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From Binge Eating Symptoms to Diabetes Care: Insights from Ultra-Processed Food Addiction Research

Ellen Bennett RD.
PhD Candidate
Founder Liberate

liberate@phcuk.org

www.liberatetoday.org

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By the end you should be able to…

Understand how ultra-processed food addiction may overlap with binge eating symptoms and why this matters clinically.

Recognise signs of addictive-like eating in routine practice, including in patients with obesity, binge eating symptoms or type 2 diabetes.

Distinguish possible UPFA from simple “non-adherence”.

Use non-shaming language and the **CRAVED** screening tool to support identification of possible UPFA.

Apply the **RECOGNISE** framework to guide conversations, signposting and follow-up.

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Our Patients Aren’t Daft

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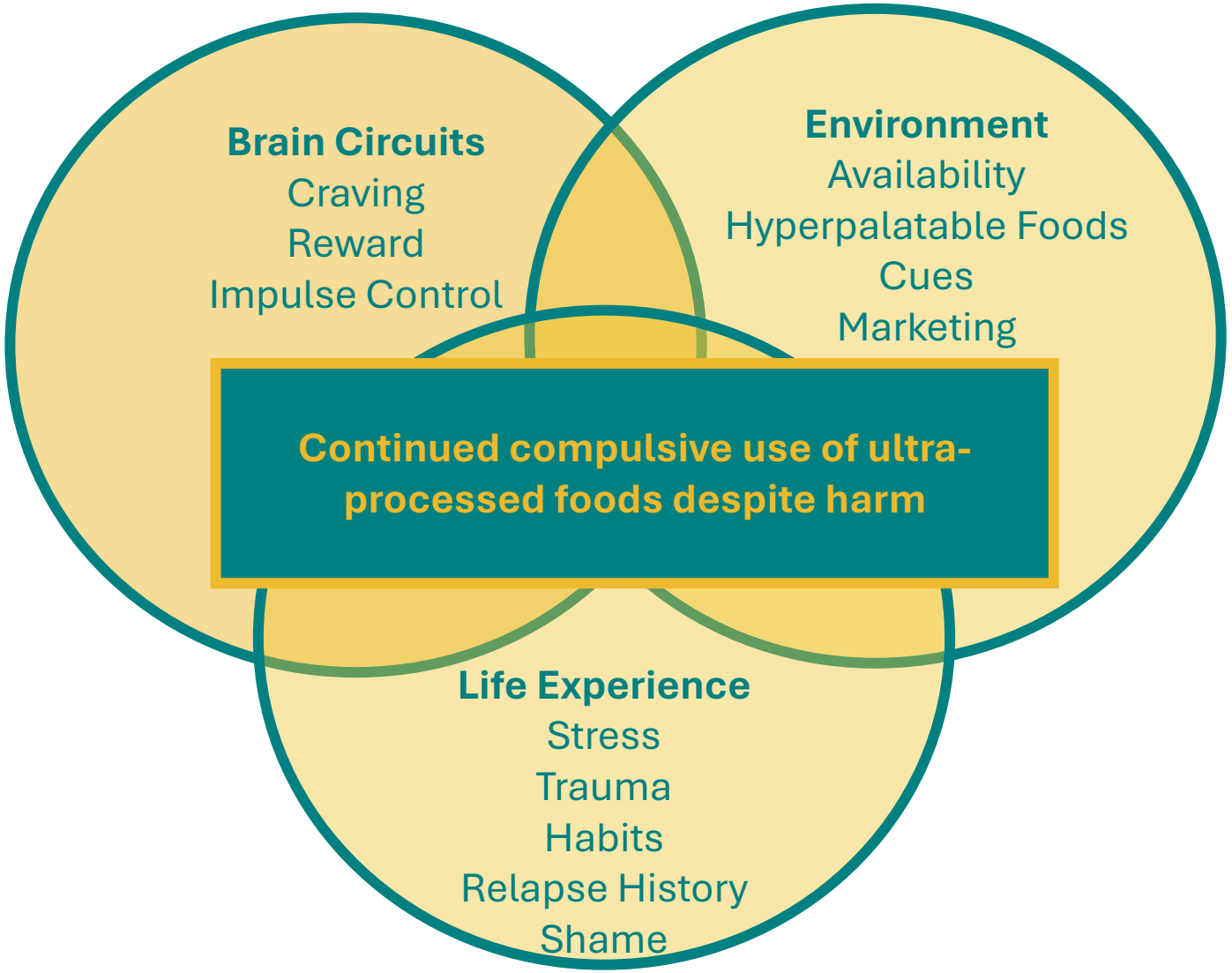
Definition of ultra-processed food addiction (UPFA)



