

The Food Addiction Institute

www.foodaddictioninstitute.org

Charles O'Brien, M.D., PhD,
DSM 5 Substance Use Disorder Committee
American Psychiatric Association

May 20, 2012

Dear Dr. O'Brien:

Thank you and the committee for your extensive work to date. After your presentation on the third draft at the national convention in Philadelphia, I was one of the speakers from the floor. Here are my remarks in writing:

First, I was surprised that food addiction was not listed as a Substance Use Disorder. It has become a major issue in our society and the world, one that is too dangerous not to address.

Second, there is now more scientific evidence for food addiction as a Substance Use Disorder than there was for alcoholism and other addictive drugs when they were first listed in the APA's DSM. See the bibliography of 2734 peer reviewed articles at foodaddictioninstitute.org.

Third, in particular, there is overwhelming evidence that some animals and some humans develop physical cravings for one or more specific food substances. See "Physical Craving and Food Addiction: A Review of the Science" (Cheren et al, 2009) at foodaddictioninstitute.org.

Four, there is outcome research on adults testing high on the Yale Food Addiction Scale who are then treated for food addiction. They had a) tried and failed at many diets, b) pursued eating disorder therapy without success, and c) participated in a food related 12 Step fellowship but not found an abstinent recovery. Receiving professional help in the addiction model, i.e., focused on detoxification and education about food as a chemical dependency, one third were food abstinent for one to five years with an average weight loss of 50+ lbs. Two thirds made significant progress. See *Food Addiction Recovery: A New Model of Professional Support – The ACORN Primary Intensive* (Foushi, et.al, 2007).

Fifth, if the APA does not recognize food as a substance use disorder – and encourage experimentation and research as they did with Binge Eating Disorder in the DSM 4R – other medical professionals will hesitate to do this, too. This will not only continue large scale misdiagnosis and mistreatment by psychiatrists, it will enable denial about food addiction by other professionals, health policy makers and the public at large.

The day after the DSM session in Philadelphia, the headline in the morning news was “Obesity Jump Persists.” The CDC projections were that 42% of the U.S. population will be obese (up from the current 34%) by 2030. Not all these are the result of food addiction, but many, probably many millions, do fit the diagnosis of a progressing Substance Use Disorder regarding one or more specific foods. We don’t even know how many Americans are food addicted.

Obesity, eating disorders and chemical dependency on food, though often seen together, are very distinct medical problems. Some are just obese. Some have only anorexia, bulimia or binge eating disorder. Some are primarily food addicted. Individual cases of food addiction can themselves be quite complex. In my own experience treating over 4000 late stage food addicts, I have seen addiction to different and sometimes multiple foods. Unlike alcoholism and other drug addictions, different types and levels of food abstinence are needed – just as psychiatric patients need different dosages of psychotropic medications. Often there are co-occurring obesity, an eating disorder, other psychiatric diagnoses, as well as other addictions. That we cannot yet define complicated cases rigorously is no reason to hesitate asserting that food can be a substance use disorder. It would be like saying we shouldn’t call cancer a disease because we don’t yet know all of the complexities of the specific variations.

The current state of our knowledge about food addiction is hindered by there being no official diagnosis. There is seldom accurate assessment by practitioners, minimal prescribed treatment, and thus a limited basis for research on food addiction treatment. Why, for example, have major researchers and the CDC not done epidemiological research on what part of the obesity epidemic is caused by food addiction?

We need to begin by confirming the general validity of food as a Substance Use Disorder. In its new public policy statement on addiction as a brain disorder, the American Society of Addiction Medicine states that food substances can be addictive just like alcohol and narcotic drugs (asam.org). In my opinion, it would be very helpful if the American Psychiatric Association makes a similar statement in the DSM 5.

Thank you for your time and attention to this important matter.

Yours sincerely,

Philip Werdell, MA

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ACORN Food Dependency Recovery Services – foodaddiction.com

The Food Addiction Institute – foodaddictioninstitute.org

cc: DSM5.org