

The Food Addiction Institute

Food Addiction and Eating Disorders

By Marty Lerner, Ph.D., Board member

Bulimia, anorexia, binge eating, and Food Addiction all involve either an acquired or pre-existing [sometimes genetic] dysfunction of the reward system in the brain. The phenomena of craving, compulsion, obsessive rumination about a substance, and so on are all biological as well as psychologically driven. Much of the research confirms this. Today, we are viewing the human brain in real-time and bearing witness to the neural reward pathways of addictive substances as they are introduced into the bodies of volunteers. Indeed, a graphic display of these differences between a Food Addict and their non-addict peers has been demonstrated repeatedly within the peer-reviewed medical literature.

This means that the more a person eats the foods they are addicted to, the stronger their cravings for those foods become. This is due to chemical processes going on in the brain. These chemical processes change the brain in a way that reinforces cravings and interfere with clear thinking, impulse control, and decision-making. Worse, tolerance [needing more to achieve the same effect] increases, making it harder to abstain from the food or foods you are addicted to. The cravings associated with addiction are so intense and thinking is



BBC One Weighs In On The Toxic Food Supply and The Addictive Response To It

Specialists to Present on Abstinence, Harm Reduction, and Integration

The next event run by the Food Addiction Professionals Facebook group will feature Bitten Jonsson, Clarissa Kennedy, and David A. Wiss, who will discuss the different

so impeded that psychological therapy and other kinds of training in how to cope with feelings tend to be much less effective, or ineffective, if used exclusively. Therefore, trying to teach someone with Food Addiction to eat their trigger foods moderately is almost always unsuccessful. Moderation is not the appropriate treatment for Food Addiction. When moderation is prescribed to the Food Addict, it can cause harm and needless suffering.

What is Food Addiction and how is it different from an eating disorder (ED)?

Despite petitions to the World Health Organization and the American Psychiatric Association urging the inclusion of food as a substance use disorder, consider the following line of reasoning to clarify the spirit of those arguments:

The “naysayers:” Drug addiction, alcohol dependency, and process addictions [e.g., compulsive gambling] are substances and behaviors that are not necessary for life. Food is.

The “believers:” But so is water and air. However, people do not consume water & air beyond their biological needs or in ways that threaten their survival. So perhaps the problem is semantics:

“Drug addiction” does not say that all drugs are addictive.

“Food Addiction” does not say that all foods are addictive.

So, does that mean “emotional eating” doesn’t play a part in all this? The fact is we do not know how much of a Food Addict’s cravings are triggered solely by “addictive foods” or how much emotional triggers drive the compulsion. Is it “either/or” as opposed to some combination of the two?

Here’s a way of looking at the difference between an eating disorder [such as anorexia or bulimia] and Food Addiction.

a. Food Addiction ALMOST ALWAYS involves a need to identify and abstain from identified [offending] food substances, much like an alcoholic must abstain from alcohol and most mood-altering substances. [biological triggers]

treatment options for Ultra Processed Food Addiction. Moderated by Dr. Kim Dennis of SunCloud Health, the discussion will examine the approaches of abstinence, harm reduction and integration. Questions for the panel will be entertained after they complete the forum.

The event will be May 22 at 3 p.m. / 15h00 GMT.

The group’s Journal meeting last month addressed the prevalence of Food Addiction in type 2 diabetes, led by Ellen Bennet. You can find the recording of the meeting [here](#).

Research Notes

Food Addiction and ADHD in Children

A Chinese study involving almost 1,100 adolescents and children (ages 6-18) found a higher prevalence of Food Addiction in children and adolescents with ADHD. It also found an association between executive function and Food Addiction.

A previous study reported a food addiction prevalence of approximately 28.6% among adults with ADHD (Grassi et al., 2024), researchers said.

<https://www.sciencedirect.com/science/article/abs/pii/S0195666325000364>

b. Eating disorders DO NOT ALWAYS necessitate an abstinent stance from foods such as those that trigger addictive eating. At the same time, many people diagnosed with an eating disorder also experience Food Addiction as an integral driver of their ED.

c. As such, those who have a history of binge eating, binge eating and purging [bulimia], compulsive overeating, and some forms of anorexia [usually purging types] often need to identify and abstain from “trigger foods.” Hence, a combination of biological and emotional triggers tends to drive these.

What are eating disorders?

