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# Who eats more cake? A comparison of food addiction prevalence in the general population and a population with severe mental illness

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## Abstract

Abstract of a poster presentation at American Psychiatric Association Annual Meeting, 14-18 May, 2016, Atlanta, Georgia, United States of America.

## Disciplines

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#### NO. 97

#### WHO EATS MORE CAKE? A COMPARISON OF FOOD ADDICTION PREVALENCE IN THE GENERAL POPULATION AND A POPULATION WITH SEVERE MENTAL ILLNESS

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#### SUMMARY:

In the last decade, interest in the phenomenon of food addiction has proliferated in both popular media and the academic literature. Food addiction is viewed as an addiction akin to drug addiction, where the implicated substance, instead of being a drug of abuse, is hyperpalatable foodstuffs or "junk food." Although food addiction has yet to be ordained with inclusion in the DSM, the syndrome is defined and operationalized by the DSM-IV criteria for substance abuse. The Yale Food Addiction Scale (YFAS) is a selfreport instrument based upon the DSM-IV criteria for substance abuse that measures problems individuals may have with the consumption of certain foods. As the phenomenon of food addiction is still in its infancy, little is known about the prevalence of the disorder. Therefore, this poster centers upon the results of two recent studies by the authors assessing the prevalence of food addiction both in the general population and in a population of individuals with severe mental illness. Both studies were conducted in Australia, were cross-sectional and utilized the YFAS to measure food addiction. The first study in the general population (n=118) found that the majority of participants did not meet the criteria for a "diagnosis" of food addiction (90.68%), with a prevalence rate of food addiction found to be 9.32% in a sample of the general population. Further, a statistically significant relationship was evident between food addiction and having a longterm mental health condition, with the vast majority of participants who met the criteria for food addiction also reporting a long-term mental health condition (81.82%). Thus, it was evident that further research assessing the prevalence of food addiction

in a population with mental health conditions was warranted. The second study assessed the prevalence of food addiction in a sample of a population with severe mental illness (n=94). Severe mental illness was defined as a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder. The findings indicated that the 73.40% of the sample with severe mental illness did not meet the criteria for food addiction. The prevalence rate of food addiction in this sample of a population with severe mental illness was found to be 26.59%. Therefore, it is apparent that the prevalence rate of food addiction is higher among those with mental health problems than in the general population. Further research is needed to delineate the relationship between food addiction and mental health conditions in general as well as between food addiction and specific mental illnesses. In addition, future studies should also seek to clarify the relationship between food addiction, mental illness, and a number of key variables such as sex, age, BMI, social support and impulsivity.