

TRACY BURROWS
“Diet, Nutrition and Food Addiction”
Mental Health Symposium May 27th 2017

[06:00 AM] LV (lorivonne.lustre): Hello everyone.
Today's presentation is being transcribed so those without audio or who require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed, NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.

You will see the transcription in local chat.
Transcription is provided by Virtual Ability, Inc.

The transcriptionist is
LoriVonne Lustre

The following initials in the transcription record will identify the speakers,
TB: Tracy Burrows

[06:01 AM] Rusalka Nemeth: Good morning and welcome to the sixth annual Virtual Ability Mental Health Symposium, held in our Sojourner Auditorium. My name is Rusalka Nemeth. I have been involved with VAI since the very beginning, and have met a wonderful supportive network of individuals with a wide range of backgrounds. I currently reside in the East Coast of the US in RL, and my disability in RL is profound deafness since birth. However, I don't allow that to stop me from pursuing my career in the sciences, or my enjoyment of SL activities.

Before I introduce our first presentation, I'd like to remind everyone that you can IM one of the VAI Greeters in the back of our auditorium if you need assistance.

Let's remember to leave the chat stream open for the presentation. You can find out more about Virtual Ability by clicking the poster up front and getting a notecard.

Visit our blog <http://blog.virtualability.org> for information about this Symposium. Please leave comments!

Check our website www.virtualability.org for information about the full range of our services and projects.

Use your Twitter or Facebook accounts to share information during today's presentations.

Virtual Ability tweets @virtualability Please feel free to "follow" us!

Today, we are using the following hashtags: #virtualability, #mentalhealth, #disability, #secondlife

As you probably know, Virtual Ability offers its presentations in text and voice simultaneously, for maximum accessibility.

When a presenter uses voice, a transcriptionist types an interpretation or meaning-for-meaning summary of what is said.

You will see this in the chat stream, following the transcriber's name and the presenter's initials.

Remember, it is the presenter's thoughts, not the transcriber's, which we are seeing.

Our first presentation is Tracy Burrows who will be presenting "Diet, Nutrition and Food Addiction."

Dr. Burrows is an Associate Professor in Nutrition and Dietetics at the University of Newcastle in Australia.

She is passionate about all things food, food behaviours, and communicating high quality, evidence-based information about diet and nutrition.

She has expertise in the areas of the assessment and validation of dietary intake, obesity management across the lifespan and food addiction.

She has delivered a range of community interventions and has taught at all university levels.

Dr. Burrows' talk will provide an overview of what is currently known about food and nutrition and recent research investigating food addiction.

These studies have shown overlaps between food addiction and other mental health issues, particularly depression.

Please welcome our first Symposium speaker.

And the floor is yours Dr. Burrows.

[06:07 AM] LV (lorivonne.lustre): <transcription begins>

[06:07 AM] LV (lorivonne.lustre): TB: hello and welcome

Thank you for the kind intro

Diet, Nutrition, and Food Addiction

Thank you to my team

I am based in Newcastle Australia

Priority Research Centre for Physical Activity and Nutrition

Hunter Medical Research Institute (HMRI)

Advanced Accredited Practising Dietitian

My research has 3 main areas

Dietary measures, Obesity Programs, Food addiction

In Australia. Globally, poor dietary intake accounts for more deaths than any other single factor 1

In Australia 10% of the total burden of disease (BOD) is attributed to poor eating habits, with an additional 8.5% to obesity 2
Poor diet costs \$5 billion each year [3], with an additional \$11.6 billion year due to overweight and obesity (AIHW) 3

Let's think about our current food environment

This is unlike any we have seen in history

Food is readily available, 24/7

In our supermarkets there are aisles dedicated to sweetened foods and beverages

In most dietary guidelines, these discretionary foods should be very low, yet what we see is that it is on average 40% of the daily intake

Mathematically we find this means that some people are consuming more than 40% of their food intake as these discretionary foods (high fat, sugar)

Weight intervention programs

Success: Effective in the short term

Very few effective at longer term change

Evidenced by numerous systematic reviews

The evidence shows this.

The key primary factor is: Eat less and move more

Why do we eat like this? This slide shows many of the reasons

I am interested in how food addiction fits in this picture

We know that food addiction is not classified in the DSM

Some people believe it is a real addiction, others do not

My research looks at food addiction. It can be likened to both substance and physical addictions

Animal studies support the idea, but these studies do not translate well to human

We eat for so many reasons -- friends, relationships, situations... many behavioural reasons

This makes it difficult to study

This slide shows the Yale Food Addiction scale

Food addictions have been studied since the 1960s

The YFAS is a useful tool and maps to the DSM scale for addiction

My group did a systematic review in 2014 -- we found food addiction was prevalent in 20%. Most likely women, adults over 35

This slide shows the symptoms of food addiction

This is interesting to look at because there is some question of whether or not these are specific to food addiction

This slide shows what else we know about food addiction

There are biological and behavioural factors

Definitely increased fat around the middle area

There is overlap between eating disorders and mental health issues

There is no connection with alcohol, tobacco or other addictions

We need food to survive, but...

