

From the Director's Desk

Dear Friends,

Our topic for this month is drawn once again from our assessment of your needs.

Last month we considered our new brief intensive outpatient program that complements our traditional program by offering a shorter, less expensive alternative for treatment of depression and anxiety. You can compare the two programs on our website: www.slbmi.com/psychology_religion. In this edition of UpDate, we cover the topic of obesity and weight management, which you told us was a very common and significant problem among those for whom you are responsible.

In previous issues, we have written about the detrimental impact obesity has upon a person's well-being and how difficult it is to sustain weight management for the long term. We described how the Weight Management Services team addresses those problems with strategies that help clients throughout their lifetime. In this issue, our resident dietitian, Martha Vatterott, R.D., L.D., who is continually researching the science of weight loss and weight management, shares with you her take on "food addiction." I know you will find her perspectives thought provoking.

Having a registered and licensed dietitian on our staff is a tremendous gift for us, and for all those who use the Weight Management Services team. Martha is also available for on-site consultation regarding diet, meal planning and meal preparation. Healthy eating is not synonymous with "boring", and not just for those who are obese!

And she is only one part of our diverse team. I am blessed to lead a unique group of men and women; the Program for Psychology and Religion is unlike most other treatment facilities for clergy and religious. We deploy the full range of medical, spiritual and behavioral specialists, ready to respond to the full range of health issues for which you need assistance.

As always, I invite you to call on us whenever and for whatever we are needed. It is always a pleasure to hear from you!

Sincerely,

Christopher S. M. Grimes, Psy.D.

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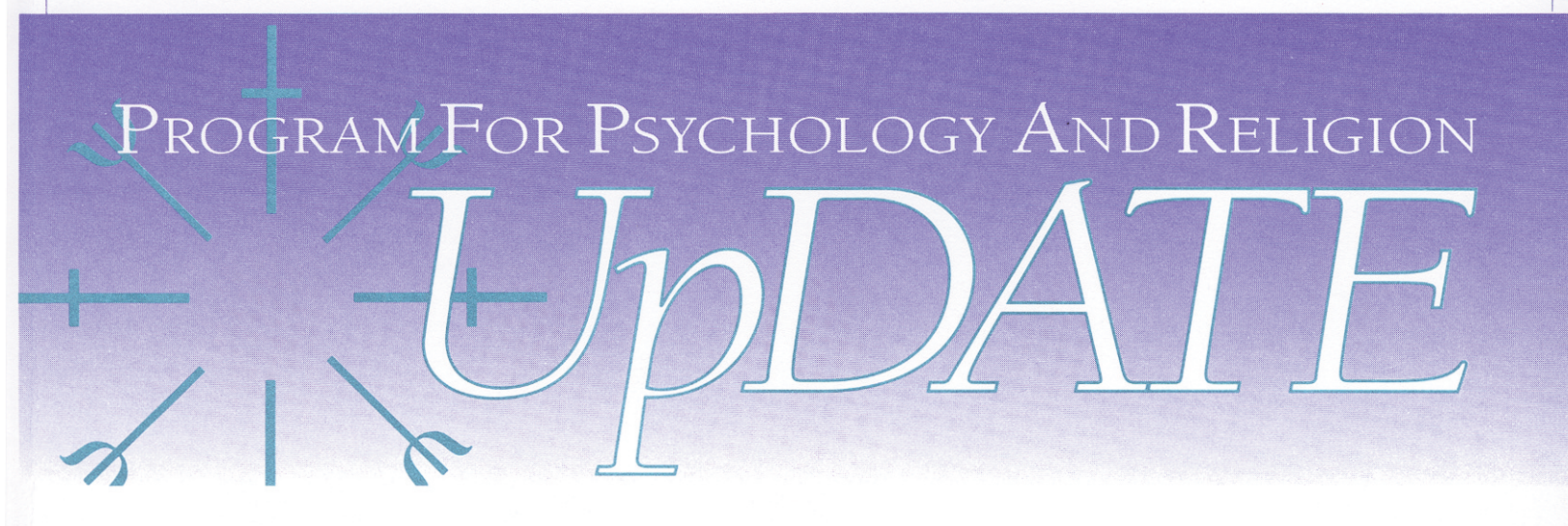
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Food Addiction: A Fresh Perspective on Curbing Appetite and Shedding Pounds

by Marta Vatterott, RD, LD, Clinical Dietitian



The research is sobering: two out of three American adults are either overweight or obese; one in six children is obese.

