

Food Avoidance: Diverse Forms, Broad Impacts

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Introduction

Food avoidance is a multifaceted behavior observed across various demographics and clinical contexts, profoundly influencing nutritional status, quality of life, and overall health outcomes. Its manifestations range from medically necessary dietary restrictions to psychological responses and perceived health benefits, each warranting distinct consideration and management strategies. Understanding the diverse drivers and impacts of food avoidance is crucial for developing effective interventions and support systems.

In pediatric populations, food allergies frequently necessitate avoidance strategies. A study investigating children diagnosed with food allergy highlights how extensive food avoidance, implemented by parents, significantly impacts dietary choices. This can subsequently affect the child's nutritional status and overall quality of life [1].

The research identifies factors correlating with more extensive food avoidance, offering insights for improved management tailored to individual needs [1]. Beyond allergies, childhood eating behaviors are also influenced by food neophobia, the avoidance of new foods. A systematic review and meta-analysis confirmed that high levels of food neophobia are strongly associated with inadequate nutrient intake and an increased likelihood of being a picky eater in children. This underscores the importance of early intervention strategies to prevent long-term nutritional deficiencies [6].

Moving to adult populations, sensory processing sensitivity and its relationship with food avoidance have been explored. Research suggests that individuals with higher sensory processing sensitivity might experience enhanced sensory-specific satiety, a phenomenon where the pleasantness of a particular food decreases more rapidly than general satiety. This enhanced sensory-specific satiety can contribute to increased food avoidance behaviors, particularly concerning specific textures or flavors [2].

This perspective offers novel insights into the mechanisms underlying selective eating patterns in adults [2]. The pursuit of a healthy diet, when taken to an extreme, can also lead to significant food avoidance. Orthorexia nervosa, characterized by an obsessive focus on healthy eating, often correlates with extensive food avoidance and body image dissatisfaction. This interplay, influenced by perceived social pressure, indicates a clear link to disordered eating patterns that necessitate clinical attention and support [3].

Specific clinical conditions also frequently involve food avoidance. Avoidant Restrictive Food Intake Disorder (ARFID) is a serious concern, particularly in vulnerable populations. A study investigated the prevalence of ARFID among adolescents with type 1 diabetes, revealing a significant presence of the disorder in this group

[4].

ARFID in this context complicates diabetes management and is linked to poorer metabolic outcomes, highlighting the critical need for routine screening in clinical settings to ensure comprehensive care [4]. Furthermore, long-term conditions like Irritable Bowel Syndrome (IBS) often require dietary modifications. The low-FODMAP diet, while effective in reducing IBS symptoms, faces challenges regarding sustained adherence due to its restrictive nature [10].

This points to the need for tailored dietary guidance and ongoing support to help patients manage their condition effectively without compromising nutritional adequacy [10]. Food avoidance is also prevalent in the general population for reasons other than medically diagnosed conditions. For example, gluten avoidance, particularly among individuals without celiac disease, is a common practice [5].

Many people choose to avoid gluten based on perceived health benefits or self-reported symptoms, often without a medical diagnosis. This can lead to potential nutritional imbalances and unnecessary dietary restrictions, warranting public health education [5]. Older adults represent another demographic where food avoidance is a complex issue with significant implications for nutritional status. A prospective study identified various determinants, including oral health, medication use, and changes in taste perception, contributing to food avoidance in older adults, both with and without cognitive impairment [8].

Addressing these factors is essential for maintaining adequate nutrition in the elderly [8]. Finally, the psychological dimensions of food avoidance are particularly evident in eating disorders. An experimental study demonstrated that fear-related responses to food cues and subsequent avoidance are central features of eating disorders. This offers crucial insights into the psychological mechanisms perpetuating these conditions and informs the development of targeted therapeutic interventions [9].

Even in conditions like migraine, dietary triggers are often perceived as culprits, leading to elimination diets [7]. A systematic review exploring dietary triggers in migraine and the effectiveness of elimination diets found that while common food items are often implicated, the evidence for symptom improvement through their avoidance highlights the complexity and individual variability in dietary migraine triggers [7].

Collectively, these studies underscore that food avoidance is not a monolithic concept but rather a spectrum of behaviors driven by diverse physiological, psychological, and social factors. Effective management requires a nuanced understanding of these underlying mechanisms and a personalized approach to support individuals in making informed and healthy dietary choices.

Description

The phenomenon of food avoidance is deeply complex, spanning a wide array of populations and underlying etiologies. It often presents significant challenges to individuals' nutritional well-being and quality of life, necessitating comprehensive understanding and tailored interventions. From early childhood to advanced age, and across various health conditions, the reasons and impacts of avoiding certain foods are diverse and interconnected.

