

The Growing Epidemic of Ultra Processed Food Addiction

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Summary

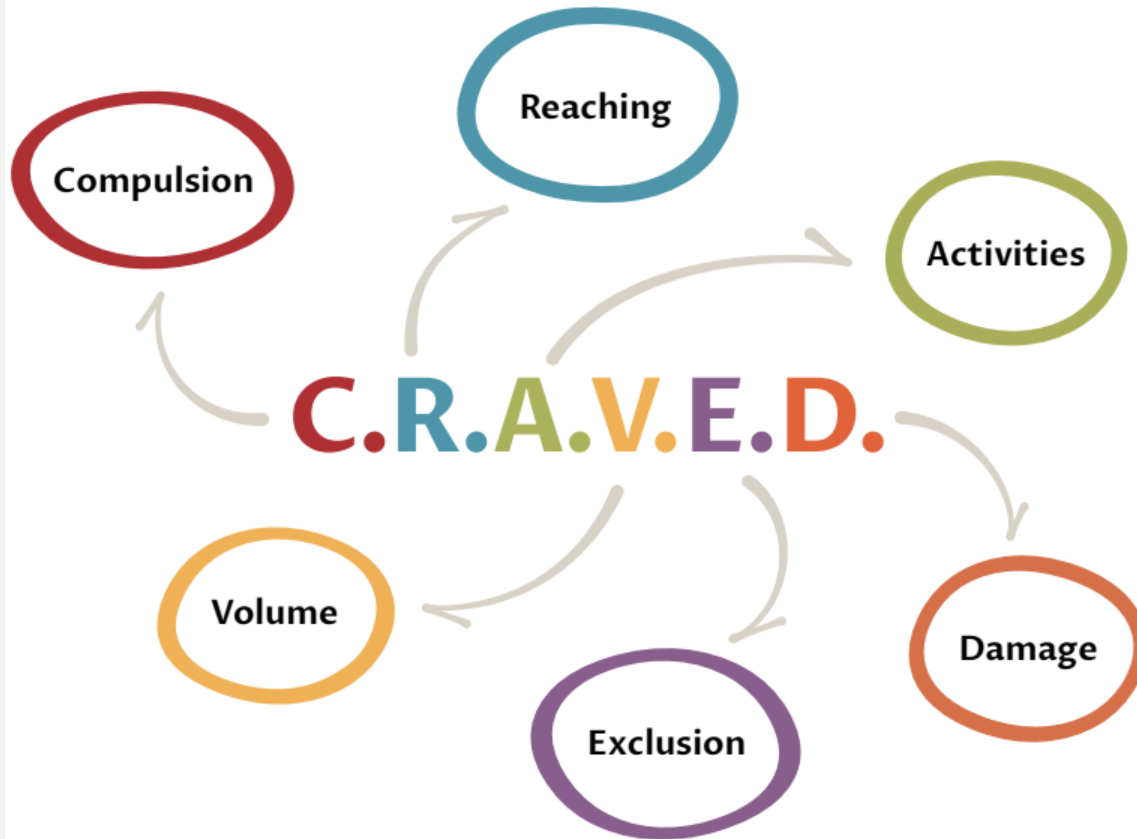
- ✓ What is addiction?
- ✓ Can it apply to food behaviours?
- ✓ What is the expert consensus?
- ✓ How common is UPFA?
- ✓ How can I recognise it?
- ✓ What causes UPFA?
- ✓ Results of our treatment study
- ✓ What works clinically?
- ✓ What next?

Sergei



According to ASAM (American Society of Addiction Medicine):

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.



