS
Stubbs KH. et al (2022), US [149]	Case study. Subtype unknown. Received 95% of caloric and nutritional needs from oral nutritional supplements.	N=1 (male)	3-year-old.	**Weight z-score:** -2.55 (<1st percentile) **Height z-score:** −2.76 (<1st percentile) **BMI:** 15.11 kg/m^2 **BMIz:** −0.66 (26th percentile)	N/A	64% case completeness
Tamura A. et al. (2021), Japan [38]	Retrospective chart review. Child patients admitted to and ED department in a paediatric hospital between 2005 and 2019 who received Total Parenteral Nutrition (TPN) and who were retrospectively diagnosed with ARFID or AN-R. Received TPN during their treatment course. TPN is used in treatment for EDs in cases of severe malnutrition, dehydration, electrolyte disorders, hypoglycaemia and heart failure.	N=22 ARFID 9 (77.8%) AN-R 13 (100%)	9-13 years old. ARFID 11.5 ±1.0 years AN-R 11.7 ±0.9 years	**BMI (kg/m^2):** ARFID: 12.1 ±1.3 AN-R: 14.3 ±1.2 *p=0.001* **BMIz:** ARFID: -2.2 ±0.6 AN-R: -1.6 ± 0.3 *p=0.008*	**Puberty and menstruation:** **Amenorrhea N (%)** ARFID: 7 (100%) R-AN: 13 (100%) **Menarche pre/post N** ARFID: 6/1 AN: 0/13 FSH levels low for all apart from one girl in ARFID, and all but 4 AN-R girls LH low for all apart from one AN girl	Fair quality: 6/9 NOS

Taylor T. (2020), Australia [98]	Case study. Sensory selectivity subtype. He had never chewed or eaten regular food due to textural sensitivities. He only ate three foods: blended baby food vegetable and mincemeat, banana puree fruit pouch and Weet-Bix™.	N=1 (male)	5-year-old.	"Low weight"	**Nutritional deficiencies:** Iron deficiency. **Other complications:** Constipation.	79% case completeness
Thomas J. et al (2017), US [67]	Case study. Fear of aversive consequences and sensory selectivity subtype. Always been a picky eater. However, a piece of meat became stuck in her orthodontic plate expander, and she became terrified she would choke so she stopped eating solid foods.	N=1 (female)	11-year-old.	**BMI at presentation:** 12.5 kg/m^2 (<1st percentile) **BMI centile prior to choking incident:** <10th Lost 1.4kg in 2 months	**Cardiovascular complications:** **Tachycardia:** 110 bpm (tachycardia) **Puberty and menstruation:** Tanner stage 2 **Other complications:** Ketonuria Low carbon dioxide Slightly elevated Albumin Hyperkalaemia	54% case completeness
Thomas JJ. et al (2020), US [49]	Feasibility trial. Participants presenting for ED treatment between October 2016 and December 2018 diagnosed with ARFID. % of sample meeting each ARFID criteria: A1 low weight, significant weight loss, and/or failure to grow in height (70%) A2 nutritional deficiency (10%) A3 dependence on nutritional supplements (40%) A4 psychosocial impairment (60%)	N=20 (45%)	10-23 years old 13.2 ±2.1 years	**Underweight:** N=14 (70%) BMI percentile: 9.8 ±9.1 **Normal weight** N=6 (30%) BMI percentile: 45.7 ±31.8	N/A	High risk of bias
Tomioka K. et al (2021), Japan [150]	Feasibility trial. Children presenting to Kobe University Hospital for ED treatment in 2020 who were diagnosed with ARFID (DSM-5), selective eating disorder (GOSH-criteria), or relied completely on tube feeding and were in a generally stable condition.	N=4 (25% female)	2-5 years old. Mean age 4 years	**%MBMI:** 84% (range: 75-98%)	N/A	High risk of bias
Tsang KK. et al (2020), Boston [73]	Retrospective chart review. All medically admitted patients with ARFID seen by the psychiatry service at a tertiary care paediatric hospital between January 2015 and October 2016.	N=38 (68.4%)	5-26 years old. 12.9 ±4.9 years.	Unknown	**Cardiovascular complications: N (%)** **Bradycardia:** 20 (52.6) **Orthostatic instability:** 26 (68.4) **Electrolyte abnormalities:** 28 (73.7)	Fair quality: 6/9 NOS

