A framework for working with low food interest and low appetite in ARFID

EXHALE

A	Adequacy, not Normalcy	• The clinical target is nutritional safety, not an idealised or neurotypical version of healthy eating • The threshold for intervention is nutritional safety or the individual's own goals, not deviation from typical eating patterns • Supplements and format or texture modifications are legitimate long-term strategies, not interim measures
M	Modified Clinician Expectations	• Clinicians monitor their own reactions to limited food intake, visible concern or surprise can reinforce shame • Low food interest is a valid presentation, not a failure of motivation or engagement • Mixed presentations are common - for example, co-occurring traits of ARFID and anorexia - clinicians should stay alert to this rather than assuming a single diagnostic picture
P	Person-Directed Goals	• The individual determines what quality of life means for them • Treatment goals may look different from conventional eating disorder recovery targets • The pace and direction of any intervention is set by the person
L	Look to the System	• Family, school, and medical responses to low food interest can create distress where little existed before • Reducing external pressure is often as important as any direct intervention with the individual • Clinicians advocate for systemic change rather than expecting the individual to adapt
E	Evidence-Based Monitoring	• Monitoring is undertaken where clinically indicated, not assumed for all, findings are tracked without attaching moral meaning to eating behaviour • When monitoring reveals a clinical concern, every effort should be made to address it in a way that preserves the above principles • Where possible, the individual is involved in decisions about what is monitored and how, monitoring is collaborative, not imposed

AMPLE was developed as a clinician framework for working with low food interest and low appetite in ARFID, the most under-recognised subtype. It reflects a person-centred approach in which nutritional adequacy, not normalcy, is the clinical goal, and in which the system around the individual is understood as part of the clinical picture.

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