



What is in a name? Is food addiction a misnomer?



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ARTICLE INFO

Article history:

Received 9 February 2016
Received in revised form 31 August 2016
Accepted 29 October 2016

Keywords:

Food addiction
Eating addiction
Eating disorder
Aetiology

ABSTRACT

Recently interest in the phenomenon of food addiction has increased substantially since the inclusion of gambling disorder in the DSM-5. However the phenomenon of food addiction remains controversial and the designation continues to lack clear consideration. Few researchers have offered an explicit theoretical definition of the phenomenon which is fundamental; as it not only pertains to the aetiology it also directs research and management of the phenomenon. Therefore this review explores 'what is in a name?' Specifically possible aetiologies of food addiction, eating addiction and food addiction as an eating disorder are reviewed and the potential DSM-5 classification espoused. It is evident that the phenomenon requires further research and evaluation in order to delineate whether the phenomenon constitutes a disorder and if the phenomenon is found to be a valid entity the most appropriate designation. As it is too early to draw definitive conclusions regarding the concept all plausible designations and the associated aetiologies require further investigation.

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In recent times interest in the phenomenon of food addiction (FA) has increased, having gained further momentum since the inclusion of the first behavioural addiction; gambling disorder, in the DSM-5. Historically the term addiction has been reserved to describe addiction/s to exogenous substance/s, specifically; drugs of abuse. With the term now being more broadly utilised to describe substance and behavioural addictions. Behavioural addictions also called process or non-chemical addictions are routines or behaviours individuals habitually undertake for the non-drug reward despite negative consequences (Marks, 1990).

In regards to FA it remains unclear whether it should be considered as a substance or behavioural addiction as both elements are involved. Albayrak et al. (2016) highlighted that endogenous chemicals may be the link between drug and

behavioural addictions. Recently Hebebrand et al. (2014) contended that FA is more closely aligned to a behavioural addiction.

However the phenomenon of FA remains controversial with some contending the phenomenon to be real and others denying its existence. Some condemning the concept as being liable in negating individual responsibility in the midst of a global obesity epidemic, while others simply question the name of the construct. As the designation given to such an entity not only pertains to the aetiology but also directs the research and management of the phenomenon, with the aetiology of FA remaining not only contentious but also most fundamentally, lacking clear consideration.

Recently Hebebrand et al. (2014) challenged the notion of FA contending that eating addiction (EA) more accurately describes the phenomenon of interest. Arguing that there is little evidence to confirm a substance based aetiology and as such the term EA more accurately portrays the behavioural based nature of the addiction.

However few if any researchers offer an explicit theoretical definition of the construct leaving the hypothesized aetiology to be

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merely assumed or speculated with most treating the construct as lying on a continuum anywhere between a purely chemical (substance-based) and a completely behavioural addiction without explicit clarification. Consequentially, the two distinctive aetiological extremes of this continuum are commonly being treated as one and the same and as such inhibiting both research and practice.

Although the phenomenon lacks a clear theoretical description it is commonly operationalised with the Yale Food Addiction Scale (YFAS) which is based upon the diagnostic criteria of substance dependence in the DSM-IV (Gearhardt et al., 2009). Moreover in addition to being operationalised by the YFAS; obesity and binge eating disorder are commonly employed as surrogates of the phenomenon in research further confounding empirical findings.

In this review we explore ‘what’s in name?’ We question whether the term FA is a misnomer and the phenomenon could be more accurately categorised by an alternative designation. Specifically the possible aetiologies of FA and EA are discussed as well as the possible alternative classification of FA as an eating disorder. These possible aetiologies and the associated classification are summarised in Table 1.

1. Food addiction

FA is a construct used to denote addictive-like compulsive overeating, akin to the criteria of substance dependence it is marked by cravings and difficulties with abstaining from food stuffs; thus hyperpalatable food stuffs or a component of (micronutrient or additive) are the substance in this instance (Davis et al., 2014; Hebebrand et al., 2014; Schulte et al., 2015). As such the term FA is commonly utilised as an umbrella term that appears to cover both a physiological and behavioural addiction to food; however the concept of addiction as modelled by substance dependence implies a person by substance effect (Schulte et al.,

2015). Table 1 extrapolates three potential aetiological perspectives based upon this position that could explain the FA phenomenon.