C. COMPULSION

Powerful urges to consume

R. REACHING FOR MORE

Increased tolerance and need

A. ACTIVITIES NEGLECTED

Ignoring what you once valued

V. VOLUME

Having more than you intended

E. EXCLUSION

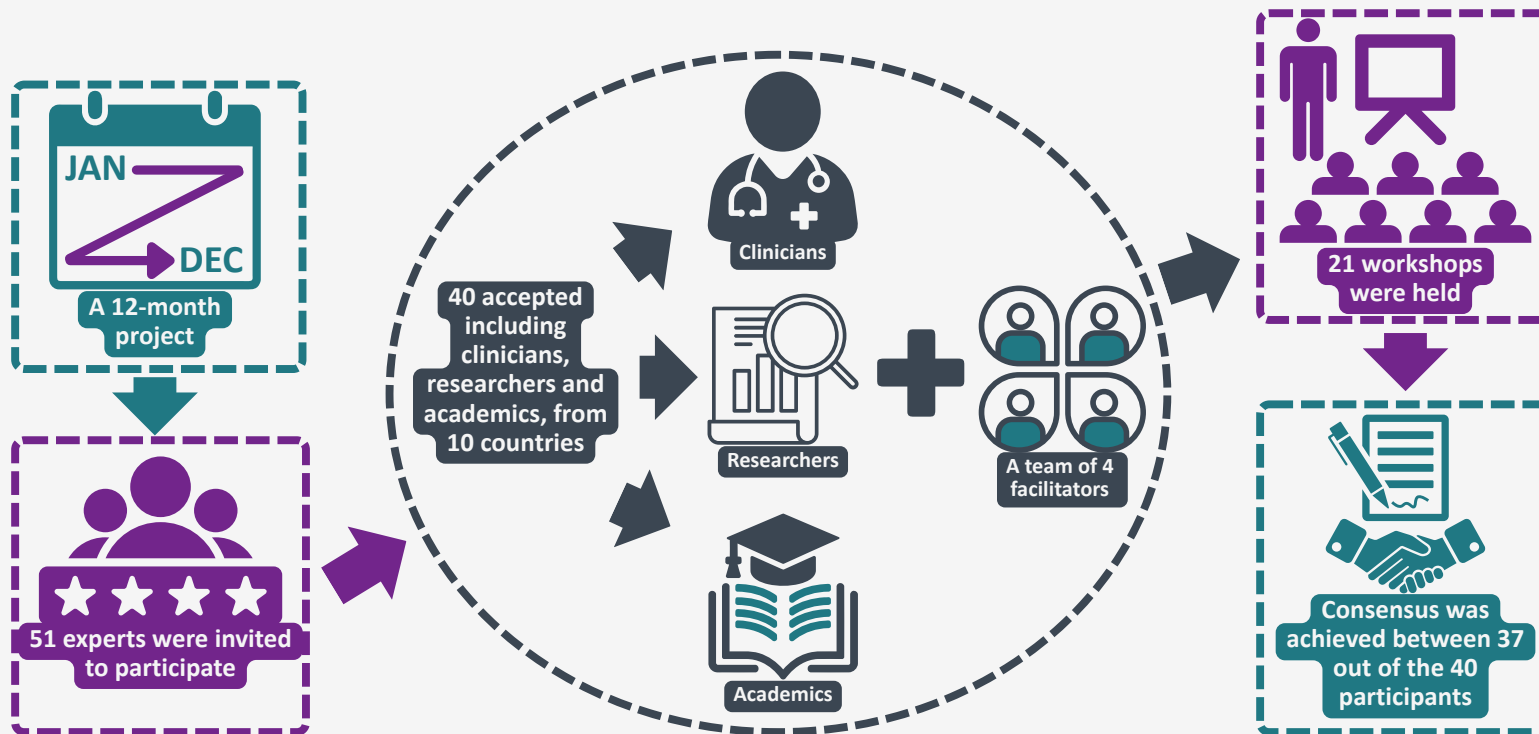
Elimination causes withdrawal

D. DAMAGE

Despite awareness, use continues

Towards consensus: Using the Delphi Method to form an International Expert Consensus statement on Ultra-Processed Food Addiction

The escalating global prevalence and costs of obesity and non-communicable diseases demands a paradigm shift in our understanding and treatment of problematic overeating behaviours and diseases related to diet.



Key consensus points:

- There is enough evidence to justify the classification of new substance use disorder.
- The disorder should be referred to as ultra-processed food addiction (UPFA).
- The symptoms that comprise addiction to other substances of abuse in the DSM and ICD describe UPFA symptoms.
- Given that UPFA is a substance use disorder: abstinence from a person's 'drug foods' will form the mainstay of therapy.
- FA exists on a continuum and can co-occur with eating disorders, but is a distinct disorder.
- Recognition of the disorder will lead to more research and treatment options.

- Praxedes et al 2022 large meta analysis of studies using YFAS (DSM):
14% general population and those with Binge Eating Disorder 55%
- De Vries & Meule (2016) 96% of bulimia sample and 14% of controls had FA
- Raymond & Lovell (2015) indicate prevalence up to 70% in patients with type 2 diabetes.
- Yekaninejad et al (2021) 15% in children and adolescents overall, and 19% in overweight/obese children and adolescents

Food addiction is strongly associated with type 2 diabetes

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2023 Clinical Nutrition

Food addiction was strongly associated with T2D in the general population (adjusted odds ratio (AOR) = 6.7) and among individuals with mental disorder (AOR = 2.4) in a dose–response-like manner.

<https://doi.org/10.1016/j.clnu.2023.03.014>



6+ million adults



Estimated number of UK adults with Food
Addiction, based on the estimate of 14% prevalence
from previous studies

Food Addiction takes many shapes!



Investigation of Retired Elite Athletes' Food Addiction

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¹Manisa Celal Bayar University Faculty of Sport Science Department Of Physical Education and Sports Teaching

Summary. The aim of this study is to examine the food addiction levels of retired elite athletes in terms of various variables. The research is a descriptive cross-sectional study. The sample group of the study, fencing, football, basketball, volleyball, athletics, handball, tae-kwon-do, badminton and tennis, who ended their sports career at least 3 years ago, 51 men (53.1%) and 45 women (46.9%) average age 33.75 ± 5.88 total 96 constitute the national athlete. In the study, Yale Food Addiction Scale consisting of 27 questions developed by Gearhardt et al. in 2009 and adapted to Turkish by Bayraktar et al. In 2012 was applied to the participants in the study. Food addiction was detected in 39 of 96 participants participating in the study. When the data obtained in the study were examined, it was determined that the athletes who retired after exercising at the elite level experienced higher levels of problems with food addiction compared to other members of the society.

Key words: Food addiction, elite athletes, after retirement.

