What is Food Addiction?

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Today participants will learn:

- What is Food Addiction?

- What does it have in common with other addictions, such as alcohol and drug addiction?

- Is Food Addiction different from other Eating Disorders?

- Current strategies and practices that can help someone struggling with Food Addiction.
Food Addiction vs. Eating Disorders

The symptoms closely resemble other Substance Use Disorders.

Includes: Binge Eating Disorder, Bulimia, and Anorexia.

The symptoms are considered Mental Health Disorders.

***Characterized by an obsession or overvaluation of one’s body weight and shape.
Yale Food Addiction Scale (YFAS):

- Questionnaire developed in 2009 by Yale University’s Center for Food Policy and Obesity to assess food addiction in individuals.

- They based this questionnaire on the same criteria that practitioners use to diagnose **Substance Use Disorders**.
Compulsive Overeating Scale:

- Overeaters Anonymous website

- 15 questions; some examples:
  - Do I eat when I’m not hungry?
  - Do I go on eating binges, sometimes eating until I’m stuffed or sick?
  - Guilt, shame, or embarrassment about way I eat or my weight?
  - Is my eating affect my health or the way I live?
  - Have I ever eaten food that is frozen, burned, spoiled, out of the garbage?
  - Eating reasonably in front of others, but hiding/bingeing alone later?
  - Etc.
Fat, Salt, & Sugar – Addictive Substances

These food ingredients have the ability to “hijack” the brain’s reward circuit

- Stimulates **same** reward pathways in brain as **psychoactive substances**.
- **Alters structure and function of the brain**, driving continued/compulsive use despite adverse consequences.
- Discomfort during withdrawal of the substance (when cut back or eliminated); **cravings/urges** to use again and again.
Sugar Withdrawal – It’s Really a Thing

Rats who had been allowed repeated and excessive consumption of sugar have demonstrated withdrawal symptoms during abstinence that mimic the behavioral and neurochemical symptoms of opioid withdrawal.
SUGAR ADDICTION:
THE PERPETUAL CYCLE

1. YOU EAT SUGAR
- YOU LIKE IT, YOU CRAVE IT
- IT HAS ADDICTIVE PROPERTIES

2. BLOOD SUGAR LEVELS SPIKE
- DOPAMINE IS RELEASED IN THE BRAIN = ADDICTION
- MASS INSULIN SECRETED TO DROP BLOOD SUGAR LEVELS

3. BLOOD SUGAR LEVELS FALL RAPIDLY
- HIGH INSULIN LEVELS CAUSE IMMEDIATE FAT STORAGE
- BODY CRAVES THE LOST SUGAR ‘HIGH’

4. HUNGER & CRAVINGS
- LOW BLOOD SUGAR LEVELS CAUSE INCREASED APPETITE AND CRAVINGS
- THUS THE CYCLE IS REPEATED
Society’s Contribution to Food Addiction:

Our culture promotes a wide variety of low-priced, heavily promoted, hyper-palatable (tastes pleasurable), and energy-dense foods that are offered in large portion sizes.
Consult with doctor:

- **Genetic** – genes that affect hormones related to hunger, satiety, and energy control; differences in taste preferences.
- **Hormone issues.**
- **Affects on the brain** – tumors, brain cancer, brain injuries, dementia, etc.
- **Medications** – commonly cause weight gain as side effect.
- **Other health conditions that cause weight gain.**
Emotional Risk Factors:

- Impulsivity, novelty seeking, lack of perseverance or persistence, preference for smaller immediate rewards over larger delayed rewards.

- Eating to alleviate bad feelings. Higher levels of depression, negative mood and emotional dysregulation, and lower self-esteem.

- Comorbidity with other psychiatric disorders that affect emotions (Personality Disorder, PTSD, OCD, etc.)

- High stress levels and/or lacking in coping skills to reduce stress (other than using food).
Other Risk Factors:

- History of physical or sexual abuse.
- Children raised in homes with more conflict and neglect.
- Erratic or inadequate sleep patterns.
- Learned behavior -- individuals who are exposed to overeating and unhealthy eating in their family or social peer groups may be at increased risk.
- Lack of access – “food deserts,” socioeconomic status.
Regardless of the Addiction Type - Same Cycle

Triggers → Craving → Guilt → Use → Ritual
Treatment will have to address similar things that are addressed in treatment for alcohol and drug addiction.
Trying to “Eat our Feelings”

“There’s not a drug on Earth that can make life meaningful.”
Sarah Kane

A well-known AA Slogan:
“1 becomes 1,000” – it will never be enough to satisfy or cure the real issue(s).
Examples of Interventions:

Keeping a food journal to increase self-awareness of the problem, triggers, etc. Become more mindful about why you are eating.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Am I Hungry?</th>
<th>Current emotional state</th>
<th>If not hungry, what else can I do instead?</th>
<th>Food eaten and amount</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>
Examples of Interventions:

Identifying triggers and coping skills that can help

<table>
<thead>
<tr>
<th>Triggers</th>
<th>Coping Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>Yoga</td>
</tr>
<tr>
<td>Boredom</td>
<td>Go for a walk</td>
</tr>
<tr>
<td>Sad or depression</td>
<td>Crafts</td>
</tr>
<tr>
<td>Thinking about the past</td>
<td>Read a book</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>Journaling</td>
</tr>
<tr>
<td>Tired/convenience</td>
<td>Call a friend</td>
</tr>
<tr>
<td>Advertisements</td>
<td>Meal prep on weekend/ have healthy foods available</td>
</tr>
</tbody>
</table>
Other strategies:

- Remove junk foods from the home.
- Make sure healthy alternatives are prepped and easily accessible.
- Eat at the table, not while watching TV.
- Decide on a time the kitchen is “closed” and no eating during those times.
- Use fitness apps, meal planning, and food logs to help stay on track.
- Slow down, eat more mindfully (quality over quantity), counting # bites.
- Use smaller plates, portion sizes.
- Drinking lots of water.
Other strategies:

- Attend individual counseling/therapy to help work through triggers, underlying issues, etc.
- Work with a dietician and/or your doctor.
- Create exercise plan, gym, trainer, etc.
- Join support groups of like-minded individuals.
  - Overeaters Anonymous
  - Food Addicts Anonymous
  - Weight Watchers
  - Friends (accountability)
  - Etc.

Excerpt from Overeaters Anonymous:

“We share a common bond: we are powerless over food, and our lives have become unmanageable.”
Sources:

- Diagnostic and Statistical Manual of Mental Disorders (DSM-IV and DSM-V)
- Overeaters Anonymous, https://oa.org/
- Understanding and Addressing Food Addiction: A Science-Based Approach to Policy and Practice (2016), Center on Addiction, New York, NY.
- Yale Food Addiction Scale, http://fastlab.psych.lsa.umich.edu/yale-foodaddiction