The potential aetiology (i) most closely aligns with the operationalisation of FA by the YFAS being based upon DSM-IV substance dependence criteria. In this inferred aetiology food is the substance of abuse. Similarly potential aetiology (ii) and potential aetiology (iii) also aligns with the YFAS delineation of the construct. However in these two inferred aetiologies endogenous substances are also implicated; being solely implicated in the former and implicated in combination with exogenous elements in the latter.

Previous research has indicated strong support for the physiological basis of the FA construct in the animal model. Although the strength of this support remains contentious with some noting that findings in tightly controlled animal studies do not easily translate to free-living humans (Hebebrand et al., 2014; Ziauddeen and Fletcher, 2013). While other researchers concur that research in the animal model supports the validity of the FA in humans (Schulte et al., 2015), while others dispute the validity of the FA construct in humans (Hebebrand et al., 2014) or express that it is too early to deduce the validity of the concept (Ziauddeen and Fletcher, 2013).

Recently Schulte et al. (2015) conducted a study investigating whether highly processed foodstuffs elicit addictive responses through the mechanism of glycaemic load (GL). The use of GL in this study replicates the dose response relationship in drug use conceivably mimicking the pharmacokinetic similarities between highly processed foods and substances of abuse. The study found that not all foods have the potential to induce FA-like eating but rather foods that are highly processed. Specifically individuals that reported more FA symptoms as measured by the YFAS reported foods containing more rapidly absorbed carbohydrates as problematic. The authors note that this highlights the significance of

Table 1
Potential Aetiologies & Corresponding Classifications of the Food Addiction Construct.

Designation	Potential aetiology	Implication	Potential dsm classification
Food addiction	(i)The potential aetiology is akin to substance or drug addiction. The addiction develops in a susceptible individual as a result of exposure to an exogenous substance found in food. The exogenous substance has the potential to be a micronutrient/s component of food and/or a food additive/s. (ii)The potential aetiology is akin to substance or drug addiction as summarised in (i) above however the addiction develops in a susceptible individual as a result of continued exposure to an endogenous substance/s (such as an endogenous opioid) elicited as the result of the ingestion of food or particular components of food. (iii)The potential aetiology is akin to substance or drug addiction as summarised in point (i) and (ii) above. With both an exogenous component/s of food and the bodies endogenous response to those components triggering an addictive response in a susceptible individual.	Physiological and Behavioural Addiction akin to Substance Addiction	Substance-Related & Addictive Disorder
Eating addiction	(iv) The potential aetiology is a behavioural addiction akin to gambling disorder. The addiction develops in a susceptible individual through the mechanisms of learning, memory and reinforcement after a behaviour in this instance eating is repeated excessively. The constant repetition of the behaviour results in the behaviour activating neural reward pathways similar to those activated by substances of abuse. This constant repetition and activation of the neural pathways results in behavioural symptoms comparable to those experienced in substance use disorders.	Behavioural Addiction akin to Gambling Disorder	Substance-Related & Addictive Disorder
Addictive eating disorder or other term	(v) The potential aetiology is an eating disorder that develops in a susceptible individual that is similar to other eating disorders but most comparable to binge eating disorder without being marked by prominent binge eating episodes and phenotypically distinct in that the symptomatology is primarily experienced as being equivalent to the symptoms experienced by those with substance use disorders. Specifically it is an on-going eating disturbance that results in altered consumption that is detrimental to physical health and/or psychosocial functioning that involves eating-related symptoms typically characteristic of those apparent in substance use disorders such as craving and compulsive use.	Eating Disorder similar to Binge Eating Disorder without the Binge Episodes	Feeding and Eating Disorders

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