“Eating disorders are typically associated with various maladaptive patterns of behavior related to food, its consumption, and the ensuing effects on a person’s emotional and physical well-being. It may, or may not, include attempts to offset the “consequences” of these behaviors by using or abusing compensatory agents and behaviors such as purging, compulsive exercising, periods of self-imposed starvation, and so on.” [M. Lerner 2010, 2024, [A Guide to Eating Disorders and Food Addiction](#)]

Given the debate as to what causes someone to develop an eating disorder, it is more likely that the answer is not a simple “one size fits all.” The mainstream professional community believes the answers are hidden within the emotional psyche of the sufferer. Whether anorexic, bulimic, or a binge eater, the persistence of self-medicating vis-à-vis overeating, starving, or purging is thought to be a misguided attempt to control unwanted emotions or, in many cases, avoid the pain of experiencing past, present, or future trauma. This belief attributes disordered eating as an attempt at regulating emotions regardless of their origins.

A growing number of professionals, myself among them, believe the biological piece to the puzzle has long been ignored or at best minimized. Recognizing how both emotional and biological factors interact to drive an eating disorder is tantamount to successful treatment. Although recovery from an eating disorder is possible by learning to better manage a particular issue or stressors – namely by “resolving” the emotional trigger[s], it is also possible that such recovery will be short-lived. In other words, this same person may have only solved half or a quarter of the problem, and the physical piece [reactivity

Food Addiction and Binge Eating

A Polish study involving more than 2,100 subjects added support to the notion that diagnosis for Food Addiction is instructive when identifying binge-eating features of disordered eating behaviors. It found that those identified both as Food Addicts and binge eaters were markedly more impaired than those in either cohort separately. The Food Addict group showed more impairment than the binge eating group, which the authors noted might support [a study by Caroline Davis and others in 2013](#) suggesting a continuum of eating difficulties.

“It may be seen as an FA phenomenon – with nearly all symptoms of FA present in BE and BED patients but in higher severity,” the authors said.

The study concluded, “Treatment for binge eating could be ineffective if we do not take potential Food Addiction symptoms into account.”

<https://www.nature.com/articles/s41598-025-87057-w>

Two Great Interviews

The INFACT School of Iceland continues to put out excellent content by interviewing important figures in Food Addiction. The school and the institute are separate entities but

to trigger foods] needs to be identified and eliminated to achieve long-term recovery. One might consider addressing both until science finds a reliable means to determine this. Stated another way, if years of “therapy” yield a short-lived remission, look to the food or biological remedy. If adherence to a food plan devoid of probable trigger foods yields little progress, consider the emotional baggage that must be addressed. In either case, the answer will present itself if one keeps an open mind.

But these two things often co-exist

People who treat both eating disorders and Food Addiction and are well-versed in the addiction field will tell you both disorders exist for a majority of their clients, with varying proportions at various times. This is what makes treating Food Addiction and related food/eating disorders so complex and so challenging.

As is often the case when both conditions are present, chemical dependency on food substances [or mood-altering effects of dieting and starvation] usually interferes with a person’s judgment and self-control. Much like treating any form of addiction, abstinence from the offending substance[s] would seem logical. There are two caveats: abstinence is the beginning of long-term recovery, not the end game. Space is likely needed for “harm reduction” when considering the expectations for progress and a good outcome — perfection with any food plan can be counterproductive and contribute to “all or none thinking.” Hence, a simple way to think of harm reduction is to strive for progress toward the ideal yet plan for contingencies. In other words, minimize harm by decreasing the frequency, amount, and duration of any unplanned lapses or minor deviations back into ED behaviors or trigger foods. In time, the eating disorder behaviors may stop despite the occasional imperfections around the prescribed food plan.

Summary

Food Addiction might well be thought of as a substance use disorder, with the substance being individually identified food substances such as sugar, salt, certain fats, highly processed foods, and so on. Much like other substance use disorders, the substances may vary from alcohol to narcotics to process addictions such as gambling and sex.

Eating disorders might be considered an umbrella from

institute are separate entities but strong allies; and institute Treasurer Susan Branscome conducts the interviews. Earlier this month, INFACT published an interview with Dr. Adrian Soto-Mota, whose research explores the key differences between binge-eating disorder and Food Addiction and examines why the latter is not yet recognized as a substance use disorder. In addition to his research, he is a practicing clinician, data specialist, and educator at the National Autonomous University of Mexico, the largest university in Latin America.



