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RESEARCHBRIEF

'Food Addiction' and the Psychiatric Classification of Addiction

What is Addiction?

Addiction is defined by the National Institute on Drug Abuse (NIDA, USA) as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. http://www.drugabuse.gov/

The diagnostic criteria for **substance dependence** in the current (4th) edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) stipulate three or more of the following occurring at any time in a 12-month period:

- Tolerance
- Withdrawal
- Substance taken in larger amounts or over a longer period than intended
- Persistent desire or unsuccessful efforts to cut down or control use
- Great deal of time spent to obtain, use or to recover from effects
- Important social, occupational or recreational activities given up or reduced
- Continuing use despite psychological and/or physical health problems

Consideration of this definition and criteria raises questions about what is meant by the term 'food addiction', which has such a high profile in the world media and is recognised by the public.

Is "Food Addiction" a mental disorder?

DSM IV does not include any behavioural addictions, and behavioural addiction is not currently recognised as a clinical diagnosis. Psychiatrists from across the world are currently engaged in the process of re-defining mental disorders. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V) is likely to be published in May 2013. There is an ongoing debate, as to whether behavioural addictions in general, such as excessive internet use, gambling or "food addiction" should be classified within the next revision of DSM. However, reluctance to psychiatrize physiological/ everyday-life behaviour with no clear-cut threshold for cut-off militates against the inclusion, at the present time, of behavioural addictions, which would require medical and societal consensus. These arguments are clearly relevant to food addiction since we have to eat in order to survive – the physiological necessity of food consumption is not a lifestyle choice that can then be avoided.

Implications of 'food-addiction'

Since there is limited evidence of clear addictive properties for any individual food components, food addiction is probably best considered as a potential behavioural addiction at present, but is unlikely to be included in DSM V. Behavioural addiction focussed on food may be relevant to a small subgroup of individuals with aberrant eating behaviour, like in binge-eating disorder. Even there, the evidence base for food addiction may be insufficient for diagnosis, and such a diagnosis would almost certainly be inappropriate for the majority of obesity in the wider population. Where obesity is the result of marginal overconsumption of calories over an extended period, it will not benefit the individual to believe that their weight problems can be laid at the door of 'food addiction'. Despite these concerns, it may be that

psychotherapeutical treatment options, such as motivational interviewing, that are currently used to aid drug-addicts could be adapted to support individuals for whom food addiction could be used as a convenient descriptor of their clinically aberrant overeating.

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