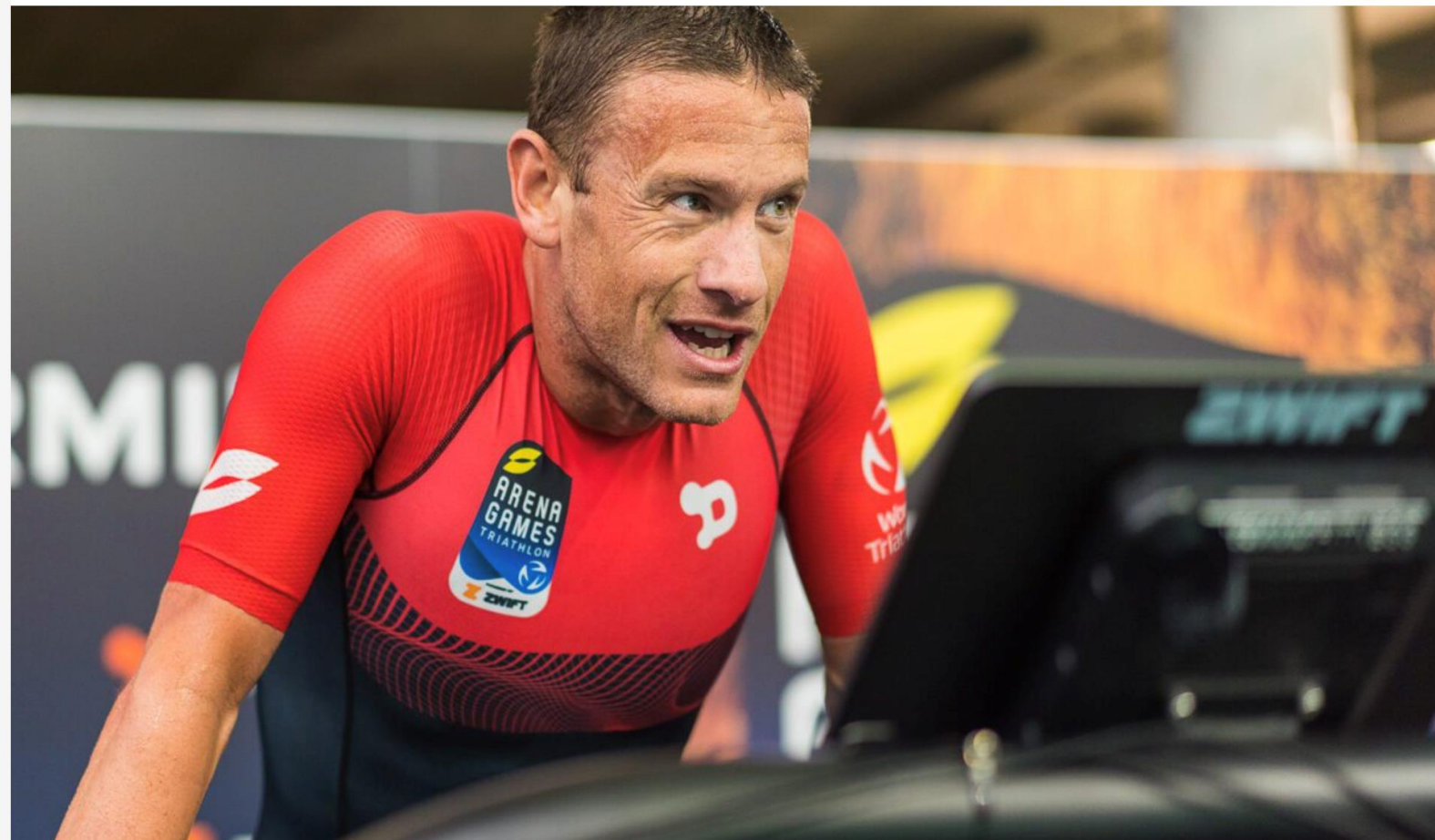
Introduction

Nutrition is the ability of organisms to take and use the items that are necessary for their growth, de-

nutritional habits are important factors in athlete performance. In addition, the physiological and psychological characteristics of the individual, training quality, environmental factors and health are also considered as

Lionel Sanders admits himself to sugar rehab

For years Sanders had No Limits on his daily sugar intake



8
9
10
11
12
13

Share

1. Yale Food Addiction Scale
2. C.R.A.V.E.D.
3. Gentle enquiry

- ▶ Validated research screening tool
- ▶ Translated into many languages
- ▶ Used widely in research/data collection
- ▶ Based on DSM-V Criteria for disorders due to substance use
- ▶ Long Questionnaire (35 Questions)
- ▶ Shorter Modified version (m-YFAS 2.0) (13 Questions)
- ▶ Children's version also available
- ▶ Time-consuming to complete and difficult to score in clinic

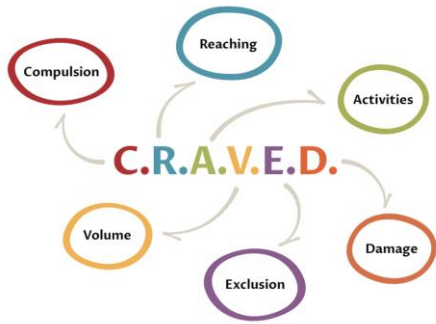
Modified Yale Food Addiction Scale –m-Y.F.A.S.

This survey asks about your eating habits in the past year. People sometimes have difficulty controlling how much they eat of certain foods such as:

- Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy
- Starches like white bread, rolls, pasta, and rice
- Salty snacks like chips, pretzels, and crackers
- Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries
- Sugary drinks like soda pop, lemonade, sports drinks, and energy drinks

When the following questions ask about “CERTAIN FOODS” please think of ANY foods or beverages similar to those listed in the food or beverage groups above or ANY OTHER foods you have had difficulty with in the past year

IN THE PAST 12 MONTHS:	Never	Less than monthly	Once a month	2-3 times a month	Once a week	2-3 times a week	4-6 times a week	Every Day
1. I ate to the point where I felt physically ill	0	1	2	3	4	5	6	7
2. I spent a lot of time feeling sluggish or tired from overeating.	0	1	2	3	4	5	6	7
3. I avoided work, school or social activities because I was afraid I would overeat there.	0	1	2	3	4	5	6	7
4. If I had emotional problems because I hadn't eaten certain foods, I would eat those foods to feel better.	0	1	2	3	4	5	6	7
5. My eating behavior caused me a lot of distress.	0	1	2	3	4	5	6	7
6. I had significant problems in my life because of food and eating. These may have been problems with my daily routine, work, school, friends, family, or health.	0	1	2	3	4	5	6	7
7. My overeating got in the way of me taking care of my family or doing household chores.	0	1	2	3	4	5	6	7
8. I kept eating in the same way even though my eating caused emotional problems.	0	1	2	3	4	5	6	7
9. Eating the same amount of food did not give me as much enjoyment as it used to.	0	1	2	3	4	5	6	7
10. I had such strong urges to eat certain foods that I couldn't think of anything else.	0	1	2	3	4	5	6	7
11. I tried and failed to cut down on or stop eating certain foods.	0	1	2	3	4	5	6	7
12. I was so distracted by eating that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	0	1	2	3	4	5	6	7
13. My friends or family were worried about how much I overate.	0	1	2	3	4	5	6	7



Note: By returning this form to FAS, **you consent to your pseudonymised data being used** as part of a large dataset for the purpose of informing and educating clinicians, the scientific community and the public.

Unique Reference: [2 Initials/Day of Birth/Year of Birth]

Date: [YYYY/MM/DD]

Have you ever CRAVED® certain foods or drinks?

This is a questionnaire to assess whether you experience cravings for foods or drinks that might make it difficult for you to sustain changes to your diet.

