

Food Addiction and Binge Eating Disorder

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On April 10th, IAEDP-NY hosted a members' only event that brought together a group of experts to discuss "food addiction." We had a lively conversation about the research, neurobiology, and questions surrounding this emerging concept. Like every good discussion, we raised more questions than we answered! For this month's research summary, I'm following up on some of the questions raised in the panel discussion by summarizing "An Examination of the Food Addiction Construct in Obese Patients with Binge Eating Disorder" (2012) by Gearhardt, White, Masheb, Morgan, Crosby, and Grilo, published in the *International Journal of Eating Disorders*.

This study examined food addiction, as assessed by the Yale Food Addiction Scale (YFAS), in a sample of 81 obese participants seeking treatment for binge eating disorder (BED). The YFAS is a 25-item self-report measure of addictive eating behaviors with high fat/sugar foods. The scale was developed by Gearhardt, Corbin, & Brownell (2009) to operationalize the concept of food addiction by translating the DSM-IV-TR diagnostic criteria for substance dependence to apply to eating behaviors. Previous research using a non-clinical sample has demonstrated that the scale is reliable and valid.

Participants in this study were assessed using the Structured Clinical Interview for DSM-IV axis I disorders (SCID-I), Eating Disorder Examination (EDE), YFAS, Beck Depression Inventory-II (BDI-II), Difficulties in Emotion Regulation Scale (DERS), and Rosenberg Self Esteem Scale (RSE). Results indicate that 56.8% of participants met diagnostic threshold for "food addiction" using the YFAS. Out of those participants who did not meet diagnostic criteria, 57.1% endorsed 3 or more symptoms but did not report significant clinical impairment or distress. Participants who met diagnostic criteria for "food addiction" were more likely to also meet criteria for a mood disorder diagnosis, specifically major depressive disorder. In addition, YFAS scores were significantly correlated with higher negative affect, higher emotion dysregulation, and lower self-esteem. Scores on the YFAS were positively correlated with frequency of binge eating, eating concern, shape concern, weight concern, and global eating disorder scores on the EDE. Of note, the YFAS was not related to restraint scores on the EDE. The YFAS did significantly predict binge eating scores. The YFAS was not significantly related to anxiety, alcohol, or drug use diagnoses.

The authors conclude that there is a strong but not complete overlap between BED and "food addiction." They suggest that patients with BED who also meet a diagnosis for "food addiction" represent a more disturbed variant. These patients have higher levels of mood disorders (specifically MDD), greater negative affect, more emotion dysregulation, lower self-esteem, and more eating disorder pathology. They also posit that binge eating behaviors in patients with "food addiction" stems from affect regulation (need to cope with negative affect and low self-esteem) rather than restrictive dieting. They note that this affect regulation model is similar to a substance dependence model, which

emphasizes the role of emotion dysregulation as a trigger for substance abuse.

The YFAS is available on-line at

<http://www.yaleruddcenter.org/resources/upload/docs/what/addiction/foodaddictionscale09.pdf>

Reference: Gearhardt A, White M, Masheb R, Morgan P, Crosby R, and Grilo C (2012) An Examination of the Food Addiction Construct in Obese Patients with Binge Eating Disorder. *International Journal of Eating Disorders* 45:5 657–663