

## The problem food (substance dependence) approach to obesity

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Current obesity interventions are only marginally successful, with generally poor long term results. Emerging evidence points to dependence on highly pleasurable food (food addiction) as a significant cause of the obesity epidemic. In one study, sixty-one percent of overweight individuals surveyed indicate that they have a problem with mainly one food. Candy, chocolate, fast food, and chips topped their list. Incorporating substance dependence methods, involving such problem foods, may improve intervention success rates.

Food Addiction Model: If obese individuals can identify and break their dependence on problem food(s), and not become addicted to a new food(s) in the process, they may gain control of their weight. Breaking food dependence necessitates going through withdrawal (abstinence) from each problem food, similar to coming off cigarettes or a drug. Withdrawal symptoms, e.g. intense cravings and irritability, typically subside within 2-3 weeks. In parallel with withdrawal from their problem foods, obese individuals must learn to cope with unpleasant emotions, such as sadness, stress, and boredom, without turning to pleasurable foods for relief (comfort eating), the basis of food addiction. Self-esteem and coping skills augmentation, along with stress management techniques, peer/mentor support, and motivational tools, are the necessary skills needed for recovery from food addiction and obesity. An intervention approach will be presented, based on the above food addiction model, and implemented as a smartphone app. The app includes: 1) listing and photographing a user's problem foods, with automated withdrawal from each food, one at a time (divide and conquer approach), 2) self esteem, motivation, and coping skills augmentation (needed to prevent relapse), and 3) buddy and online community support. Users may carry the app wherever they go, thus it is available "in the moment" for cravings or impending binges. As cell phones are the norm today, app users are not self-conscious. Mentors, likewise, are able to effect support on the go, as any smartphone may be used. Call center mentors are another option. The problem food approach could prove superior to current obesity interventions. Furthermore, smartphone apps could be used indefinitely, to avoid relapse.

### Biography

Robert Pretlow graduated with honors from Princeton University. He received his MD from the University of Virginia Medical School, where he also did his internship and residency in pediatrics. He is board certified in pediatrics and is a fellow of the American Academy of Pediatrics. Dr. Pretlow has published 14 articles, has been awarded 5 U.S. patents, and has presented 43 abstracts, keynotes, plenaries, panels, and tutorials at national and international conferences. He recently published the book, *Overweight: What Kids Say*.

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