

PTSD symptoms associated with increased food addiction

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Symptoms of posttraumatic stress disorder (PTSD) were associated with increased food addiction, especially when individuals had more symptoms or the symptoms occurred earlier in life.

PTSD is a potentially severe psychiatric condition. A growing body of evidence suggests that PTSD is a risk factor for obesity and obesity-related diseases. Food addiction is not established as a psychiatric diagnosis but may indicate use of food to cope with psychological distress, which is one plausible pathway from PTSD to obesity.

The authors used the Nurses' Health Study II to retrieve data on trauma exposure, PTSD symptoms and food addiction. Food addiction was defined by three or more symptoms that included eating when no longer hungry four or more times per week, worrying about cutting down on food four or more times per week, feeling the need to eat an increasing amount of food to reduce distress at any frequency and having physical withdrawal symptoms when cutting down on certain foods two or more times per week.

Of 49,408 women, 81 percent reported at least one traumatic event; the most common traumatic experience in this nurse population was treating individuals with traumatic injuries. Of women with a traumatic event, 34 percent reported no PTSD symptoms, 39 percent reported 1 to 3 symptoms on a 7-symptom PTSD screening questionnaire, 17 percent reported 4 to 5 symptoms and 10 percent reported 6 to 7 symptoms. Women with PTSD, on average, reported their first symptom occurred

at about age 30 years. The prevalence of food addiction was 8 percent, with a range from 6 percent among women with no lifetime PTSD symptoms to almost 18 percent among women with 6 to 7 symptoms. The most common trauma experience reported by the nurses was treating individuals with [traumatic injuries](#). Earlier onset of symptoms predicted a higher prevalence of food addiction. Traumatic symptoms in response to physical abuse in childhood had the strongest associations with food addiction, although the PTSD-food addiction association did not differ substantially by trauma type.

"To our knowledge, this is the first study to look at the association between PTSD [symptoms](#) and [food addiction](#). Our findings are relevant to ongoing questions regarding the mechanisms behind observed associations between PTSD and obesity, and they provide support for hypotheses suggesting that association between PTSD and obesity might partly originate in maladaptive coping and use of food to blunt trauma-associated distress. If replicated longitudinally, these results may have implications for both the etiology of obesity and for treatment of individuals with PTSD." Susan M. Mason, Ph.D., of the University of Minnesota, Minneapolis, and colleagues wrote in their today's *JAMA Psychiatry* article.

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