Editorial

Food Addiction in the Family Medicine Context

Adicción a los alimentos en el contexto de la medicina familiar

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The rising rates of obesity and nutrition-related diseases demand a broader understanding of their impact in primary care, especially in the field of family medicine.

For decades, it has been pointed out that, in some people, regardless of their body mass index, there is an eating behavior consistent with an addictive phenotype. Key elements of this behavior include an irrepressible desire for food consumption —even when this implies health risks or impairment—, feelings of reward, and guilt.[1] Efforts focused on systematizing this behavior have led to the implementation of the term "food addiction" as well as the design of instruments for its assessment. Several versions of the Yale Food Addiction Scale (YFAS),[2] have been employed to assess this addiction based on the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) criteria for substance use disorder.[3]

The criteria for evaluating food addiction include four categories: 1) impaired control, 2) social impairment, 3) risky consumption, and 4) pharmacological criteria. In this last category tolerance and abstinence stand out as biopsychosocial symptoms.[4] All these aspects are shared with other addictive behaviors.

Furthermore, there is evidence that various genetic, psychological, social, and neurobiological factors influence food addiction. Likewise, there have been efforts to understand this addiction from a broader perspective, where dietary patterns, throughout phylogeny of human beings, play a significant role in individuals' preferences towards the consumption of foods high in fat and sugar.[5]

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Food addiction —regardless of discussions surrounding the term—,[6] implies of risk behaviors for the development and exacerbation of diseases such as obesity, diabetes mellitus, hypertension, dyslipidemia, and certain types of cancer. The most prevalent diseases in the context of family medicine. Recent figures indicate that in Mexico, nearly 20% of the population over 20 years of age has diabetes, and about 30% are unaware of their condition.[7] Additionally, one out of every three adults have hypertension in Mexico. This is further aggravated when analyzing control targets for these diseases, which, in various scenarios, do not exceed 40% of the population.[8]

Given the limited effectiveness of medical efforts, and of patients to self-regulate consumption habits that damage their health, it has been suggested that excessive food consumption could be a key factor in the incidence and prevalence of various metabolic diseases.[5] In this scenario, family physicians can play a fundamental role in the early detection and diagnosis of individuals with potential food addiction problems to prevent cardiovascular diseases, type 2 diabetes, various types of cancer, and psychological disorders.[5] The promotion of education on healthy eating, emotional support, and a comprehensive approach to addiction management are crucial elements in this task.

A proactive approach in family medicine, in addition to identifying and diagnosing food addiction, will involve providing strategies to recognize and control harmful eating behaviors. Early detection is essential to prevent long-term health problems. It has been pointed out that it is easier to maintain a healthy weight than to deal with obesity, so various interventions in family medicine, and other healthcare contexts, should focus on risk assessment, prevention, and treatment of this addiction in fully diagnosed individuals.[9] In this regard, meta-analysis studies have shown that long-term weight loss reverses by 30% in the first year, more than 50% in the second year, while at 5 years, more than 80% of lost weight is regained.[10,11] This means that the margin for effectively treating this condition, as well as its associated comorbidities, is diminished as the body mass index increases.

The prevalence of food addiction is dynamic and becomes more acute in individuals who present greater comorbidities related to weight gain. It has been determined that this addiction varies from 5-10% in healthy individuals, in obese individuals increases from 15-25%, while in bariatric patients with morbid obesity it ranges from 40-60%.[12] Given this context, it is essential to analyze food addiction and its impact on health from a comprehensive approach through cross-sectional and longitudinal studies while incorporating its evaluation into the daily practice of family medicine, as well as other primary care physicians.[13]

Therefore, the approach to patients with overweight, obesity, and metabolic diseases, should include the detection of compulsive eating behaviors or food addiction to implement comprehensive treatments in order to prevent further complications.

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