Is there a particular substance? Like sugar? It is hard to tell as our food is not just sugar
Food addiction is between substance addiction and behavior addiction
Sugar addiction would be classified as a substance addiction, but food addiction overall is somewhere between substance and behavioural addiction

This slide shows an online study completed
This was important as up until this time no one had looked at the foods and micro nutrients
We found associations with sweets, but also with crunchy food
Other studies have looked at these areas since

This slide shows some of the findings
There has been one done on potential cola dependence
Another looked at pre-bariatric surgery patients
YFAS maps to the DSM (IV, V)
The changes that we have seen -- increased questions
12 symptoms
Severity classification now: mild, moderate, severe
The current research used the YFAS in 2016
Surveyed 1400 adults
Assessed dietary intake and binge eating status
Looked at depression and anxiety and substance abuse on assessment scales

This slide shows our data
We had a good range of population - male, female, age
BMI
The green swirl shows the significant findings
with regard to food addiction

This slide shows the difference between food addiction by anxiety / depression
It found that food addicted individuals showed a similar food profile to other addictions
Individuals with food addictions tended to eat lower amounts of fruits and vegetables, and higher amounts of junk food and sweetened beverages

This slide show the indicators of food addiction
Food addiction is associated with depressive symptoms, and importantly with PTSD
This is important as we can now look at vulnerable populations
Much more research needs to be done in this area
Diet and depression / anxiety

This slide shows which areas need interventions, and our current research looks at this
What about food addiction and childhood?
We know that dietary habits established in childhood carry over to adulthood
We asked if food addiction exists in childhood

This slide
Parents / caregivers of children 5 - 12
US survey
Completed online
Parenting feeding styles were assessed
Seven domains measured (/5):
Responsibility
Restriction
Pressure to eat
Monitoring
Perceived parent weight
Perceived child weight
Concern about child weight
We wanted to look at these in association with food addiction

This slide shows the results
Evenly split between male / female
Good weight spread in both parents and children
We looked at a holistic score for diet quality -- average score of this group was 40 -- good
What did we find?

This slide shows
Moderate association between child / parent food addiction scores
Also mild association with BMI

This slide
Food addiction behaviours with relation to parental food behaviours -- fathers were higher
There are limitations to this research as this slide shows
There are strengths as well -- especially the use of validated tools
Online surveys have benefits for research as well
How do we address these limitations?
Studies have looked at MRI scans and food images
There are some issues with this
The food group category is very broad and we all have individual preferences
Take away food, chocolate,
We have looked at MRI studies with self selected images
We found there are differences
We are also looking at food profiles and hormone profiles
We are looking to find targeted interventions
There are still many questions to be answered
Here are a couple of online tools that will be helpful for you -- may be
Healthy eating quiz
MOOC on science of weight loss
Thank you.
Acknowledgements
Questions?

[06:50 AM] Gentle Heron: This was so interesting. Thank you Dr. Burrows.
QUESTION: You use data from different countries. Are people the same the world over with regard to food addiction?

[06:51 AM] LV (lorivonne.lustre): TB: when we do a review of international studies -- we looked at 25

The prevalence did tend to be the same, with specific subgroups
The prevalence does tend to be 20%

[06:52 AM] Gentle Heron: [06:50] Draxtor Despres: QUESTION: tips about talking with kids about this in constructive ways?

[06:52 AM] Draxtor™ (draxtor.despres): i have to admit i often get mad at the international food MAFIA :) and then i realize it may not be the best way to frame this around kids where there is a LOT of peer pressure to eat crappy stuff that is peddled at the store....

And then they do the same at home

Peer pressure among kids is also a factor!

And school lunches are abysmal....sigh

[06:53 AM] LV (lorivonne.lustre): TB: In relation to food addiction, there is some question of whether children can self-report about food addiction

Perhaps the discussion should be more about healthy eating

We tend to ask parents, but children over the age of 8 are quite capable in making decisions and talking about it

Get them involved

[06:54 AM] Draxtor™ (draxtor.despres): good strategy :)

[06:54 AM] Gentle Heron: [06:51] FidgetsWidgets: QUESTION? Will the link for the MOOC be put into nearby chat?

