

# Feasibility and Acceptability Study - Community Ultra Processed Food Addiction Intervention (UPFA) - Liberate



Ellen Bennett, Registered Dietitian  
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Affiliations: Public Health Collaboration  
and Coventry University



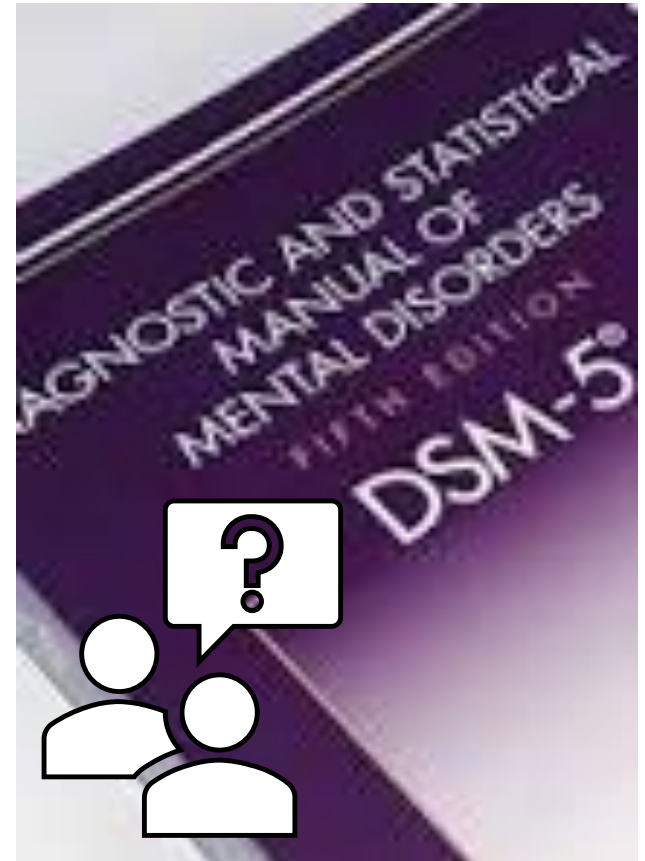
# Conflicts of Interest

- This research contributes to my Doctoral Award
- Stipend and fees were covered by Coventry University
- Employed by PHC
- Recovering UPFA



# Introduction & Background

- Food addiction (FA) and Ultra-Processed Food Addiction (UPFA) have been researched for over 60 years but remain absent from DSM-5.
- Consensus exists that addictive-like eating behaviours mimic substance use disorders (SUDs).
- Research suggests a biological and behavioural overlap with SUDs, and UPFA meets DSM-5 addiction criteria
- UPFs are engineered to be hyperpalatable, potentially more addictive than drugs of abuse.



Gearhardt et al 2011; Schulte et al, 2015; Tulleken, 2023



# Current Literature & Research Gaps

- Global prevalence of UPFA: 14-20% in adults.
- Yale Food Addiction Scale (YFAS) and emerging diagnostic or screening tools (CRAVED).
- Need to differentiate UPFA from Binge Eating Disorder (BED).
- UPFA occurs across weight categories, challenging traditional weight-centric models.
- Calls for targeted interventions, but limited treatment options.



Gearhardt et al, 2022; Ifland, 2021; Tarman, 2022; Unwin et al 2022; Ayton, 2023.



# Intervention - Liberate

- Coach-led, online community-based UPFA intervention.
- Psychoeducational programme.
- Supports personalised abstinence or harm reduction approach.
- Encourages low carbohydrate way of eating
- Weekly 90-min sessions covering addiction science, dietary strategies, and peer support.
- Emphasis on neurobiological understanding, psychological resilience, and lifestyle adaptation.



# What is happening in the brain?

Ultra-processed foods (UPFs) cause **dopamine spikes** — just like substances such as alcohol or cocaine.

Over time, the **brain lowers its dopamine availability by reducing dopamine neuroreceptors**

This leads to **cravings**, even when a person isn't physically hungry.



# What is happening in the brain?

The **midbrain** becomes more sensitive to food cues.

The **prefrontal cortex** becomes **less active**, especially when someone is triggered.

**People say things like:**

“I don’t even like it anymore, but I can’t stop.”

“It’s not about hunger, it’s like something takes over.”



