Submission for an Oral presentation, section "Environment and Addiction"

Title:

Self-regulatory eating capacity in our modern toxic food environment: food addiction and correlates among inpatients with substance use disorders

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Abstract

Background: *:* Behavioural and neurobiological similarities between the overuse of highly-palatable ultra-processed foods and addictive substances have led to consider the relevance of applying the addiction concept to such eating patterns. However, few studies have investigated addictive-like eating among people with SUDs. **Objectives:** This study aimed to determine the prevalence, severity and clinical correlates of addictive-like eating behaviours in inpatients with SUDs. **Methods:** Data related to addictive disorders and psychopathology (MINI), disordered eating behaviors (Emotional Appetite Questionnaire, Food Craving Questionnaire) and food addiction (FA, modified Yale Food Addiction Scale 2.0), mood (Hospital Anxiety and Depression Scale, Perceived-Stress Scale), emotional intelligence (Trait Meta-Mood Scale) and inhibitory control (UPPS Impulsive Behavior Scale) of 228 inpatients were collected. **Results:** FA prevalence was 20%, among which 35% meet severe FA diagnosis criteria. The most prevalent FA symptoms were: Use despite knowledge of adverse consequences (74%), Impaired daily functioning (65%), Withdrawal symptoms (63%), Much time spent (54%), Craving (50%) and Continued use despite social or interpersonal problems (50%). In univariate analyses, FA diagnosis was associated with greater rates of polyaddiction, higher levels of food craving, negative emotional eating, anxiety symptoms, negative urgency, and lower emotional intelligence. The most frequent problematic food categories were fatty-salty and fatty-sugary items. Multivariate analysis showed that a higher propensity for food craving and negative urgency were independently associated with FA diagnosis. **Conclusion:** Individuals with co-occurring SUD and FA display a specific phenotype characterized by more severe addictive patterns and disturbances related to the emotional and inhibitory control pathways. Given that one out of five of the study participants endorsed an FA diagnosis, this prevalence calls for a more systematic screening of addictive-like eating patterns all throughout SUD treatment, and FA should be considered as a comorbid clinical entity as for other substance and no-substance addictive disorders.