Is there a link between ADHD and Loss of Control Eating in children?
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Prior research has found an association between attention deficit hyperactivity disorder (ADHD), impulsivity, and obesity in children. What factors may explain this relationship? In a recent article published in the International Journal of Eating Disorders, researchers examined loss of control eating as a possible mediating factor in this relationship. Loss of control eating syndrome (LOC-ES) is a form of disinhibited eating observed in children. Since it is challenging to quantify an objectively large amount of food for a growing child of varying ages, it is difficult to diagnose a child with BED using the adult diagnostic criteria. LOC-ES may represent a childhood presentation of BED. In addition to LOC-ES as an explanatory factor, the authors also examine the role of impulsivity, which they believe may be a core feature in both ADHD and LOC-ES. Their goal for the study was to examine the associations between ADHD, LOC-ES, and impulse control deficits in children.

Participants were 79 children between the ages of 8-14 years old who were recruited from the community. ADHD and LOC-ES status were not used as recruitment criteria. These children were assessed with a number of diagnostic and neuropsychological assessments including measurements of ADHD symptoms and diagnosis, loss of control eating, and impulsivity. Results of this study indicate that children with ADHD had significantly higher body mass index (BMI) scores than children without ADHD. In addition, children with LOC-ES had significantly higher BMI scores than children without LOC-ES. Children with ADHD were more likely to also have LOC-ES (70.5%) compared to children without ADHD (20%). LOC-ES was more than 12 times more likely in children with ADHD than without. In children who had LOC-ES, those who also had BMI scores in the overweight or obese category were 7 times more likely to be diagnosed with ADHD than overweight or obese children who did not have LOC-ES. It should be noted that the study did not have enough participants to examine children who had LOC-ES with BMI scores in the average range, so it is not clear if these children would also be at increased risk of ADHD. LOC-ES statistically explained the relationship between ADHD and BMI.

The authors conclude that children with ADHD diagnoses were at increased risk for LOC-ES when compared to children without ADHD. Children with LOC-ES (in this study almost all had BMI scores in the overweight or obese category) were at increased risk for ADHD when compared with similar weight peers without LOC-ES. These results may suggest a pattern of overlapping behaviors shared between the two diagnoses or that the two diagnoses have a shared underlying risk factor. Addressing inhibitory control and impulsivity in children who have LOC-ES and ADHD is one possible avenue for treatment.