# It is NOT lack of willpower

- This explains why:
- Willpower doesn't work long-term.
- **Environment, routine, and education** are essential in helping people regain control.
- Liberate works by stabilising dopamine through regular meals, real food, peer support, and new reward pathways.



# UPFA exists across the weight spectrum

People with **normal or underweight BMIs** can still suffer from addictive eating.

**Weight is not a diagnostic tool** for food addiction.

CRAVED and YFAS measure **behaviour, not body size.**

Patients who **compensate** (e.g. overexercise, restrict, purge) may fly under the radar.

Focusing only on weight can delay care and reinforce shame.



# Research Aims & Objectives

- Assess feasibility of delivering an online, community-based intervention for UPFA (Liberate).
- Evaluate participant acceptability of the intervention qualitatively and quantitatively.
- Measure changes in addiction symptom severity, mental well-being, and anthropometrics.
- Inform future RCTs by determining effect sizes.



# Study Design & Methods

## Design:

Mixed-methods, single-group, pre/post feasibility study with nested acceptability study.

## Participants:

n=105 recruited

## Intervention:

6-week – 8 session online psychoeducational programme + 1-year peer support.

## Primary Measures:

YFAS 2.0, CRAVED, Binge Eating Scale, WEMWBs, Wt, BMI analysed with ITT.

## Qualitative Framework:

Theoretical Framework of Acceptability (TFA).



Sekhon, et al 2017



# Results - Quantitative

## (Feasibility & Sustained Outcomes)

### Recruitment & Retention:

- Target: n=135, Recruited: n=105, Started: n=86, 6-month follow-up: n=59.
- Retention rate: 82% at post-intervention, 69% at follow-up.

### Changes in Primary Outcomes, using ITT Analysis

\*statistical significance

Outcomes	Difference BL and 6mnt f/up	95% CI BL and 6mnt f/up
YFAS	-3.4	-4.5, -2.3*
CRAVED Score	-1.4	-1.8, -0.9*
WEMWB's	5.4	3.2, 7.6*
BMI kg/m <sup>2</sup>	-0.6	-0.9, -0.4*
Weight kg	-2.0	-4.0, -0.7*
BES	??	??



# Results - Qualitative (Acceptability)

## Thematic Analysis (TFA Framework):

- **Affective Attitude:** Participants felt validated and empowered.
- **Burden:** Workbook use was beneficial but sometimes challenging.
- **Ethicality:** Non-judgmental, evidence-based approach appreciated.
- **Intervention Coherence:** understood the content, was delivered at good pace and level
- **Opportunity Costs:** Initial cost of changing the diet was a concern until appetite regulated
- **Perceived Effectiveness:** Improved self-awareness, impulse control, and mental well-being.
- **Self-Efficacy:** Confidence in using tools for long-term change.

## Integration with Health Services:

- **GP involvement and NHS referral:** A desire for health services to address UPFA and refer.



# Conclusion & Acknowledgements

## Conclusion:

- Liberate is a feasible and acceptable UPFA intervention.
- Shows promise in reducing addictive food consumption and behaviours and improving well-being.
- Supports the case for further large-scale trials.

## Acknowledgements:

- Public Health Collaboration – Sarah James & Study Participants.
- Research team & funding bodies.

## Contact Information:

- Email: [liberate@phcuk.org](mailto:liberate@phcuk.org)
- Website: [www.phcuk.org](http://www.phcuk.org).



# What can you do to help your patients?



# Screen for UPFA – Yes to 3 or more

**C-** Have you ever had such a strong desire or sense of compulsion at the thought of eating these foods that you could not resist the urge to eat them?

