Food Addiction as paradigm to understand and treat SUD-ED TC for Eating Disorders

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Eating disorders and Obesity receive increasing attention, eg 2th June, World Action Day
Some clinical forms, as BED binge eating disorder, epidemiologically growing,
related mortality is the highest among the various mental disorders
Comorbidity between ED and SUD is very common

SUD prevalence between ED&Ob 10 to 50% (Holderness et al 1994).

**BN** 41 to 75% (Godart et al 2007).

**BN+Alcool = BN+droghe** (Hudson et al 2007).
It’s frequent that SUD patient use food compulsively
ED – SUD, common Risk factors

- Low self-esteem
- Impulsivity
- High Bordeline Personality Disorder level
- High Anxiety disorder level
- High Mood Disorder
- Onset during life-change period (adolescence, move, wedding, divorce, parenthood, ...)
- Trauma: sexual abuse, child neglect, violence,
- Mourning: loss separation
- genetic
Common traits BN – SUD

- Craving
- Lose of control
- Maniac thoughts on food or drugs
- Lies and secrets
- Food or drug as a mood modulator
- Repeated attempts to stop
- Relaps
- Persistent to continue despite serious physical and social damage
- Ambivalency on change
- High comorbidity
Craving is manifested by an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug previously was obtained or used; (Criterion 4) Substance-Related and Addictive Disorders, DSM5
Craving has also been shown to involve classical conditioning and is associated with activation of specific reward structures in the brain.

Circuitry reward

Craving represents a criterion for Substance Dependence, in the ICD-10.
Research shown that even food can activate the same neural circuits that are activated by psychoactive drugs or gambling and other addictions.

Scientific interest raises the issue of food addiction.
The Addictive Dimensionality of Obesity, *N Volkow, 2013*: *disruption of energy homeostasis can affect the reward circuitry; significant commonalities between the neural substrates underlying the disease of addiction and at least some forms of obesity.*

Common Phenotype in Patients with Both Food and Substance Dependence: Case Reports, *HB Campbell, 2013*


*Comorbidity of mood and substance use disorders in patients with binge eating. Association with personality disorder and eating disorder pathology*, *Becker, Grilo, Jour Psychosomatic Research, v79, p2, p 159-164, 2015*
The Food Addiction is considered a dependency between the other and as such is treated. It’s a multi caused disorder, deserving of a multidimensional assessment and needs multidisciplinary treatment.
ED field is younger than drug addictions treatment.

So many clinical models are borrowed from the experience gained in the treatment of drug addictions.
Clinical models ranging from "12 steps", CBT in its various forms, DBT, contingency management, interpersonal therapy, FBT, network therapy, etc.
Levels of care for patients with ED


- **Level 1**: Outpatient
- **Level 2**: Intensive Outpatient
- **Level 3**: Full-Day Outpatient Care (Partial Hospitalization)
- **Level 4**: Residential Treatment Center / TC (v. Treatnet)
- **Level 5**: Inpatient Hospitalization
Residential treatment:
- hospitalisation, in survival risk situations (AED, G-L, 2016),
  - psychiatric clinic
- residence for eating disorders.
TC can find its place in ED treatment

modifying programs in terms of
- assessment
  - length
- crisis and emergency
Paradigmatic treatment in TC for ED (it’s not so different from other TC types):

- Management of the house and its spaces
- Cooking and food expenditure management
- Activities educational, artistic and employment
  - Gymn
  - Leisure
  - Meeting Group
- Psychotherapy and individual counselling
  - Group Psychotherapy
  - Consulting psychiatric nutritional and dietary
  - Meeting with family
Acronyms

AED Academy of ED
AN anorexia nervosa
BED binge eating disorder
BN bulimia nervosa
CBT Cognitive behavioural therapy
DBT, dialectical behavioural therapy
ED Eating Disorders
FBT, family based therapy
G-L Guide-Line
Ob obesity
SUD substance use disorders
TC Therapeutic Community