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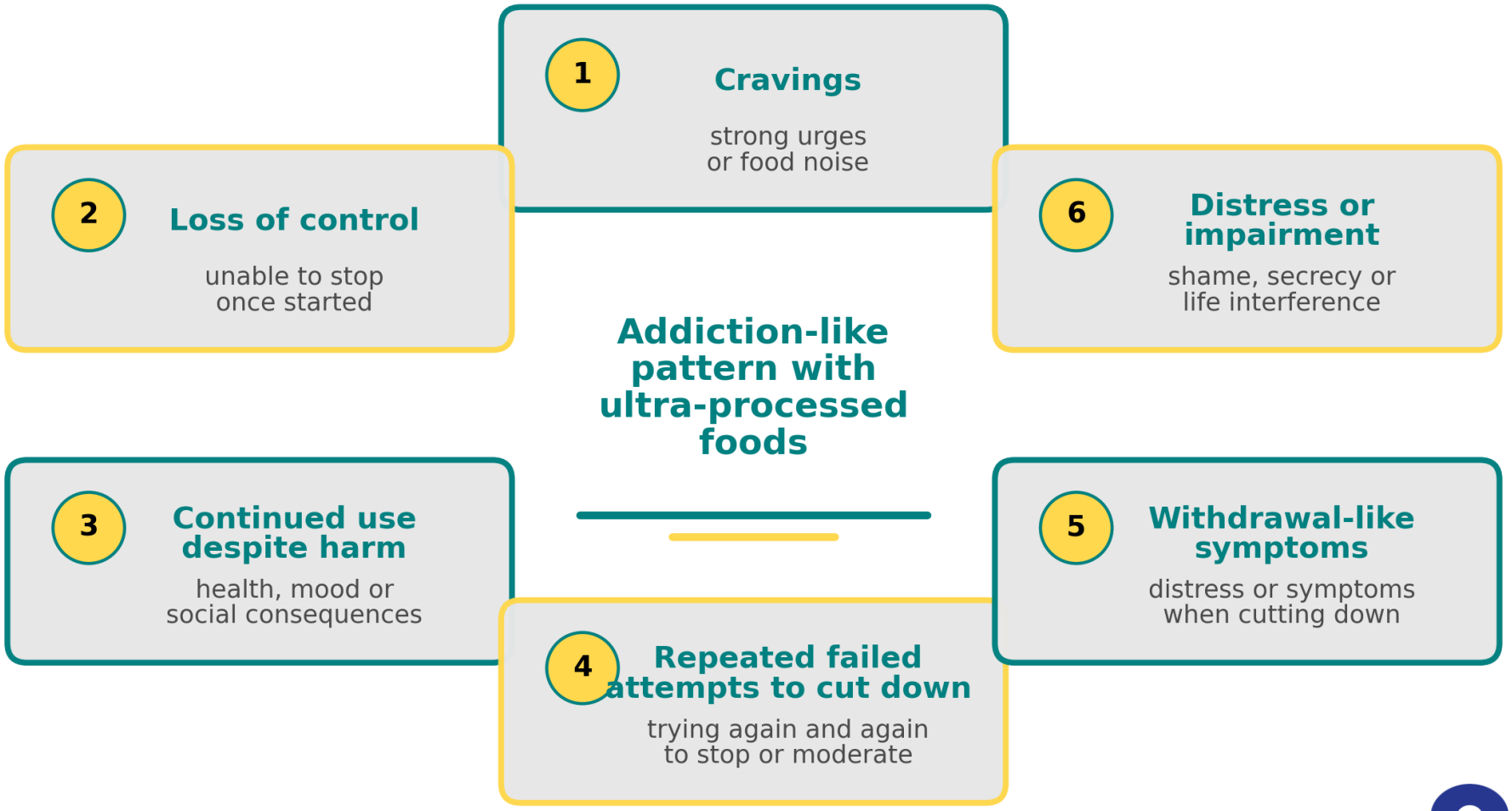
What is UPFA? Addiction according to ICD-11



