

## Food Addiction Institute Talking Points 10/3/14

The Food Addiction Institute (FAI) is co-sponsoring the 1<sup>st</sup> National Conference on Food Addiction with the Department of Psychiatry at the University of Massachusetts Medical School because “physicians and other health professionals are largely misdiagnosing food addiction and as a result leaving it untreated or improperly treated,” says Phil Werdell, MA, Director of the FAI Food Addiction Professional Training Program. “Scientific research has conclusively established that some people can be addicted to specific foods – particularly when sugar, high fat and salt are combined. It is now clear that food addiction is a major underlying contributor to the obesity epidemic, and that mis-diagnosis and under-treatment of food addiction is a major reason why we have been having so much trouble dealing with this epidemic.”

- The scientific consensus is that food addiction is real and a serious public health threat.<sup>1</sup>
  - Food Addiction is a major part of and cause of the current obesity epidemic.
  - Food addiction, i.e. food as a Substance Use Disorder, is often confused with other food disorders. Many people have more than one food disorder, but the cause and treatment of these medical conditions is significantly different.<sup>i</sup>
  - Proper treatment of food addiction requires the understanding that , by definition, an addiction means loss of control. So a person who is addicted needs extraordinary support in order to successfully reduce and eliminate consumption of their personal addictive substance(s). When food addiction reaches a critical level, asking individuals to use their will power alone (as with dieting) betrays a lack of understanding of chemical dependency and is bound to fail.<sup>2</sup>
  - Treatment of food addiction is effective as demonstrated by successes in the food-related 12 Step fellowships and by outcome research on professionals treatment centers using the addiction model.<sup>3</sup>
  - Building on the time-honored ADDIS diagnostic protocols for alcoholism and drug addiction, Swedish clinicians and researchers have developed protocols for assessing food addiction with sufficient rigor to build treatment planning.<sup>4</sup>
  - Most health practitioners are unable to make appropriate referral for patients they suspect may have food addiction. Our Conference on October 22, 2014, “The Missing Piece in Responses to the Obesity Epidemic: Diagnosing and Treating Food Addiction,” is an attempt to begin to help many more healthcare professionals learn to deal with this critical health problem.
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### REFERENCES

<sup>1</sup> Dr. Mark Gold, internationally renowned addiction researcher and Chair of the Department of Psychiatry at the University of Florida, and Dr. Kelly Brownell, former Professor of Psychology and Director of the Rudd Center for Food Policy and Obesity at Yale University and now Chair of the Department of Public Health at Duke University, edited the first medical textbook on food addiction, *Food and Addiction: A Comprehensive Handbook*, Oxford University Press, New York, 2012. Over 100 experts wrote chapters reviewing the science and current treatment. At the end, Brownell and Gold concluded, "Food can act on the brain as an addictive substance. Certain constituents of food, sugar in particular, may hijack the brain and override will, judgment and personal responsibility, and in so doing create a public health menace.....foods most likely to trigger an addictive process appear to be those marketed most aggressively by industry.....Just like drugs of abuse, brain-rewarding effects or reinforcement from food can lead to loss of control. Vast numbers of people are likely to be affected, particularly those most vulnerable, such as youth." p 439.

The Food Addiction Institute (FAI) has a bibliography of 2734 peer reviewed articles and books showing evidence of food addiction and members of the FAI International Advisory Board have written a scientific review paper on "Physical Craving and food Addiction" Dr. Mark Cheren, et al [www.foodaddictioninstitute.org](http://www.foodaddictioninstitute.org)

Dr. Nora Volkow, Director of the National Institute of Drug Abuse (NIDA) says that the evidence of food addiction is "overwhelming." [Please see final reference from the National Institute on Drug Abuse (NIDA).]

<sup>2</sup> Dr. David Kessler, former Director of the US Food and Drug Administration (FDA) and former Dean of Yale Medical School, estimates that "70 million US adults" have at least one of three key characteristics of food addiction: 1) "have a sense of loss of control in the presence of loaded and layered food," 2) "do not get a feeling of being full when eating loaded and layer food," or 3) "spend a lot of time thinking about food between meals." (From a Q and A section at the end of his latest book *Your Food is Fooling You: How Your Brain is Hijacked by Sugar, Fat and Salt*, Roaring Brook Press, New York, 2013. By "loaded and layered" he meant loaded and layered with "sugar, fat and salt." p 170.

In a National Public Radio interview about his first *New York Times* best-seller, *The End of Overeating: Taking Control of the Insatiable American Appetite*, Rodale, New York, 2009, Dr. Kessler reported on the findings of an epidemiological study of a major American metropolitan area in which "50% of the obese, 30% of the overweight, and 20% of the normal weight qualified as food addicted."

In several research studies by Ashley Gerhardt of the University of Michigan, she has found that 20-60% of those diagnosed with the DSM 5's new Binge Eating Disorder designation were food addicted using the Yale Food Addiction Scale (YFAS). For example in the journal *Curr Drug Abuse Rev.* 2013 written with White and Potenza, Gerhardt found "a 'diagnosis' of food addiction was met by 57% of BED [Binge Eating Disorder] patients. September 2011, pp 201-207. In an earlier study, "An examination of food addiction in a racially diverse sample of obese patients with binge eating disorder in primary care settings." Gerhardt, White, Masheb, and Grilo found that "Classification of food addiction was met by 41.5% (n=39) of BED patients. Patients classified as meeting YFAS food addiction criteria had significantly higher levels of negative affect, emotion dysregulation, and eating disorder psychopathology, and lower self-esteem. Higher YFAS scores were also significant predictors of binge eating frequency above and beyond other measures. *J.comppsycho.*2012. 12.009.