[Watch or Listen Here](#)

Later in March, INFACT published its interview with David Wolfe, a certified Food Addiction counselor and co-founder of SUGARx Global (<https://www.sugarxglobal.com/>), an online community dedicated to helping individuals overcome sugar and Food Addictions. David has been instrumental in developing impactful programs that support people successfully finding freedom from

which Food Addiction, as well as related eating disorders, may be grouped together or separately defined. Almost without exception, identification and complete abstention from certain food substances are a prerequisite to overcoming Food Addiction. As noted, this might not ALWAYS be the case with some individuals harboring an eating disorder diagnosis or history. However, most abstinent food plans are at least healthy and serve as part of an ongoing recovery lifestyle. What are often called “abstinent food plans” typically consist of more nutritious whole foods, eliminating ultra-processed foods and ensuring reasonable and healthy amounts of these foods.

Many people who fit the medical criteria for binge eating disorder, bulimia, and/or specific variants of anorexia also appear to fit the description of a Food Addict. How much and how many Food Addicts manifest an eating disorder, or what I would consider “dually diagnosed,” may be a subject for future study.

By analogy, some alcoholics also are dually addicted and can be identified as “addicts and alcoholics.” Some Food Addicts may well be recognized as a “bulimic and a Food Addict.” To be clear, the concept is more important than the limits set forth with language and semantics. The implications are a matter of securing effective treatment.

Marty Lerner, PhD., is the founder and CEO of Milestones In Recovery, located in Cooper City, Fla. MilestonesProgram.Org He joined the Food Addiction Institute board of directors last month.

addictive food behaviors. Like Branscome, he’s a member of the institute’s board as well.



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**Registration Open for
IFACC 2025**



This Month on Our Social Media

This month at FAI Social Media we're focusing on **Food & Mood** — how hunger, cravings, and mental well-being are deeply connected in Food Addiction recovery. Drs. Georgia Ede and Chris Palmer both share on the connection of mind and body related to nutrition.

We offer tips and mantras.

We share the following articles:

- [Most Infant Formula in the U.S. Contains a High Amount of Added Sugars](#)
- [Could Ultra-Processed Foods Be Harmful For Us?](#)
- [This Surprising Habit Could Raise Your Risk of Oral Cancer](#)
- [SNAP Shouldn't Subsidize America's Obesity Epidemic](#)
- [Sugar-Free Slushies Can Make Kids Seriously Ill, Experts Warn](#)

What we eat affects what we crave and how

Registration for the International Food Addiction and Comorbidities Conference (IFACC 2025), the next international conference on Food Addiction put on by England's Collaborative Health Community, is now open.

The venue, previously planned for Mexico City, has been moved back to London, where the first instance of the conference was held in 2024.

This year's speakers will include Dr. Georgia Ede, Dr. David Unwin, Dr. Kim Dennis, researcher and author Nicole Avena, and Prof. Adrian Soto-Mota. The conference will occur over two days this year, September 4 and 5.

[Go here](#) to purchase tickets to attend in person or by livestream, and to learn more details about the conference.

For those coming to London, please plan on attending a reception hosted by the Food Addiction Institute on Sept. 3, the eve of the conference.



we feel, and how we feel can influence what we crave. Understanding this connection is key to healing both body and mind.

Throughout April, we'll share insights, tips, and tools to help you stay grounded, nourished, and supported—one day at a time.

We are “Food Addiction Informed”

What do we mean when we talk about Food Addiction? We start with these three tenets:

1. Food Addiction is a substance use disorder.
2. Abstinence from binge and trigger foods and behaviors is required for recovery.
3. An action plan that includes substantial support is highly recommended.

Food Addiction Professionals Invited to Join the FAI Partnership Program

We invite researchers, educators, treatment providers, nutritionists, and others who help Food Addicts to join our FAI Partnership Program. Your information will be shared in detail on our website and in the newsletter, reaching thousands of people interested in Food Addiction.

For a fee, our partnership program offers additional benefits, including exposure on our website homepage, social media, and newsletters, plus discounted advertising rates. We will highlight your events, create a profile story, and promote books. This partnership benefits FAI and you as we expand the resources for Food Addiction support.

Email info@foodaddictioninstitute.org for more information about this program.

Forward this newsletter to a friend 

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