

VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF THE NINE-ITEM AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER SCALE (NIAS) IN ADULTS

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BACKGROUND AND AIM: Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder characterized by restricted dietary intake without body image concerns. The Nine-Item ARFID Screen (NIAS) is a tool for detecting ARFID symptoms; however, its psychometric properties in Turkish adults remain unexplored. This study assessed the factor structure, reliability, and validity of the Turkish NIAS by examining its associations with anxiety, depression, and disordered eating.

METHODS: A total of 212 adults (42.9% male; mean age = 37.24 ± 11.19 years) completed the Turkish NIAS, Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), and Eating Attitudes Test-26 (EAT-26) and provided BMI data. Principal Axis Factoring with Oblimin rotation explored the factor structure, and internal consistency was assessed using Cronbach's alpha. Pearson correlations and t-tests examined associations between NIAS scores and other measures. The study was approved by the Baskent University Ethics Committee (Project no: KA24/301,16.10.2024).

RESULTS: The mean NIAS score was 11.42 ± 8.48, with no significant gender differences ($p = 0.61$). Females scored higher on PHQ-9 ($p=0.002$) and GAD-7 ($p<0.001$). Exploratory factor analysis revealed a three-factor solution (picky eating, low appetite, fear of aversive consequences), explaining 73% of the variance (KMO = 0.80; Bartlett's test, $p<0.001$) with strong internal consistency ($\alpha = 0.85$). BMI inversely correlated with the appetite subscale ($r = -0.15$, $p=0.04$), while NIAS total scores did not significantly correlate with EAT-26 ($r = -0.10$, $p = 0.17$), indicating minimal overlap with weight concerns.

CONCLUSIONS: The Turkish NIAS demonstrates a robust three-factor structure and strong reliability, confirming its validity for ARFID screening. These findings support its use in clinical and research settings and inform targeted interventions.

Keywords: Avoidant restrictive food intake disorder, eating disorder, reliability, validity