There is ongoing debate about the phenotype Food Addiction (FA), a substance-based addiction to highly processed (HP) foods high in refined carbohydrates and/or fat.1

Family history is a known risk factor for substance use disorders (SUDs).2

Family history of problematic substance use is associated with increased sweet preference and reward-driven eating in offspings.3 However, associations between family history of substance use and FA have thus far not been studied.

Existing research on the co-occurrence of food addiction and problematic substance use is mixed.4 6

Past research has primarily utilized samples identifying as female and samples with obesity which do not represent the full spectrum of FA. 4-6

We investigated rates of co-occurrence among FA, problematic substance use (alcohol, cannabis, cigarettes, nicotine vaping), and parental history of problematic alcohol use in a sample (n=357) with a wide weight-distribution and an even sex-distribution.

METHODS

Participants (n=357) were age 21-73 (m=40.7, SD=12.1), 49.7% men, 90.4% heterosexual, 77.6% white, 67.9% bachelor’s or higher.

Scoring Criteria

YFAS2.0 = 2+ symptoms & impairment
AUDIT = 8+ symptoms
CUDIT = 8+ symptoms
FTND = 4+ symptoms
E-Cig = 4+ symptoms
FTQ = 1+ parent w/ possible/definite problems

RESULTS

Risk of FA may be transferred, in part, through the inheritance of biological vulnerabilities in reward circuitry implicated in substance use and FA and/or through indirect pathways such as environmental factors.

Unlike with other substances, HP food consumption often begins early in development.7

Children with a parental history of problematic substance use may be particularly vulnerable to developing FA, especially in combination with the current food environment where HP foods are cheap, accessible, and heavily marketed.8

Results support the conceptualization of FA as a substance-based addictive disorder.

REFERENCES


Table 1. Significant at p<.05; due to multiple analyses, 99% CIs are presented. Bold in 1st column indicates predictor variable, italicized indicates outcome variable. Percentages indicate the percent of participants categorized as meeting criteria. Adjusted = covariates sex at birth, age, and subjective socioeconomic status.