Spend a few minutes thinking about any foods or drinks you struggle to control your intake of. Include foods and drinks that occupy your mind. Write a list of these foods and drinks in the box:

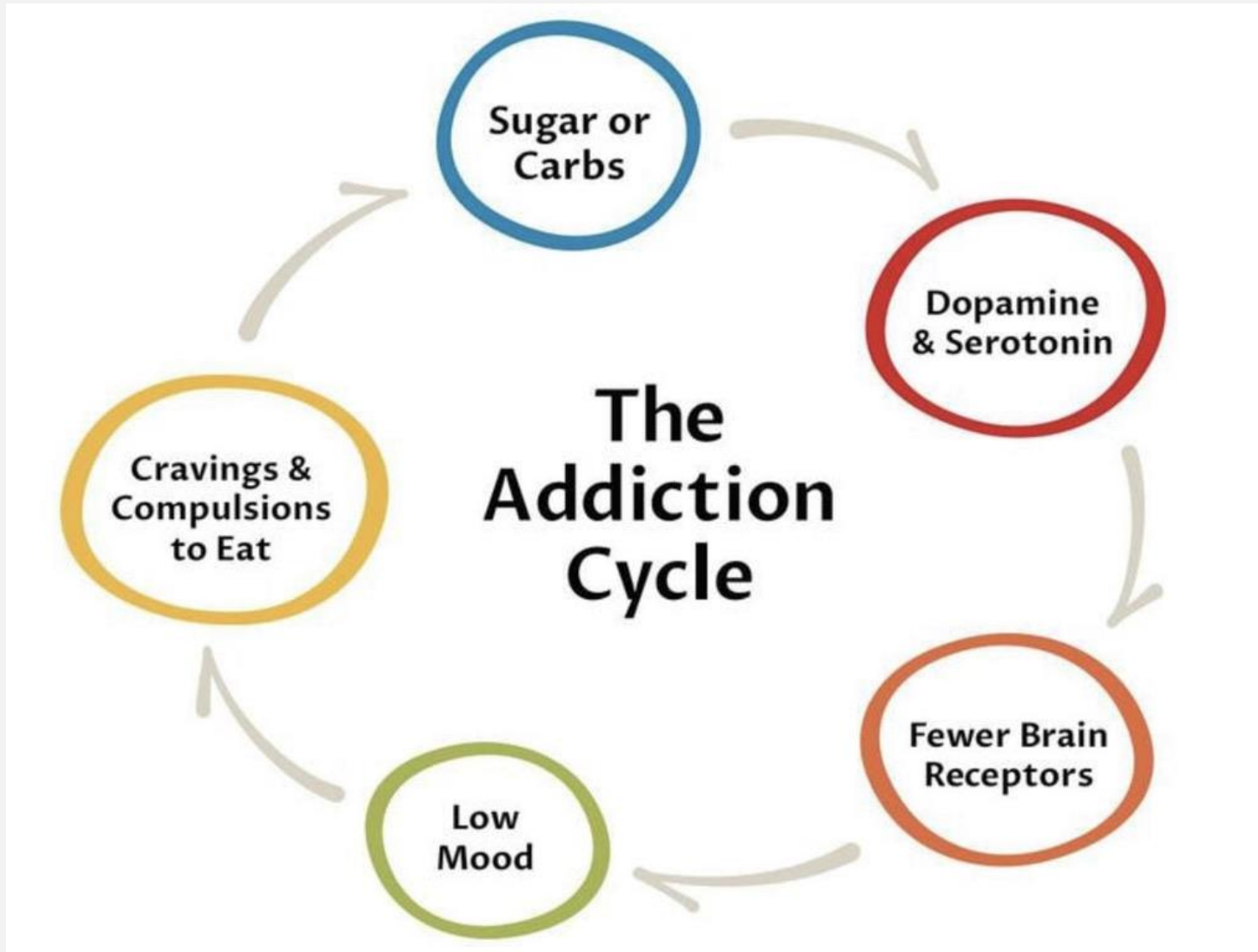
Please answer the following questions about these foods or drinks. For each question, tick the relevant box on the right.	YES: In the past month	YES: In the past year	YES: More than one year ago	NO: Never
1. Have you ever had such a strong desire or sense of compulsion at the thought of having these foods or drinks that you could not resist the urge to consume them?				
2. Have you ever noticed that you need to use increasing amounts of these foods or drinks to get the same effect compared to when you first had them?				
3. Have you ever noticed that you neglect planning activities because you are too tired, sick or preoccupied due to having too much of these foods or drinks?				
4. Have you ever consumed more of these foods or drinks than you intended on more than one occasion?				
5. Have you ever experienced at least two of the following withdrawal symptoms when you cut down or stopped consuming these foods or drinks?				
<input type="checkbox"/> Headache <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Anxiety <input type="checkbox"/> Depressed or low mood <input type="checkbox"/> Irritability <input type="checkbox"/> Shakes				
<input type="checkbox"/> Sweating <input type="checkbox"/> Heart Racing /Palpitations <input type="checkbox"/> Fast or shallow breathing <input type="checkbox"/> Diarrhoea or constipation <input type="checkbox"/> Sleep disturbance or vivid dreams				
6. Have you ever continued to consume these foods or drinks despite you or someone else believing that difficulties with weight gain, diabetes, memory, concentration, anxiety, unexplained mood swings, depression, panic attacks or other physical or mental health problems could be due to your consumption of these foods or drinks?				

Scoring: Three or more symptoms in the past year could indicate addictive behaviours related to certain foods and / or drinks.



When **one is too many**
and
One thousand is never enough?