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POTENTIAL CONSEQUENCES OF ULTRA-PROCESSED FOOD ADDICTION

1. Weight cycling

2. Obesity

3. Raised HbA1c

4. T2D progression

5. High blood pressure

6. Fatty liver

7. Metabolic syndrome

8. Inflammation

9. Cravings / relapse

10. Shame and distress

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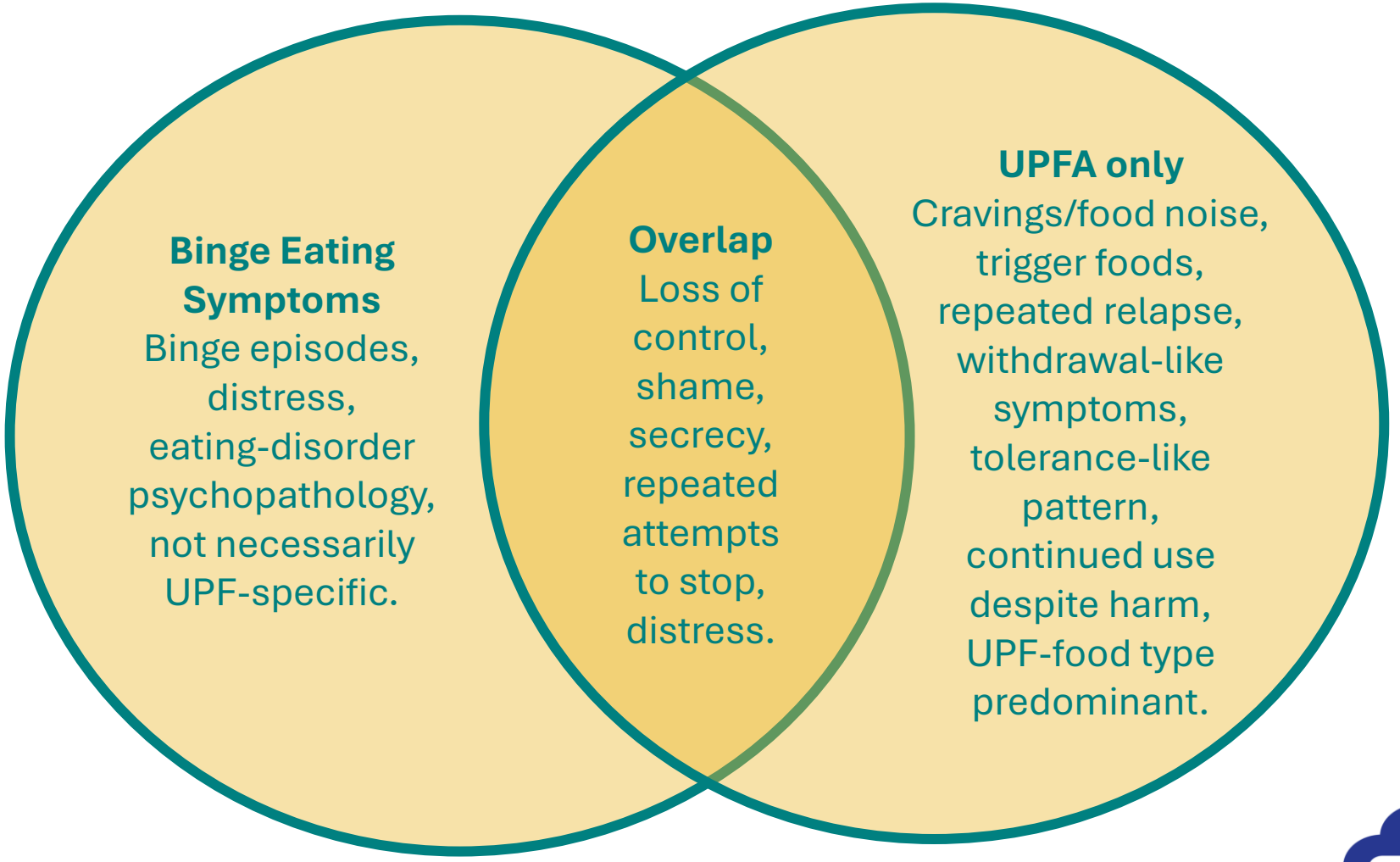
Binge Eating and UPFA



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The Liberate study

UPFA Recovery

1 **Education**
Understanding UPFA, cravings, relapse and the brain.