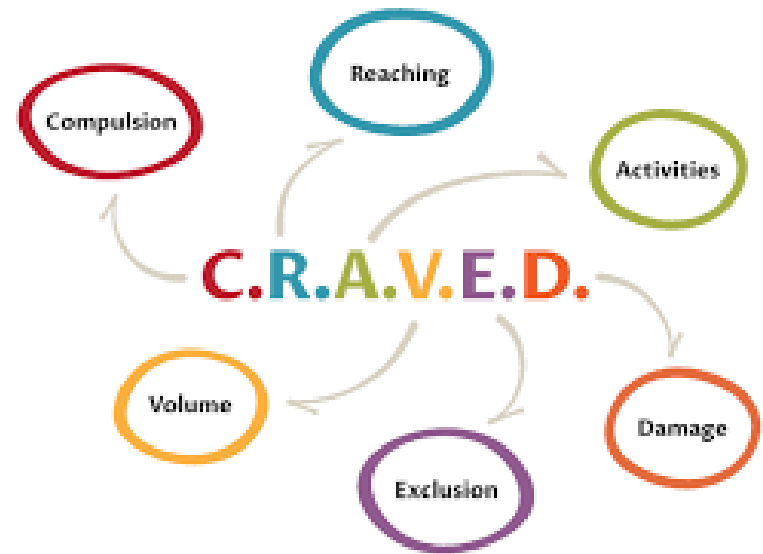
**R-** Have you ever noticed that you need to use increasing amounts of these foods to get the same effect compared to when you started?

**A-** Have you ever noticed a growing neglect towards planning of activities because you were too tired /hungover/ sick due to overeating these foods?

**V-** Have you ever used more of these foods than you intended on more than one occasion?

**E-** Have you ever experienced at least two of the following withdrawal symptoms (see i-list) when you cut down or stopped using these foods?

**D-** Have you (ever) continued to use these foods despite you or someone else believing that these foods are affecting your physical or psychological health?



# Reframe the problem

Explain what you have learned about the brain and certain food, typically UPF

Explain that food addiction is not a failure of willpower — it's a brain-based response to hyperpalatable foods.

Use metaphors:

“Your brain's been hijacked — but it can recover.”

**Be prepared for responses:**

Usually one of two responses tears of relief or quick angry exit.



**“Be the first person to take them seriously.”**



# Not sure if it is UPFA? Try these...

5-Ingredient Rule: “If sugar or flour is in the first 5 ingredients — avoid it for 30 days.”

Identify 3 key trigger foods and remove them for 30 days as a test.

Support structured routines: “3 meals a day, **real food**, no snacking” is a great first step.



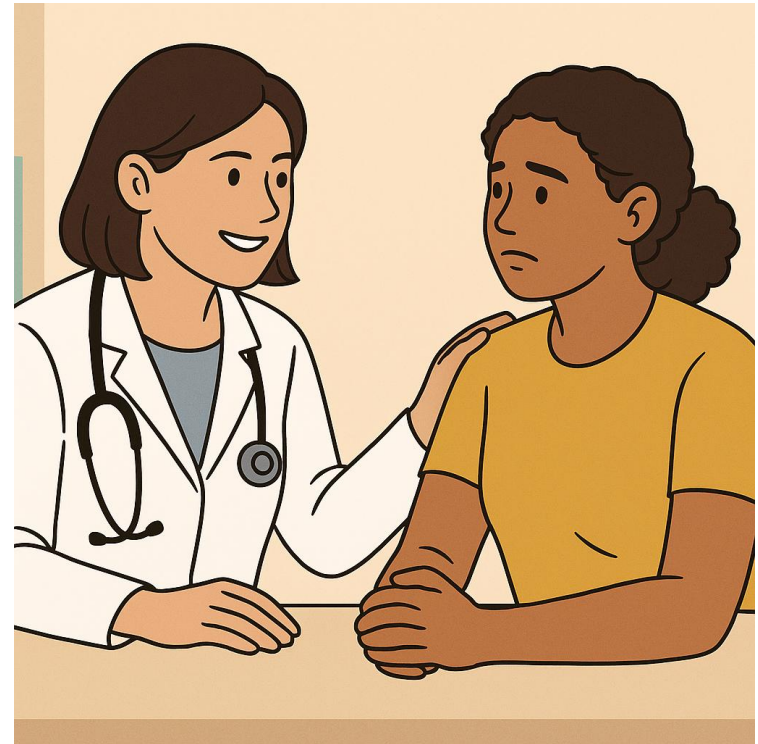
# Support, Support, Support!!

Monitor insulin and medications known to cause hypoglycemia; and hypertensives

Signpost them to Liberate or Overeaters Anonymous

“This isn’t something to fight alone — support makes all the difference.”

*The opposite of Addiction is Connection*



# Thank You for Listening

Next Courses dates are available on the website

£245 for 8 weeks 90 min session including 1 year of weekly optional support

and 5% off with code:

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