The UPF Addiction Trap



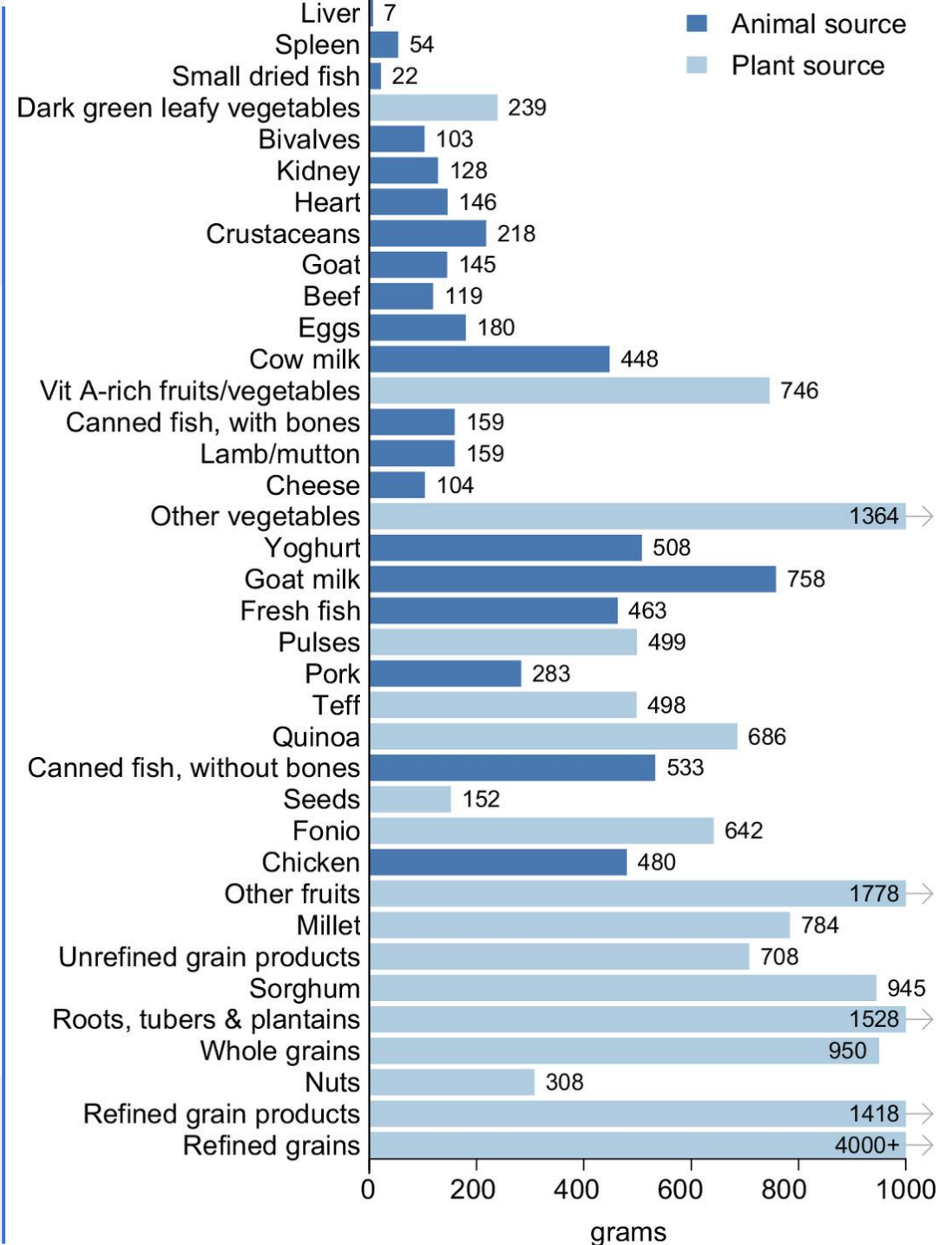
Also:

- Hyperpalatability
- Suppression of frontal lobe activity
- Neurons that fire together, wire together
- Damage to mitochondria, leading to energy deficits
- Negative reinforcement: a bad feeling state is **temporarily** relieved

Grams of each food needed to provide an average of one-third of recommended intakes of vitamin A, folate, vitamin B12, calcium, iron, and zinc for women aged 15 to 49 y. **Feb 2025**

The optimal sources of priority micronutrients—iron, zinc, calcium, folate, and vitamins A and B12—are animal sourced foods and dark green leafy vegetables. (a low carb diet!)

Animal sourced foods like organ meats, bivalves, crustaceans, ruminant meat, fish, eggs, and dairy provide high densities of bioavailable micronutrients per unit of mass



Beal T, Manohar S, Miachon L, Fanzo J. Nutrient-dense foods and diverse diets are important for ensuring adequate nutrition across the life course. Proceedings of the National Academy of Sciences.

