

# Primary care providers urged to assist patients who engage in emotional eating

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Primary care providers are well positioned to address emotional eating because of their long-term relationships with patients, note Jana DeSimone Wozniak, Ph.D. and Hsiang Huang, MD, MPH, of Harvard

Medical School and Cambridge Health Alliance in Cambridge, Massachusetts.

According to their article [published](#) in *Harvard Review of Psychiatry*, emotional eating is associated with myriad health problems, including the experience of overweight or obesity, increased difficulty losing weight and sustaining weight loss, diabetes, and heart disease.

"Emotional eating is characterized by increased motivation for [food consumption](#) in response to stress and/or emotion and mood states," Dr. Wozniak and Dr. Huang explain. "Individuals who eat due to negative emotional states and stimuli report a tendency to consume so-called 'palatable foods' (i.e., foods high in sugar, fat, and caloric content)."

Some individuals without obesity report eating in response to negative emotions or stress, the authors say, but emotional eating is more often associated with greater body fat, waist circumference, and body mass index. Moreover, emotional eating has been linked to decreased success with traditional, behavior-based [weight-loss](#) treatments (e.g., decreasing portion sizes, caloric and fat intake, and/or amount of carbohydrates consumed).

## **Primary care providers are well positioned to identify emotional eating**

Emotional eating often overlaps with depression, anxiety, and eating disorders, Dr. Wozniak and Dr. Huang note. They recommend using the Patient Health Questionnaire–9 (PHQ-9) and the Generalized Anxiety Disorder–7 (GAD-7) to screen for disordered eating behaviors in the context of [negative emotional states](#) or psychosocial stressors. For example, if a patient presents for weight-related concerns and reports "poor appetite or overeating" on the PHQ-9, the provider can further

probe the nature of the eating disturbance and emotion-management patterns.

Primary care professionals may wish to follow up with screening tools that assess for disordered eating behaviors and life stressors. Examples suitable for primary care are the Screen for Disordered Eating, the Perceived Stress Scale–10, and the Eating Disorder Examination Questionnaire.

Dr. Wozniak and Dr. Huang caution that individuals who meet criteria for binge eating disorder (BED) may also experience emotional eating, but not everyone who experiences emotional eating meets [diagnostic criteria](#) for BED (episodes of compulsive eating that recur, on average, once per week for at least three months).

## **Clinical considerations for primary care providers when addressing emotional eating**

Psychological interventions, particularly [cognitive behavioral therapy](#) and mindfulness-based interventions, are the standard first-line approaches for treating emotional eating, the authors say. Acceptance and commitment therapy and dialectical behavioral therapy, however, also reduce emotional eating in adults experiencing overweight or obesity, and research suggests the improvements are sustained.

The U.S. Food and Drug Administration has not approved any medications for treatment of emotional eating. However, psychopharmacologic management may be needed for underlying mental health conditions, with special attention to comorbid conditions.

Dr. Wozniak and Dr. Huang recognize that [psychological interventions](#) specifically designed to address emotional eating may not be readily

available for all primary care populations.

They explain, "Encouraging patients to track mood states and eating habits to generate increased awareness of antecedents to emotional eating, engaging in mindfulness-based practices via the internet or phone-based applications, and helping patients identify alternative, adaptive emotion regulation strategies may all help increase awareness of internal and external factors that contribute to and perpetuate [emotional eating](#) and encourage nonjudgmental, adaptive coping."

**More information:** Wozniak, J. et al. Emotional Eating in Primary Care: Considerations for Assessment and Management, *Harvard Review of Psychiatry* (2024). [DOI: 10.1097/HRP.0000000000000405](https://doi.org/10.1097/HRP.0000000000000405), [journals.lww.com/hrpjournal/ab ... nsiderations.14.aspx](https://journals.lww.com/hrpjournal/abstract/2024/08/01/considerations.14.aspx)

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