[06:54 AM] LV (lorivonne.lustre): TB: I will add that

[06:54 AM] GentleToo Brandenburg: The course is called "The Science of Weight Loss: Dispelling Diet Myths" and people can enrol via <https://www.edx.org/course/science-weight-loss-dispelling-diet-newcastlex-sw1101x>

[06:54 AM] Fidget (fidgetswidgets): TY awesome!

[06:54 AM] LV (lorivonne.lustre): TB: thank you Gentle

[06:55 AM] Gentle Heron: [06:51] Faust Saenz: QUESTION: Aside from food addiction, are there patterns of eating and types of food that increase positive psychological wellbeing?

[06:55 AM] LV (lorivonne.lustre): TB: this is quite interesting to me

We have only recently started to see the overlap between food and psychological well being

Reduce the amount of discretionary choices and increase core food group choices

It is easy to treat the presenting condition, but we need to be aware of the food intake and behaviours

[06:57 AM] Gentle Heron: [06:53] 01 Hifeng: QUESTION: what about people who are eating healthy, don't eat sweets, fast foods, etc but still overeat?

[06:58 AM] LV (lorivonne.lustre): TB: lots of research out there considers junk food drives us to overeat, but we found that this is very individual. We have preferences
It might be a type of food, or a texture
Very individual
When we think about food addiction -- this is not diagnosable, yet
There is huge support for this however
80 - 90 % consider food addiction to be a real phenomenon

[06:58 AM] Leandra Kohnke: Bread. I love bread.
[06:58 AM] 01 (01.hifeng): nuts, lol
[06:58 AM] Draxtor™ (draxtor.despres): i love Bread covered in BREAD :)
It is the Drax Sub
[06:58 AM] LV (lorivonne.lustre): TB: Laughs... someone likes bread
[07:00 AM] iSkye Silverweb: chocolate!

[07:00 AM] Gentle Heron: [06:55] Ninetales66: Dr. Burrows my question is what if a child has a rare genetic disorder called Prader-Willi Syndrome (PWS), how can people manage it?
[07:00 AM] Pim Peccable:
https://en.wikipedia.org/wiki/Prader%E2%80%93Willi_syndrome
[06:56 AM] Draxtor™ (draxtor.despres): ahhh Shadow is asking about the Prader Willi Syndrome where kids are hungry all the time?
And tend towards becoming obese
Seems to me
That social stigma
Associated with this disease
Or other genetic disorders
Our society will lump everyone in together
I know this is not subject of this talk
But the factor of societal stigma associated with obesity etc
[07:01 AM] LV (lorivonne.lustre): TB: this is very separate from food addiction
Children with Prader-Willis need close supervision from medical practitioners

[07:02 AM] GentleToo Brandenburg: [07:02] Lola: Where is it possible to get good information about what to eat to help mental health - like Omega 3, B6 vitamins and folates?
[07:03 AM] LV (lorivonne.lustre): TB: we are looking at targeting individual approaches
In response to Lola
When we think about all the other research, nutrition research and mental health is very new
I will provide some links later
[07:04 AM] Lola (lolakey): that would be wonderful because i am trying to combat a severe mental health condition with food :)
[07:05 AM] GentleToo Brandenburg: I will post those links for you Dr. Burrows
[07:05 AM] LV (lorivonne.lustre): TB: collectively speaking, look at core food groups, omega 3
[07:06 AM] Lola (lolakey): thank you

[07:06 AM] Pim Peccable: ★('·(· * ·)'·)★ ★('·(· * ·)'·)★
[07:06 AM] Pim Peccable: A*P*P*L*A*U*S*E !!!
[07:06 AM] Pim Peccable: ★(·'(·' * ·)'·)★ ★(·'(·' * ·)'·)★
[07:06 AM] LV (lorivonne.lustre): TB: I have found this fascinating
Thank you
[07:06 AM] Phan (phanessa.svenska): ☺
[07:06 AM] Phan (phanessa.svenska): ·*(·*· ♥ `*·)·`·
[07:06 AM] Phan (phanessa.svenska): APPLAUSE!!!!
[07:06 AM] Phan (phanessa.svenska): AWESOME!!!!
[07:06 AM] Phan (phanessa.svenska): ·*(·*· ♥ `*·)·`·
[07:06 AM] Fidget (fidgetswidgets) appaws!
[07:06 AM] GentleToo Brandenburg: Thanks for all the information Dr.
Burrows.
[07:06 AM] LV (lorivonne.lustre): GH: thank you Dr. Burrows
[07:07 AM] LV (lorivonne.lustre): <<transcription ends>>