EATING FOR RECOVERY - A TYPICAL DAY



Breakfast

Bacon, 2 or 3 eggs,
and mushrooms
or scrambled eggs
with butter



Lunch

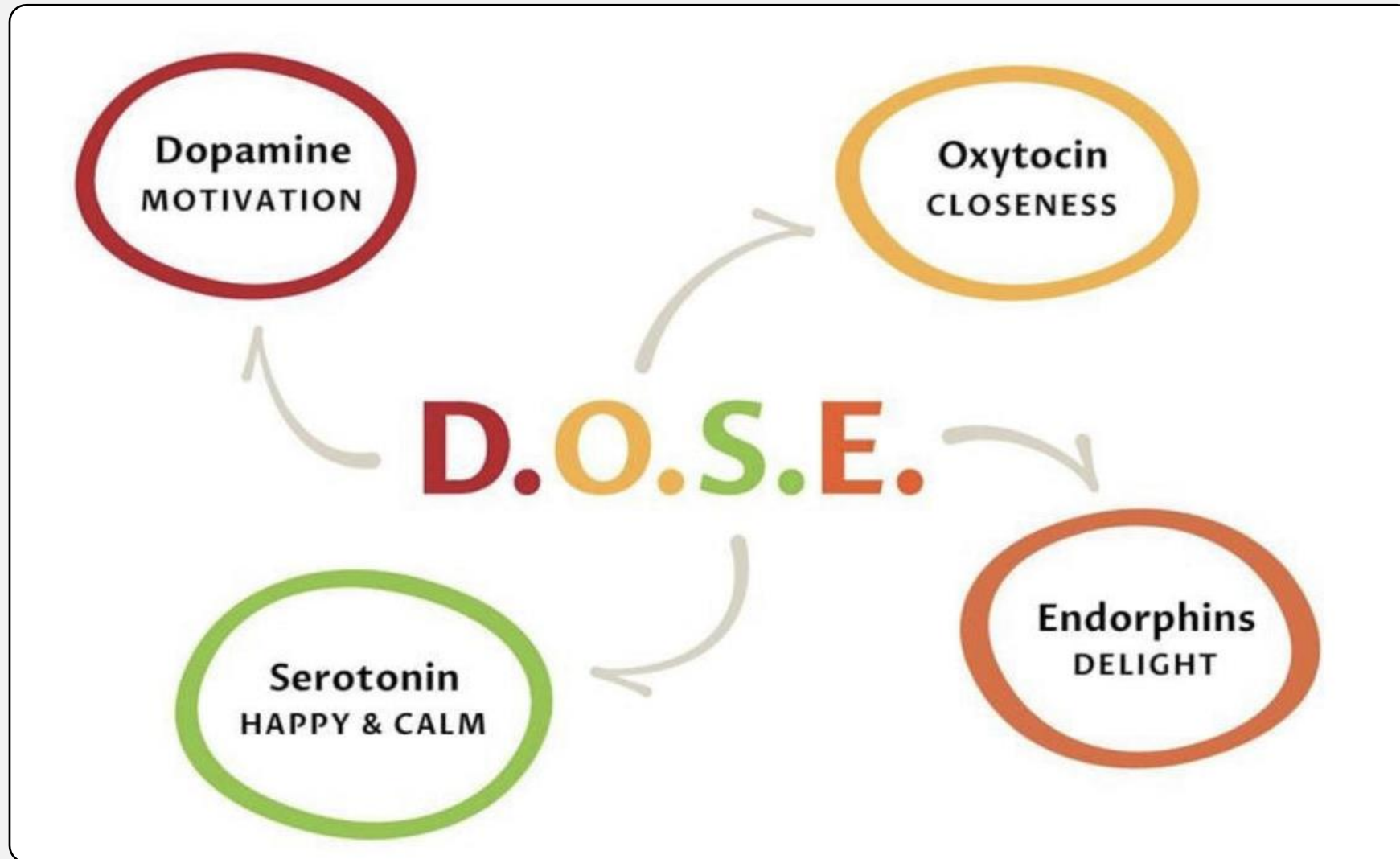
Fish (200g) with
a salad or veggies
and dressing
Grilled Salmon (pg 69)



Dinner

Meat (200g) with
veggies and sauce
*Slow-Cook Lamb
Shanks (pg 87)*

It's not ALL about food: brain repair



Accepting addiction-Karen





Low carbohydrate and psychoeducational programs show promise for the treatment of ultra-processed food addiction: **12 - Month follow-up**

14%
Of the general population have UPFA

C Compulsion to eat

R Reaching for more: tolerance

A Activities neglected

V Volume uncontrolled

E Exclusion causes withdrawal

D Despite damage, can't stop

UK
n=66



USA & Canada
n=95



Sweden
n=77



Participants with self-diagnosed food addiction

10-14 Weeks online group intervention with monthly follow up

Results at 12 months:



Significant, sustained reduction in food addiction symptoms (mYFAS2.0 & CRAVED)

62%

Remission at 12 months in completers

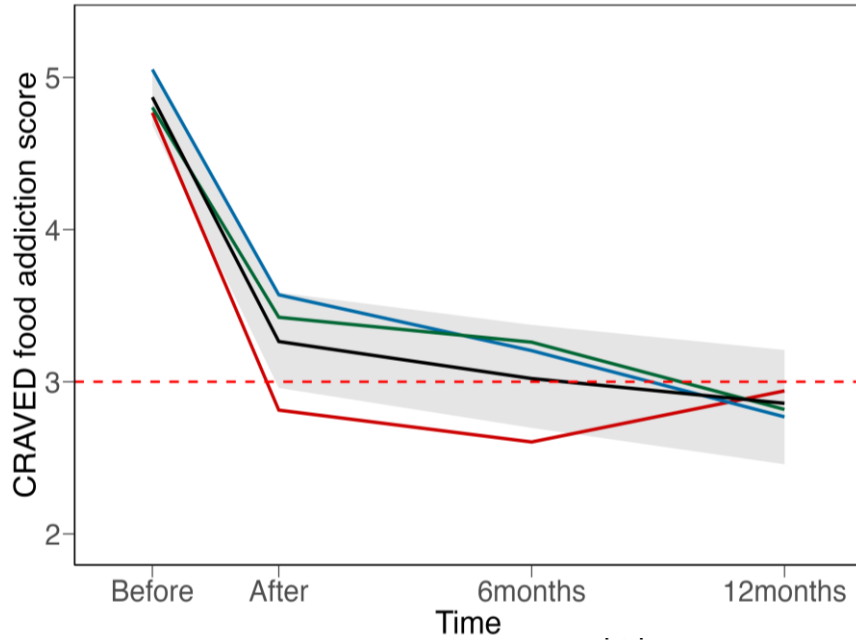


Significant, sustained improvement in mental wellbeing (SWEMWBS)

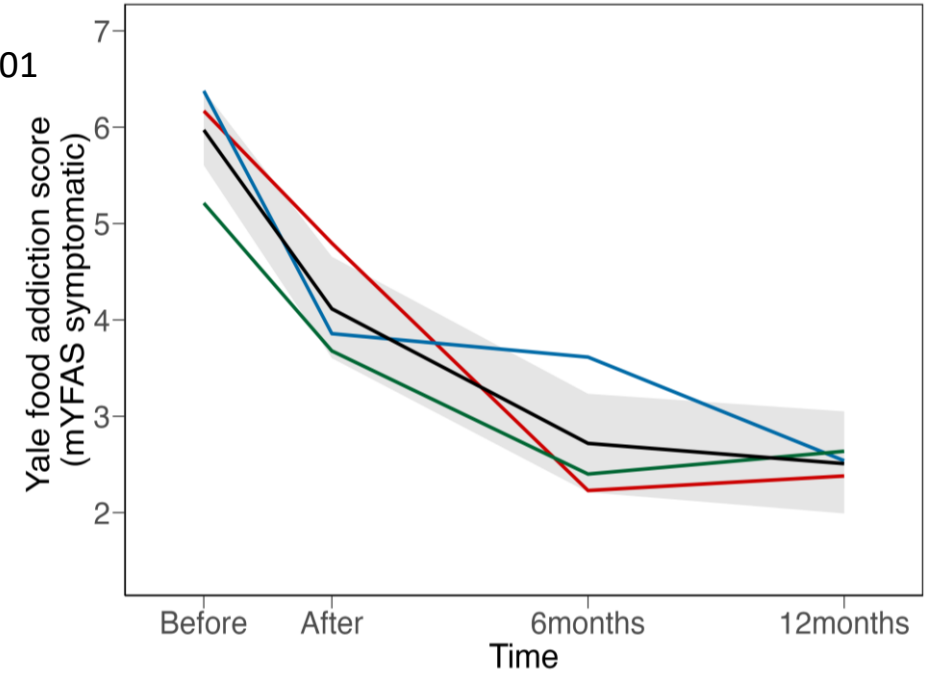
Addiction concepts
Biochemistry of the brain
Self-assessment screening
Abstinent individual low carbohydrate/real food plan
Relapse prevention and recovery protection planning