Volkert VM. et al (2021), US [53]	Retrospective chart review. Participants were consecutive patients admitted to intensive multidisciplinary program for EDs between June 2014 to June 2019 and were diagnosed with ARFID.	N=50 (17%)	0-21 years old. 6 (3.2, 1.9-15.1) years	**BMIz:** -0.56 ±1.48 (range: -4.6 to 2.33). **BMI percentile**: 38 ±34 (range: 0.17-99) **Weigh status categories by BMI N (%):** Underweight (<5th centile): 13 (22%). Normal (5-85th centile): 39 (66%). Overweight (85th-95th centile): 3 (5%) Obese (<95th centile): 4 (7%)	**Participants consuming <80% of DRI N (%)** **Vitamin A:** 34 (57%) **Vitamin B12:** 15 (25%) **Vitamin C:** 13 (22%) **Vitamin D:** 57 (95%) **Vitamin E:** 47 (78%) **Folic acid:** 33 (55%) **Calcium:** 30 (50%) **Iron:** 27 (45%) **Zinc:** 26 (43%) **% of DRI consumed (Mean ±SD (range))** **Vitamin A:** 94 ±98 (0-464) **Vitamin B12:** 211 ±187 (0-838) **Vitamin C:** 360 ±459 (0-2,400) **Vitamin D:** 31 ±29 (0-118) **Vitamin E:** 57 ±83 (0-533) **Folic acid:** 87 ±105 (0-660) **Calcium:** 79 ±57 (10-262) **Iron:** 130 ±137 (0-648) **Zinc:** 104 ±75 (15-43)	Fair quality: 5/8 NOS
Watts R. et al (2023), UK [100]	Cross-sectional. Participants were patients consecutively recruited from an ED outpatient service who were diagnosed with ARFID (full or sub-threshold).	N=261 (51%)	2-18 years old 12.2 ±4.1 years	**BMIz:** -1.05 ±1.63 (range: -6.75, 4.07)	**Nutritional deficiencies:** 34% had nutritional deficiencies	Good quality: 9/10 NOS
Waddle C. and Gillespie SE. (2022), US [47]	Retrospective chart review. Children who presented for evaluation for admission to an intensive treatment feeding program between January 2018 to May 2019 who were diagnosed with ARFID and who were receiving enteral nutrition though gastrostomy or nasogastric feeding tube.	N= 76 (42.1%)	1-14 years old. 3.8 ±3.1 years	**BMIz:** -0.14 ±1.56 **Malnutrition status N (%)** Adequate: 54 (71.1%) Mild: 11 (14.5%) Moderate: 4 (5.3%) Severe: 7 (9.2%)	N/A	Good quality: 9/9 NOS
Webb J. et al (2023), US [151]	Case study. Sensory selectivity and low appetite subtype. Limited diet in terms of volume and variety	N=1 (female)	22-years-old.	BMI: 12.8 kg/m^2	N/A	96% case completeness
Wilken M. et al. (2022), Germany [20]	Cross-sectional. Participants were children presenting to the Feeding Tube Dependency Institute between January 2016 to June 2017 who	N=57 ARFID 26 (65.4%) HC 31 (85.1%)	0-5 years old. ARFID 2.5 ±1.65 years HC 3.1 ±1.38 years	**Body weight (kg)** ARFID: 10.5 ±4.3 HC: 15.5 ±3.8 *p=0.001* **Body length (cm)** ARFID: 85 ±17	N/A	Fair quality: 6/10 in NOS

	met the criteria for ARFID and Healthy Controls selected from local kindergartens.			HC: 101 ±13 *p=0.001* **Head circumference (cm)** ARFID: 47.9 ±3.9 HC: 50.2 ±3.7 *p=0.001*		
Yanagimoto Y. et al (2020), Japan [83]	Case study. Sensory selectivity and low appetite subtype. Refused to eat any solid foods for the past year. Only drank breast milk and specific brands of vegetable juice.	N=1 (male)	2-year-old.	**Height z-score:** -3.9 **Weight z-score:** -2.9	**Cardiovascular complications:** **Heart rate:** 132 bpm (tachycardia) **Nutritional deficiencies:** Iron: 4 µg/dL Ferritin: 7.5ng/dL **Resultant conditions/diseases:** Severe microcytic hypochromic anaemia: Hb 5.9g/dL	64% case completeness
Yaşar AB. et al (2019), Turkey [68]	Case series. Both fear of aversive consequences subtype. 1) At 14-years-old she choked on some food and has been afraid of eating since eating, restricting her food intake, eating only soft food and liquid. 2) She felt like she had food stuck in her throat for the last three months resulting in anxiety around eating and limiting her food intake.	N=2 (female)	1) 18-year-old. 2) 20-year-old.	**1) BMI:** 17.0 kg/m^2 **2)** Lost 3.5kg in one month	N/A	79% case completeness
Yazdani S. et al (2022), US [74]	Case study. Fear of aversive consequences and low appetite subtype. Restricted diet due to significant abdominal pain, nausea, and vomiting. Recent increase in exercise, running 2 hours a day with additional weight training due to the COVID pandemic not for weight loss or body image issues.	N=1 (female)	18-year-old.	**BMI:** 14.76 kg/m^2	**Cardiovascular complications:** **Heart rate** 36 bpm (bradycardia) **Respiratory rate** 24 bpm **Superior mesenteric artery syndrome:** CT scan of abdomen and pelvis showed a markedly distended stomach and distended 1st and 2nd segment of the duodenum which was caused by her ED.	64% case completeness
Zanna V. et al (2020), Italy [19]	Retrospective chart review. All patients presenting to a tertiary care hospital between January 2020 and September 2017 who received a diagnosis of AN-R or ARFID.	N=287 ARFID 94 (66%) AN-R 193 (89.1%)	< 18 years old ARFID 10.6 ±2.9 years AN-R 15.0 ±1.9 years	**BMI (kg/m^2):** AN-R: 14.9 ±1.3 ARFID: 15.2 ±2.2 *p<0.001* **Percentile BMI:** AN-R: 1.3 ±1.5 ARFID: 18.9 ±23.2 *p<0.001*	**Cardiovascular complications:** **Heart Rate (bpm)** ARFID: 79.2 ±17.3 AN-R: 62 ±16.6 *p<0.001*	Fair quality: 6/9 NOS
Zickgraf HF. et al (2019), US [54]	Retrospective chart review. Patients were consecutive outpatients between 2014 and 2017 diagnosed with ARFID sensory selectivity subtype.	N=22 (18.2%)	4-25 years old. 11.9 ±6.1 years	**Weight categories based on BMI N (%):** <5th centile: 2 (9.1%) 5th to 25th centile: 4 (18.2%) 25th to 85th centile: 10 (45.5%) >85th centile: 6 (27.2%) Stunting/growth failure: 4 (18.2%)	**Nutritional deficiencies:** 2 out of 11 diagnosed with a nutritional deficiency	Fair quality: 6/9 NOS