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Integrative medicine for eating disorders and addictions

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Community estimates from 2000 indicate over 40% of Americans over age 12 have used an illicit drug in their lifetime with 3.1 million having been in treatment for substance use disorders. Over nine percent of the total population met criteria for substance use disorders. Of those with SUDs 53-76% has a comorbid mood or anxiety disorder, personality disorder or eating disorder. Nationwide, approximately 20-30% of all individuals with anorexia nervosa and 40-70% of bulimics have comorbid substance use disorders. For binge eating disorder, substance use disorders are a significant co-occurring diagnosis. Up to one-third of female patients with alcohol use disorder (AUD) may have undiagnosed eating disorders (ED). At any given time, 30% of women receiving treatment for substance use disorders may also have a serious eating disorder. Substance use disorders and eating disorders share many components and characteristics including genetic predisposition for addictions, a history of trauma

and attachment disorders and changes in the dopamine reward centers in the brain (reward deficiency syndrome or RDS). This element of cross-addiction speaks to the fact that, while substance use disorders may begin as part of a primary eating disorder (i.e. the use of stimulants to lose weight), for many individuals, there may be common etiological factors, including family history of SUD, trauma and major depression that promote the development and maintenance of both SUD and ED. Integrative medicine is an important tool in addressing the brain chemistry and nutritional deficits associated with both ED and SUD. As well, it is uniquely able to address the dysregulation of the hypothalamic-pituitary-adrenal axis (hyperactivity of the stress response) and to provide limbic therapies for trauma that is common to both and which puts clients at high risk for relapse.

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