2 **Structure**
Clear food boundaries, recovery planning and practical tools.

3 **Support**
Peer connection, accountability and ongoing community.

4 **Recovery**
Reducing shame, rebuilding hope and supporting long-term change.

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The Liberate study

We measured:

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The Liberate study

Bennett E, et al.. A feasibility and acceptability study of liberate: an online, peer-supported, psychoeducational intervention for ultra processed food addiction. Front Psychiatry. 2025 Oct 89/fpsyt.2025.1620372. PMID: 2605181.

n Binge Eating Symptoms Following an Ultra-Processed Food Addiction eview) journals/public-bh.2026.1807450/abstract

C, Unwin D. Integrating the essed food addiction into type 2 sponse to De Silva et al, (2025) and s for practitioners. Front Psychiatry. doi: 10.3389/fpsyt.2025.1653982. PMID: 41625619; PMCID: PMC12852319.

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Binge Eating and Abstinence

Moderation is not suitable for everyone

Some patients can reduce.

Some patients need to remove trigger UPFs completely.

Both options deserve an informed conversation.

What has happened when you've tried moderation before?

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Workshop

Sarah is 48 and has type 2 diabetes. She says she understands the dietary advice and has tried to change many times. She can avoid biscuits for a few days, but once she starts, she says she “can’t stop.” She hides wrappers, feels ashamed, and often eats in the car before going home. She says, “I know it sounds ridiculous, but it feels like something takes over.” She has lost and regained weight several times, her blood sugars are out of control and feels like a failure.

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What not to say / what to say instead

Instead of saying…	Try saying…
“You just use more willpower.”	“It sounds like this feels much harder than simply deciding to stop.”
“Everything in moderation.”	“For some people, certain foods can trigger loss of control. Let’s explore whether moderation is working for you.”
“You know what to do.”	“You have a lot of knowledge already. The issue may be support, structure and managing cravings.”
“Just don’t buy it.”	“What situations make it most likely that these foods come back in?”
“You’ve done it before, so you can do it again.”	“What helped before, and what made it difficult to sustain?”

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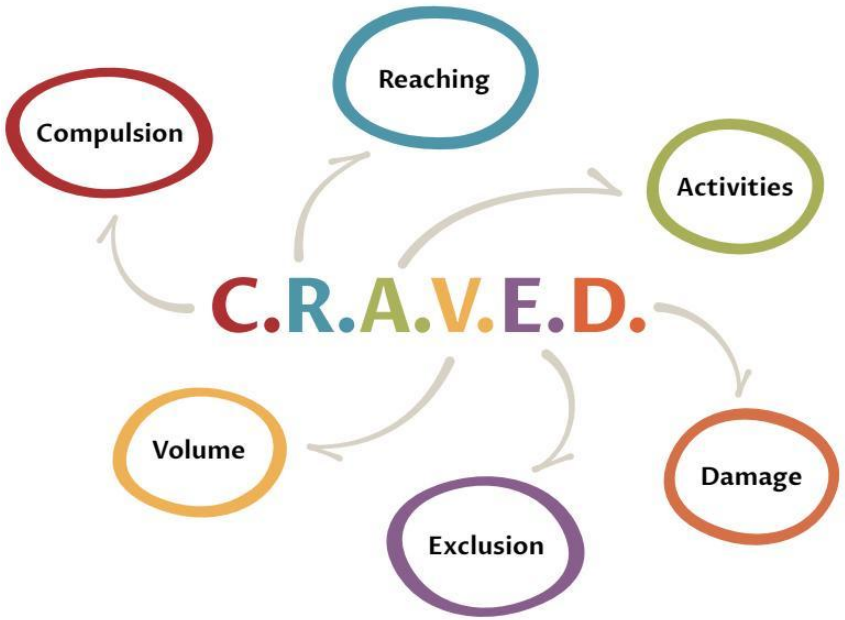
Have you ever...