One year follow up results

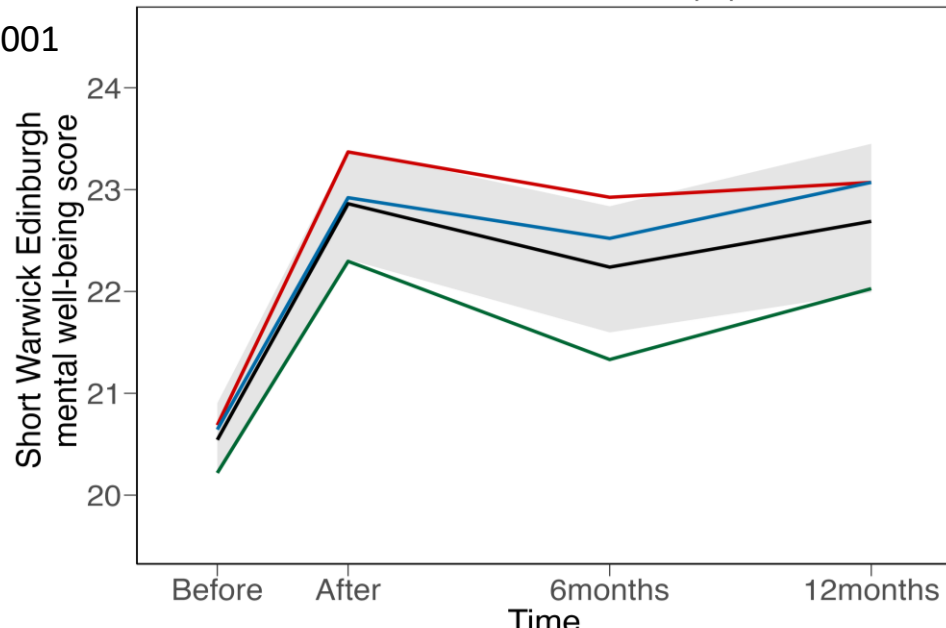
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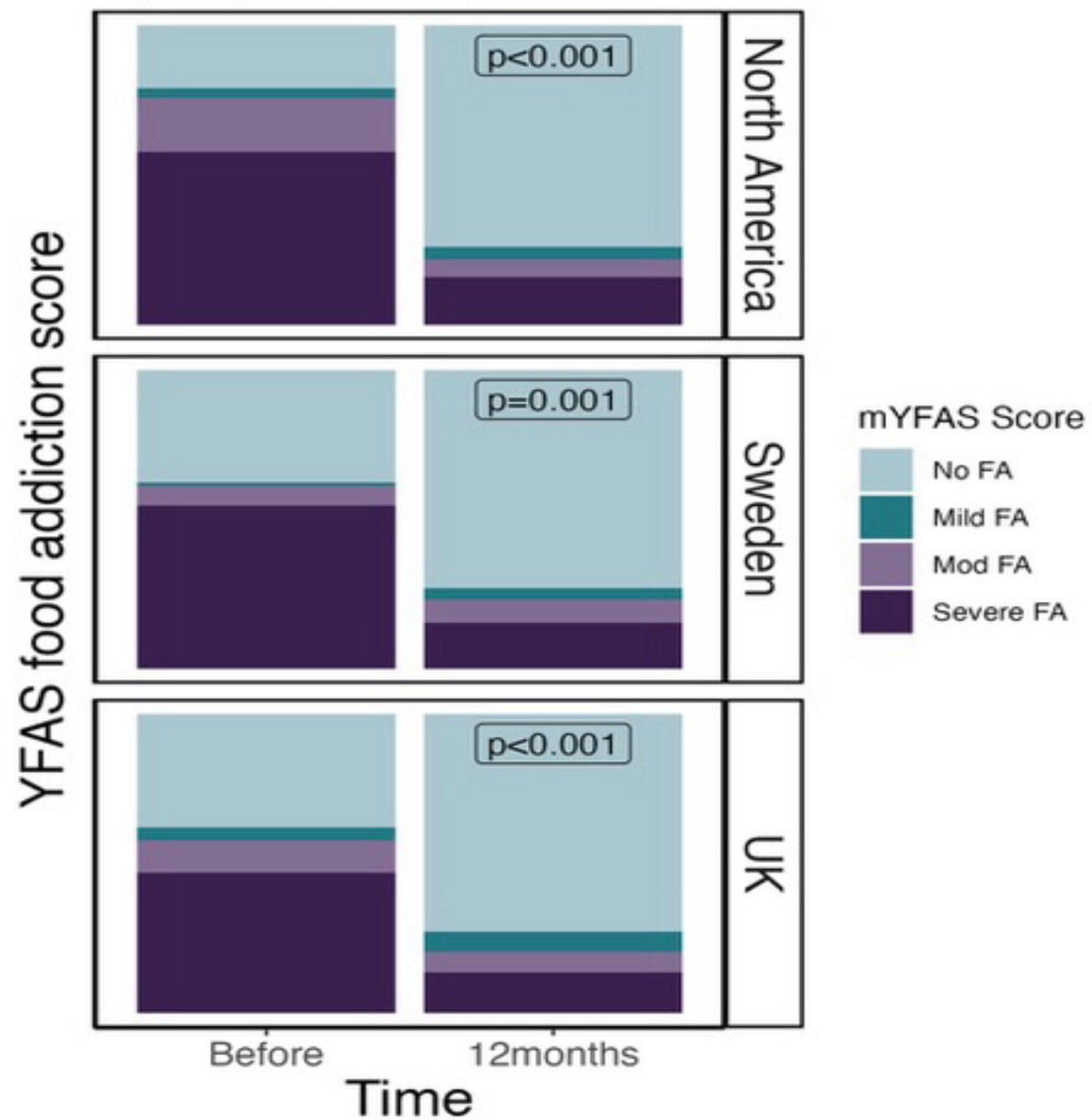
p < 0.001



