Study of Depression and Anxiety in Egyptian Adolescents in Relation to Food Addiction

Thesis

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List of Abbreviations

ADHD	**:**	Attention deficit disorder/ hyperactivity
APA	**:**	American Psychiatric Association
ASQ	**:**	Suicide-Screening Questions
BD	**:**	Bipolar depression
BED	**:**	Binge eating disorder
BMI	**:**	Body mass index
BN	**:**	Bulimia Nervosa
CBT	**:**	Cognitive behavioral therapy
CDI	**:**	Children's Depression Inventory
CDRS	**:**	Children's Depression Rating Scale
DASS	**:**	Depression, Anxiety, Stress scales
DAWBA	**:**	Development and Well-Being Assessment
DSM and ICD	**:**	Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases
DSM-IV	**:**	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DSM-IV-TR	**:**	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
FA	**:**	Food addiction
FDA	**:**	Food and Drug Administration
GAD	**:**	Generalized anxiety disorder
IMPACT	**:**	Improving the Mood with Psychoanalytic and Cognitive Therapies

IPT	**:**	Inter Personal psychotherapy
KADS	**:**	Kutcher Adolescent Depression Scale
KSADS	**:**	Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children
NPY	**:**	Neuropeptide Y
OCD	**:**	Obsessive compulsive disorder
PD	**:**	Panic disorder
PHQ-9	**:**	Patient Health Questionnaire-9
PTSD	**:**	Posttraumatic stress disorder
RYGB	**:**	Roux-en-Y gastric bypass
SCL-90	**:**	Symptom Checklist 90
SeAD	**:**	Anxiety disorder
SNRI	**:**	Serotonin and norepinephrine reuptake inhibitor
SoAD	**:**	Social anxiety disorder
SP	**:**	Special phobia
SSRIs	**:**	Selective serotonin reuptake inhibitors
TADs	**:**	Tricyclic antidepressants
WLS	**:**	Weight loss surgery
YFAS	**:**	Yale food addiction scale
YFAS-C	**:**	Yale food addiction scale children version

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Introduction

Food addiction (FA) is defined as a phenotypic description based on the overlap between certain eating behaviors and substance dependence ***(Ziauddeen and Fletcher, 2013)*** more clearly described as compulsive overeating accompanied by strong cravings (intense desire to eat a particular food or type of food) and extreme difficulty in abstaining from highly palatable food ***(Davis et al., 2014).***

There are striking similarities in both neurobiological and behavioral state between obesity (or overeating) and substance dependence and suggests that hyperpalatable foods could have an addiction potential ***(Gearhardt et al., 2011)***.

Those who meet the criteria for FA had a significant co-morbidity with binge eating disorder (BED), depression and attention-deficit/hyperactivity disorder (ADHD) compared to their age-and weight- equivalent counterparts. They were also more impulsive, displayed greater food cravings and ***(Davis et al., 2011)***, night time eating syndrome, and low eating self-efficacy.

The suggestion that childhood anxiety may play an etiological role in the development of eating disorders has

stemmed from the possibility that excessive fear about certain events or situations may lead into excessive concerns about eating, shape and weight and subsequently lead to the development of eating pathology ***(Pallister and Waller, 2008).***

Underlying vulnerability cognitions lead to harm avoidance cognitions which result in the implementation of safety behaviors comprising disordered eating and anxiety behaviors**,** early negative experiences may give rise to risk factors for the development of both disorders ***(Pallister and Waller, 2008).***

Stress, anxiety and depressed mood have shown high comorbidity with and the potential to trigger bouts of addiction-like eating behavior in humans ***(Parylak et al., 2011).***

FA in the development of obesity, have important ramifications for potential future treatment methods of type 2 diabetes where FA symptomology could be routinely screened, and if present, treated via addiction models rather than purely attempting to treat the potential consequences of food addiction ***(Raymond and Lovell, 2015)***.

Testing food addiction should become a routine part of the obesity treatment and for dietary programs after weight loss surgery in order to achieve long-term success

and to prevent "the transfer of addiction" in cases of "abstinence" from certain food ***(Dimitrijevi et al., 2015)***.

The identification and possible treatment of FA symptoms at a young age could avoid carryover of FA tendencies from childhood to adulthood, much like, the increased risk of adult obesity associated with childhood obesity ***(Pursey et al., 2014).***

Aim of the Work

Study of depression and anxiety in Egyptian adolescents and their relation to food addiction and obesity.