… 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?

… noticed that you need to use increasing amounts of these foods to get the same effect compared to when you started?

… noticed a growing neglect towards planning of activities because you were too tired/pre-occupied/ sick due to overeating these foods?

… consumed more of these foods or drinks than you intended on more than on occasion?

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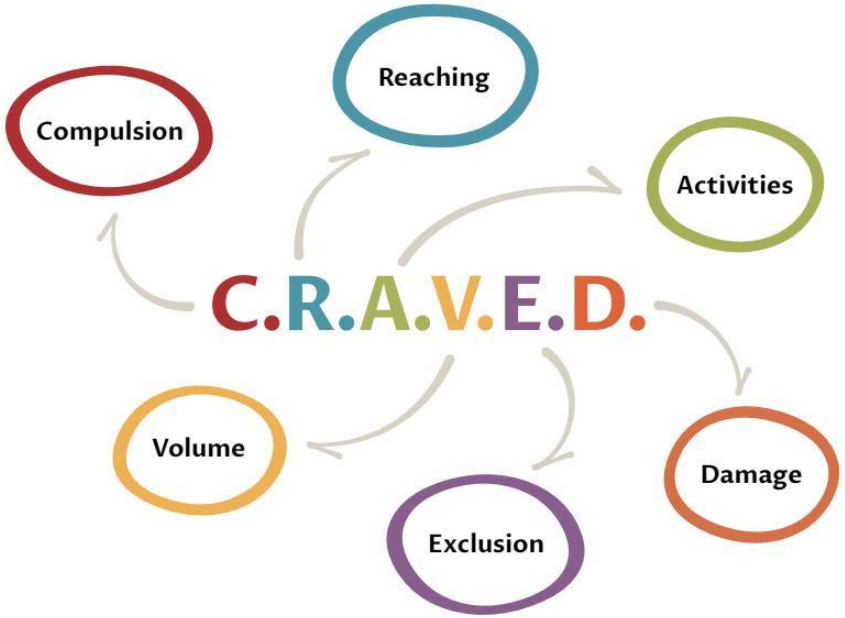

… experienced at least two of the following withdrawal symptoms when you cut down or stopped using these foods?

headache/nausea/vomiting, anxiety, depressed/low mood, unexplained irritation, inner flutters/shakes, sweating, palpitations, over/fast or shallow breathing/ diarrhoea/constipation/ sleep disturbances/ increased dreaming

… continued to use these foods despite you or someone else believing that your mental or physical health problems were likely to be due to your use of these foods?

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How to **RECOGNISE** UPFA in Clinic

R	**Recognise relapse**	Repeated relapse may indicate cravings, cue-reactivity, loss of control or addictive-like patterns.
E	**Explore without shame**	Use curious language: “What happens when you try to stop?”
C	**Check trigger foods and situations**	Ask which foods create loss of control and where/when it happens.
O	**Offer structure, not vague advice**	“Eat less processed food” is too vague. Patients may need clear food boundaries, meal planning, support and relapse planning.
G	**Give Validation**	Many patients feel relief when they hear: “This may not be a character flaw; this may be the way the brain is wired.”
N	**Normalise support**	Say: “This is not something most people recover from alone.” Addiction thrives in isolation
I	**Identify next steps**	Screen CRAVED, signpost, refer. Consider Liberate, Overeaters Anonymous, Grey Sheeters Anonymous for outside support
S	**Support harm reduction or abstinence-informed goals**	Not everyone will be ready for abstinence, but some may need it. Explore what has and has not worked. Start by avoiding trigger foods for 30 days and follow up
E	**Encourage ongoing review**	This is a chronic relapsing pattern for some people, not a one-off advice issue. Arrange follow up

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Conclusion

UPFA is not about lack of knowledge or weak willpower.

Some patients need addiction-informed support, not repeated generic advice.

The most helpful first response is curiosity, validation and practical structure.

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Understand how ultra-processed food addiction may overlap with binge eating symptoms and why this matters clinically.

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Course Price

Liberate Today! Starting 2nd July 2026, Thursdays at 7:00pm-8.30pm

£245.00

Add to cart

Liberate Today! Starting 8th September 2026, Tuesdays at 10:30am-12:00pm

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Thank you for Listening - Reach Out

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