- North America
 - Sweden
 - United Kingdom
 - Pooled effect
- N=238**

2A Distribution of mYFAS food addiction scores

All participants included



- Screen using CRAVED then education:
- Working towards Abstinence from sugar, flour and processed foods
- Real food focus Adequate protein and fat
- No cheat days and caution with fasting (don't alternate access and restriction)
- No sweeteners (only use in transition if necessary)
- Focus isn't weight loss but stable, nutritious eating and neurotransmitter regulation
- Educate re the addicted brain (+stress management, other activities to replace food rewards)
- Beware alcohol, nicotine, caffeine (one disease, many outlets)
- Nuts, cheese/dairy with caution and eliminate if cravings persist
- Ongoing peer support via online groups

"The keys to cutting sugar and increasing love are within these pages."

DR ROBERT LUSTIG



Fork in the Road

*A Hopeful Guide to
Food Freedom*

DR JEN UNWIN

"The ideal guide to freeing yourself from fattening carbs and finally getting healthy."

GARY TAUBES

NOW ON
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FORK IN THE ROAD

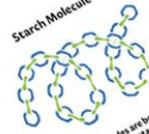
If you make a huge "supermolecule" by joining lots of glucose molecules together you just made starch. This is the way plants have found to store lots of these sugars. The process of digestion breaks starchy foods like bread, rice, potatoes or breakfast cereals back down into surprising quantities of glucose.

Some of you will have heard of the "Low GI" diet. This refers to the Glycaemic Index which ranks carbohydrates in terms of how much they put up blood sugar (or more properly blood glucose) relative to pure glucose, which counts as 100. We used the same glycaemic index and the related glycaemic load to produce infographics to help people understand how foods might affect their blood glucose compared to a teaspoon of table sugar. For example, a small bowl of rice (50 grams) will put your blood glucose up to approximately the same extent as ten teaspoons of table sugar. This is why if you are overweight, have diabetes or pre-diabetes it can make sense to avoid not just table sugar but starchy carbs, replacing them with green vegetables, meat, fish, dairy and nuts. This is the basis of the low carb diet and also the delicious recipes you will find in Chapter 2.

Our diets contain three common sources of sugar-rich foods

- Naturally sweet foods like honey, raisins, apples or bananas.
- Foods sweetened with table sugar like cakes, biscuits or many "low fat" foods.
- Starchy carbohydrates that digest down into glucose like bread, potatoes or rice.

Starch Molecule



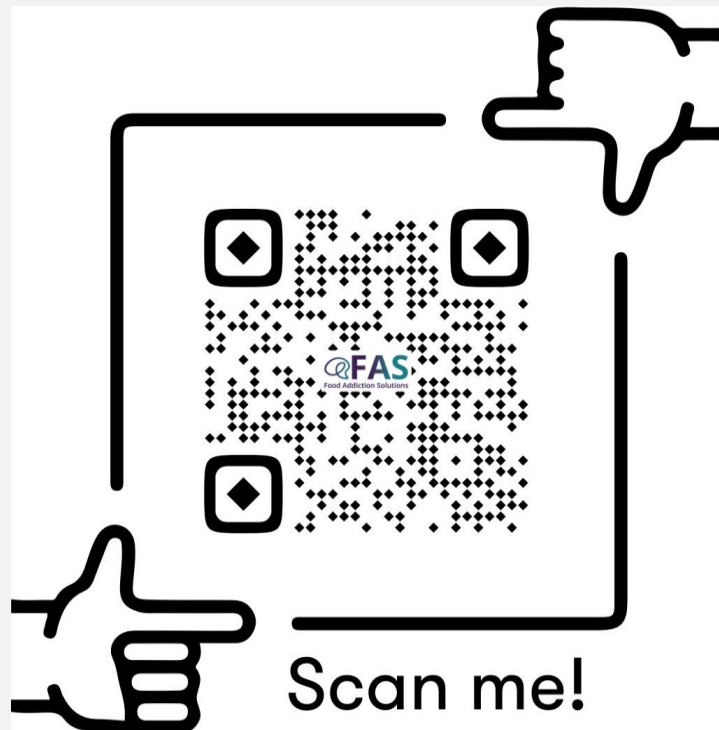
Glucose molecules are bonded together in long spiraling starch molecules



Digestive enzymes break glycosidic bonds

Ultra-Processed Food Addiction: Moving toward Consensus on Mechanisms, Definitions, Assessment, and Intervention

Editors: Dr Jen Unwin, Dr David Wiss, Dr Adrian SotoMota



Guest speakers



Dr David Unwin
FRCGP



Dr Georgia Ede



Dr Tro Kalayjian



Dr David Wiss



Mauro Brero
UNICEF



Dr Erica LaFata



Dr Nicole Avena



Dr Scott W. Murray
MD



Dr Jen Unwin



Dr Ignacio Cuaranta



Dr Amy Reichelt
PHD



Dr Nasha Winters
ND, FABNO



Dr Kim Dennis
MD



Prof. Adrian Soto-
Mota



Karen Thomson



Heidi Giaever



Prof. Simon Dankel

Celebrity facilitators, hosts of
the Food Junkies Podcast



Clarissa Kennedy



Molly Painschab



4 & 5 September 2025
RCGP, London, England

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