In a Ministry Needs Survey conducted in 2005 by the Program for Psychology & Religion, religious leaders ranked "number one" the need for Obesity and Weight Management services. That response was repeated in the 2011 Ministry Needs Survey.

Merriam- Webster offers a parsimonious definition of obesity: a condition characterized by the excessive accumula-

tion and storage of fat in the body. In an adult it may be quantified as a Body Mass Index (BMI) greater than 30, high percentage of body fat (more than 21 per cent in men or 31 per cent in women) or waist circumference of greater than 40 inches for men and 35 inches for women.

The consequences of obesity are expressed in more graphic terms. Excess weight increases the risk for diabetes, cancer of various types, gall bladder disease, arthritis, and gout, just to name a few. It is an **independent risk factor** for heart disease and stroke.

Medical disease has an economic impact. The costs are reflected in direct (more frequent visits to physicians and hospitalization) and indirect (inability to respond to ministry demands) ways. In addition, persons struggling with weight spend billions of dollars annually on weight loss aids, special foods, and diets, none of which provide long term results.

Everyone is frustrated; many are discouraged to the point of giving up. What is there to do?

Some rightly call obesity an epidemic, but this is more than a physical or medical plague. The causes of obesity must be

considered as a multifactorial array, and that array must include environment and life choices.

Recently, some researchers have begun to reshape their thinking about the causes of obesity to reflect this fact. One of the more interesting hypotheses to emerge from this reassessment is the concept of food addiction.

Studies in support of this concept have found that normal weight and obese persons are similar in terms of *liking* food but obese persons have stronger *desires* for food.

Studies using positron emission tomography (PET scan), a three dimensional imaging technology, have shown that the brains of morbidly obese persons are similar to those of drug addicted persons.

Other studies have demonstrated that prolonged activation of the mesolimbic

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system (the dopamine “reward center” of the brain that is activated by positive stimuli like drugs and appealing food) leads to cellular and molecular changes that make this system even more sensitive.

One question, of course, is whether the observation is cause or effect. Is an obese person born this way or does this brain change reflect the result of years of overeating and thus over-stimulating the brain?

In plain language, could it be that the more this part of the brain is activated by indulging, the more difficult it is to control eating?

As of now, there is no scientifically accepted definition of food addiction as there is for Substance Dependence; however, Dr. Mark Gold, Chief of Addiction Medicine at McKnight Brain Institute of the University of Florida, suggests that food addiction is a viable concept. He believes that overeating can be thought of as similar to a chemical addiction. He would define the disorder to include:

- *eating too much despite consequences, even dire consequences to health*
- *being preoccupied with food, food preparation and meals*
- *trying and failing to cut back on food intake*
- *feeling guilty about eating and overeating*

So, if all this proves accurate, not only would this hypothesis suggest that behavior leads to brain changes, but brain changes are then reflected in behavior. Behavioral management becomes a primary means for prevention and treatment of food addiction.

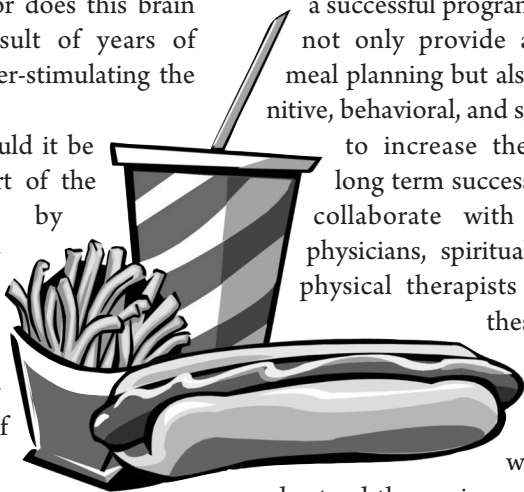
Behavioral management, of course, is a complex process in itself. It is extremely simplistic to suggest that it is a matter of will power. There are cognitive, emotional, physical, spiritual, and environment elements to be considered and brought into play to counter the powerful biologi-

cal drives that have been set up in the brains of obese persons.

The treatment for food addiction, like its causes, must be multidisciplinary.