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<sup>3</sup> American Psychiatric Association, DSM 5, “Some individuals with (eating ) disorders in this chapter report eating related symptoms typically endorsed by individuals with substance use disorders, such as physical cravings and compulsive use. ...the relative contribution of shared and distinct factors in the development and perpetuation of eating disorders and substance use disorders remain (scientifically) insufficiently understood.” p 329

Phil Werdell, MA, Director of the FAI/ACORN Food Addiction Professional Training program, says, With eating disorders, the goal is to learn to eat all foods, including sugar, in moderation, but in food addiction, the first step in treatment is to completely remove binge foods, most often sugar.” [www.foodaddiction.com](http://www.foodaddiction.com)

The treatment for sugar addiction is confirmed by Dr. Nicole Avena, Assistant Professor at Columbia University’s New York Obesity Research Center, in her new popular book, *Why Diets Fail: Because You Are Addicted to Sugar*, Ten Speed Press, Berkeley, CA, 2014. Dr. Avena is author of a major textbook on animal models of research on eating disorders, Humana Press, 2013.

<sup>4</sup> American Association of Addictive Medicine (ASAM), “Public Policy Statement: Definition of Addiction” states that addiction affects the “reward”, “control” and “memory” centers of the brain. “Specific food(s) are specifically included as addictive substances in this definition.” 2011, asam.org.

<sup>5</sup> The Overeaters Anonymous (OA) “Membership Survey Report,” OA World Service, Rio Rancho, NM, 2004 found half of the membership was abstinent and averaging about a 50 pound weight loss. This was confirmed by an independent academic study by Dr. K. Kriz, “The Efficacy of Overeaters Anonymous in Fostering Abstinence in Binge-Eating Disorder and Bulimia Nervosa,” Virginia Polytechnic Institute, Falls Church, VA, 2002.

Dr. M. T. Carroll’s study of the food addiction and eating disorder residential treatment program of Glenbeigh Psychiatric Hospital of Tampa, “The Eating Disorder Inventory and Other Predictors of Successful Symptom Management of Bulimic and Obese Women Following an Inpatient Treatment Program Employing the Addiction Paradigm,” University of South Florida, Tampa, FL 1993, found that five year outcomes were comparable to those in the best alcohol and drug treatment programs.

<sup>6</sup> Bitten Jonsson, RN, is certified in ADDIS in Sweden and has developed a protocol for assessing sugar and other food use which she has employed in Sweden in work with several hundred clients since 2002. She has during the last couple of years developed an educational model to certify health professionals all over the world in the use of this protocol. She will be presenting the instrument and her findings at the 1<sup>st</sup> National Food Addiction Conference, October 22, 2014 at the University of Massachusetts Medical School in Worcester, MA.

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<http://www.drugabuse.gov/news-events/news-releases/2010/03/common-mechanisms-drug-abuse-obesity>

# Common Mechanisms of Drug Abuse and Obesity

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## Research Suggests Food Availability Could Prompt Addiction

March 28, 2010

Some of the same brain mechanisms that fuel drug addiction in humans accompany the emergence of compulsive eating behaviors and the development of obesity in animals, according to research funded by the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health. The study, conducted by researchers at the Scripps Research Institute, was released today in the online version of *Nature Neuroscience* and will also appear in the journal's May 2010 print issue. When investigators gave rats access to varying levels of high-fat foods, they found unrestricted availability alone can trigger addiction-like responses in the brain, leading to compulsive eating behaviors and the onset of obesity.

"Drug addiction and obesity are two of the most challenging health problems in the United States," said Dr. Nora D. Volkow, director of NIDA. "This research opens the door for us to apply some of the knowledge we have gathered about drug addiction to the study of overeating and obesity."

Both obesity and drug addiction have been linked to a dysfunction in the brain's reward system. In both cases overconsumption can trigger a gradual increase in the reward threshold - requiring more and more palatable high fat food or reinforcing drug to satisfy the craving over time.

Researchers conducted this study in three groups of male rats over a 40-day period. Each day, the three groups had unlimited access to standard lab food. In addition, two of the groups also had access to high-fat, cafeteria style foods for short (one-hour) or long (18-23 hours) periods.

After 40 days, all groups were denied access to the high-fat foods. Throughout the study, researchers observed the feeding behaviors of each group, noting caloric intake, weight gain, and brain response. The results support the notion that type 2 dopamine receptors (D2DR) - brain receptors that have been shown to play a key role in addiction - also play a key role in the rats' heightened response to food. In fact, as the rats became obese, the levels of D2DR in the brain's reward circuit decreased. This drop in D2DR is similar to that previously seen in humans addicted to drugs like cocaine or heroin.

"The results of this study could provide insight into a mechanism for obesity," said Paul J. Kenny, one of the study's co-authors and an associate professor at the Scripps Jupiter, Fla., research facility. "It's possible that drugs developed to treat addiction may also benefit people who are habitual overeaters." Study results also suggest that environmental factors, such as increased or unlimited access to high-fat food options, can contribute to the problem of obesity.

"Hopefully, this study will change the way people think about eating," said Paul Johnson, a co-author and graduate student in the department of molecular therapeutics. "It demonstrates how just the availability of food can trigger overconsumption and obesity."

The study titled: "Addiction-like reward dysfunction and compulsive eating in obese rates: Role for dopamine D2 receptors," by Paul M. Johnson and Paul J. Kenny in *Nature Neuroscience* can be found online at: <http://www.nature.com/neuro/journal/vaop/ncurrent/index.html>

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