



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

*Thesis*

*Submitted For Partial Fulfillment of Master  
Degree in Pediatrics*

*By* □

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# قالوا

لَسْبَدَانِكَ لَا عِلْمَ لَنَا  
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ  
الْعَلِيمُ الْعَظِيمُ

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## **List of Abbreviations**

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

## *List of Abbreviations*

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