Working with a Registered Dietitian (R.D.) who is also trained in Adult Weight Management is a core element in

a successful program. The R.D. will not only provide assistance with meal planning but also promote cognitive, behavioral, and spiritual changes to increase the likelihood of long term success. The R.D. will collaborate with psychologists, physicians, spiritual directors and physical therapists to accomplish these changes.



Routine follow up with the R.D. also will help clients understand the environmental situations that “trigger” overeating and strategies for countering such temptations to overeat.

Some experts say that our culture in the United States can be described as “obesogenic,” exposing us routinely to high concentrations of potentially addictive food substances: sugar, other sweeteners, refined carbohydrates, fat, salt, and caffeine. Exposure increases the likelihood of indulgence and, according to the theory of food addiction, repeated indulgence leads to reduced control.

Religious and clergy live and work in settings just like this. Meetings and recreational gatherings, kitchens in homes and institutions often have high-calorie snack food and drinks readily available at any time. Busy schedules make processed or “fast” foods a convenient alternative to healthy, natural foods. High stress means that food is used to satisfy needs other than nutritional; we eat when we are not even hungry.

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Environmental factors must be addressed by communities, not just by individuals; addressing them successfully greatly enhances the well being not only of the person actively managing weight but of the whole community.

In response to the expressed need of the religious community, knowing that obesity is a major concern among clergy and religious, the Program developed targeted weight management services that address in a comprehensive manner these root causes of obesity.

The Program for Psychology and Religion of the Saint Louis Behavioral Medicine Institute offers a multidisciplinary treatment program.

The elements built into a typical day will include time for prayer and reflection, physical exercise, personal care and recreation. Scheduled treatment groups include Mindfulness, Spirituality, Cognitive Behavioral Therapy, Interpersonal, Art Therapy, Diet and Nutrition, and Fitness and Active Lifestyle. Individual appointments might include any of a range of professionals: Internal Medicine Physician, Psychiatrist, Psychologist, Spiritual Director, Clinical Dietitian, Physical Therapist and Art Therapist.

Without a therapeutic plan and a consistent implementation of that plan, there can be no long term results. Like any behavior change, the desired pattern must be practiced over and over before it becomes habitual or automatic. Supportive treatment will greatly increase the likelihood of personal success.

Lest all this leave you feeling exhausted and discouraged, let me restore you with some healthy “food for thought”: “Success is a journey, not a destination. Focus on the process.”

I assure you that we will stand by you and anyone whom you entrust to our care. We are here to support and encourage. That is the way to success.



**“The End of Overeating:
Taking Control of the
Insatiable American
Appetite”**

by David A. Kessler, MD.

Dr. David Kessler, former commissioner of the U.S. Food and Drug Administration, is known for his work to expose abuses by the tobacco industry. In this book he takes on the food industry, highlighting what he calls its deliberate attempt to hijack human brain circuitry in order to promote overconsumption of processed food, the result of which is endemic obesity and its debilitating health consequences.

Kessler began this work by trying to answer the fundamental mysteries. Why is it so hard for so many of us to resist eating even if we’re not hungry? Why does the chocolate chip cookie have so much power? Why do we engage in eating behavior that we promised ourselves we would eschew?

He spoke with ordinary people; they recognized the problems, but could shed little light on the causes. Kessler then proceeded to interview top physicians and leading food industry experts. He dug into the latest brain science. His answers are presented very clearly.

First, we know that our brains are structured to focus on the most salient stimuli in any environment. If a bear walked into a room, for example, we would definitely focus on that bear. If a pot of water was boiling over, it too would draw our attention.

Second, it is also clear that foods containing sugar, salt and fat, especially in combination, get our brain’s attention by triggering its reward center. Food industry design and marketing of processed food point us toward consumption of just such foods.

Third, consumption leads to more consumption. With every indulgence, the neural circuits are strengthened; quite simple, we are “learning” to kill ourselves.

Kessler posits the solution: once we understand what is happening, we can put ourselves back in control of our approach to eating.

Parts Four and Five of this book expand both the theory of treatment and practical strategies to promote a healthy appetite that will lead naturally to a very different style of eating.

This is a great book to read if you or someone you know wants to learn more about taking control of appetite and how we as a country can change how food is produced, distributed, marketed, and consumed.

Reviewed by Martha Vatterott, RD, LD, Clinical Dietitian for The Program for Psychology and Religion

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