In children, early-life experiences and physiological responses play a substantial role. For instance, children diagnosed with food allergies frequently engage in food avoidance strategies, often initiated by their parents to prevent adverse reactions. Research indicates that this can significantly influence their dietary choices, potentially leading to compromised nutritional status and a reduced quality of life [1]. This highlights the necessity of balancing allergy management with adequate nutrition. Further, food neophobia, defined as the unwillingness to eat new or unfamiliar foods, is another key factor in childhood eating patterns. A systematic review and meta-analysis concluded that high levels of food neophobia are consistently linked to inadequate nutrient intake and an increased propensity for picky eating [6]. This finding underscores the importance of early interventions designed to broaden children's diets and mitigate potential nutritional deficits.

Adult populations also exhibit various forms of food avoidance, driven by sensory, psychological, and behavioral factors. A notable area of research explores the role of sensory processing sensitivity. Individuals with higher sensory processing sensitivity may experience heightened sensory-specific satiety, where repeated exposure to a single food quickly diminishes its desirability, more so than general satiety [2]. This can manifest as increased food avoidance, particularly concerning certain textures or flavors, offering a unique perspective on selective eating behaviors in adults [2]. Beyond sensory factors, the pursuit of health can paradoxically lead to unhealthy avoidance. Orthorexia nervosa, an eating pattern characterized by an obsessive fixation on consuming only "healthy" foods, often results in significant food avoidance and negative body image [3]. This condition, influenced by perceived social pressure, firmly links extreme healthy eating with disordered eating patterns, requiring specialized clinical attention [3].

Clinical conditions commonly feature food avoidance as a symptom or a necessary management strategy. Avoidant Restrictive Food Intake Disorder (ARFID) is a concerning diagnosis, particularly in vulnerable groups like adolescents with type 1 diabetes. Studies have shown a significant prevalence of ARFID in this population, which then complicates diabetes management and contributes to poorer metabolic control [4]. This points to an urgent need for screening and integrated care approaches [4]. Similarly, gastrointestinal disorders such as Irritable Bowel Syndrome (IBS) often require dietary modifications like the low-FODMAP diet. While effective in alleviating symptoms, long-term adherence to this restrictive diet can be challenging, emphasizing the need for robust patient support and individualized dietary counseling to ensure sustained efficacy and nutritional balance [10]. Even migraines can prompt food avoidance, with patients often identifying specific dietary triggers. A systematic review on migraine management by elimination diets found variable evidence, highlighting the complex and highly individual nature of these triggers [7].

Food avoidance is not exclusively tied to diagnosed conditions; it is also a feature within the general population based on beliefs and perceptions. The avoidance of gluten, for instance, is widespread even among individuals without celiac disease [5]. Many people adopt gluten-free diets due to perceived health benefits or self-diagnosed sensitivities, often leading to potential nutritional imbalances and unnecessary dietary restrictions without professional guidance [5]. Furthermore, the aging population presents its own set of challenges. Older adults, both with and without cognitive impairment, experience food avoidance influenced by vari-

ous determinants, including declining oral health, polypharmacy, and altered taste perception [8]. Addressing these factors is crucial for maintaining adequate nutritional status in the elderly and preventing sarcopenia and frailty [8].

Finally, the psychological underpinnings of food avoidance are profoundly evident in recognized eating disorders. Experimental research demonstrates that fear-related responses to food cues are central to these conditions, driving subsequent avoidance behaviors [9]. Understanding these psychological mechanisms is vital for developing targeted therapeutic interventions that can effectively address the core issues perpetuating disordered eating patterns [9]. Overall, the diverse studies underscore that effective strategies for managing food avoidance must be tailored, considering the specific age group, underlying health conditions, psychological factors, and societal influences at play.

Conclusion

Food avoidance manifests in various forms and impacts diverse populations, from children to older adults. Studies reveal that children with food allergies often engage in extensive avoidance strategies, affecting their nutritional status and quality of life. In adults, sensory processing sensitivity and enhanced sensory-specific satiety can contribute to selective eating behaviors. The pursuit of healthy eating, when extreme, as seen in orthorexia nervosa, frequently correlates with significant food avoidance and body image dissatisfaction, linking directly to disordered eating patterns.

Furthermore, Avoidant Restrictive Food Intake Disorder (ARFID) presents a notable challenge in adolescents with type 1 diabetes, complicating disease management and leading to poorer metabolic outcomes. Beyond clinical diagnoses, a substantial portion of the general population avoids gluten based on perceived health benefits rather than medical necessity, potentially leading to nutritional imbalances. Food neophobia in children is consistently associated with inadequate nutrient intake and picky eating, necessitating early interventions. Dietary triggers also play a role in migraine management, with elimination diets showing variable efficacy due to individual variability.

Older adults face food avoidance influenced by factors like oral health, medication, and taste changes, impacting their nutritional well-being. Additionally, eating disorders are characterized by fear-related responses to food cues and subsequent avoidance behaviors, highlighting underlying psychological mechanisms. Even therapeutic diets like the low-FODMAP regimen for Irritable Bowel Syndrome, while effective, struggle with long-term adherence due to their restrictive nature, emphasizing the need for personalized dietary support. These diverse contexts underscore the complex interplay of physiological, psychological, and social factors driving food avoidance.

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Conflict of Interest

None.

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