The Food Addiction Institute

www.foodaddictioninstitute.org

Timothy Walsh, MD
DSM 5 Eating Disorders Committee
American Psychiatric Association

May 25, 2012

Dear Dr. Walsh,

Thank you and the committee for your extensive work to date, and thank you for passing out a copy of the Food Addiction Institute's "Physical Cravings and Food Addiction: A Review of the Science" (Cheren et al, 2009) to the other members of your committee.

In my remarks from the floor after your presentation at the Philadelphia convention, I stated my strong **support for all of the recommendations of the DSM 5 Eating Disorder Committee.** In particular, the Food Addiction Institute supports the moving of the diagnosis on Binge Eating Disorder from the back of the book to the front of the book. In addition **we suggest that food addiction as a Substance Use Disorder be introduced in the back of the DSM 5 as an experimental diagnosis.**

First, **obesity, eating disorders and chemical dependency on food are three distinct medical problems which should lead to three different approaches to treatment.** This is often complicated by the three conditions appearing concurrently. Especially at these times, it is important to treat each disease appropriately. See the attached FAI letter to the APA membership, my article "Beyond Ordinary Eating Disorders: Food Addiction" *Clinical Forum* of the IAEDP (Winter 1994), and "Appendix IV: Assessment Tools," *Bariatric Surgery and Food Addiction* (Werdell, 2009)

Second, **adding a diagnosis of food addiction as a Substance Use Disorder in the DSM 5 is important to those treating eating disorders.** In many of the most advanced cases of eating disorders where there is co-occurring food addiction, it is not possible to use CBT or expressive therapy successfully on the eating disorder until the client is detoxified and stably abstinent from their addictive food substances. Of the more than 15,000 participants in the residential food addiction treatment program of Glenbeigh Psychiatric Hospital of Tampa (1983 – 1996) about a third had been treated extensively for their eating disorders, many in in-patient treatment, prior to admission; they were more successful after being physically detoxified from addictive foods and treated with Glenbeigh's addiction-model approach. (Carroll, 1993).

Third, of course, the opposite is true also: **It is also not possible for late stage food addicts with substantial unresolved trauma to achieve long-term abstinence and recovery until they have developed skills to deal with difficult emotions and distorted thinking associated with their eating disorders.** Over 80% of Overeaters Anonymous members say that they have previously experienced serious physical, emotional and/or sexual abuse (OA, 1990). A majority of the 1500 plus clients I have

worked with in our five day ACORN Primary Intensive, a workshop supporting detoxification and experiential education about food addiction recovery, need to deal with trauma-based eating disorders after they became cleanly abstinent from addictive foods. (Foushi, 2007)

Psychiatrists and other eating disorder practitioners need a way of addressing these issues directly.. For medical practitioners to reintegrate food addiction treatment into their eating disorder practices, there is a need for a formal diagnosis.

This can be done by including food addiction as a Substance Use Disorder in the back of the DSM 5 as an experimental diagnosis in a manner similar to the way Binge Eating Disorder was introduced experimentally in the DSM IV R. It is an urgent matter that we learn to more effectively address chemical dependencies of food as well as eating disorders as a part of the obesity epidemic.

Thank you. Please let me know if there is any further way that I can be of help.

Yours sincerely,

Phil Werdell, MA

Director, FAI/ACORN Food Addiction Professional Training Program
PO Box 50126, Sarasota, FL 34232 Phone: 941 735 1732

cc: DSM 5 Eating Disorder Committee
Dr. Charles O'Brien
DSM 5 Substance Use Disorder Committee