

Dr. Adrienne Youdim, Host 0:03

Hi, this is Dr. Adrienne. Welcome to Health bite the podcast where we explore all things health and wellness. This episode of health White is sponsored by Dell nutrition, a line of functional nutrition bars and supplements I've personally curated to enhance health and wellbeing You can find out more at Dell nutrition calm. Hi there. I can't wait to share this episode with you today I talked with Dr. Vera Tarman. She's an addiction medicine specialist. And we talked about food addiction. Is that even a thing? We also talked about my love of sour gummy worms, Sex in the City and a bunch of other cool stuff. So get cozy and get ready to dive in. I'd love to hear your thoughts about this episode. So please share and let me know what you're thinking. Here we go. Hi there and welcome back to health bite our podcast where we talk about all things health and wellness. Today I am really pleased to be speaking with Dr. Veera tarmin. She is a physician specializing in Addiction Medicine and the medical director of renaissance, a Addiction Treatment Center in Canada, a very large Addiction Treatment Center. As I understand she is also the author of food junkies recovering from food addiction, and so welcome Dr. Vera.

Dr. Vera Tarman 1:24

Thank you. Thank you very much for asking me to come here to speak today.

Dr. Adrienne Youdim, Host 1:28

It's a pleasure. And I think this is such an important topic. And before we dive in, tell me a little bit about what brought you to this area of medicine. What inspired you to do this work?

Dr. Vera Tarman 1:39

Well, first of all, I want to say thank you so much for asking me to speak not just because it's a nice venue to speak but also your perspective, you coming from the obesity field as a condition because I think that we need to be speaking with each other more. So I'm really, really happy that we are, you know, I come from the addiction background. And you know, we don't read each other's literature because you know, addiction doctors, radars, you readers. So it's really nice when we collaborate like this, because I think it's so important to do. So my background is that I have been working in Addiction Medicine, since I don't know 2000 or something like a long time now. And one of the things that I discovered because I work in a treatment center, I work in new recovery, people just coming in from stopping their alcohol, their cocaine use their crystal meth use whatever is something usually that has been so dominant in their life, that they are willing to give up a month of their life to come into treatment. So we're not talking about just you know, a little bit of a struggle, but big time struggle. And so what I would see happen on a repeated basis is that people would put down their alcohol put

down their cocaine, and then they would start eating. And they would say, I never used to eat like this, why am I eating like this? Once I started to, you know, as it were put on those glasses and see it, I saw on a regular basis that people were behaving just as addictively with their food as they were with their previous drugs. And so I probed a little further and often I would find that they actually had a history of difficulty with eating before they found their substance. They found cigarettes, they found alcohol, they found cocaine that curb their their eating, and now that they're stopping its comeback. This was just something that I became aware of. And then in the late 90s, I started to see literature in the addiction field starting to talk about you know, you may you hear in the research about uh, you know, the rats that choose sugar over cocaine, that kind of stuff was happening at that time. And I just thought, Oh, my God, I'm now I've got research to substantiate this clinical syndrome that I keep seeing, and started to speak about it at that point. And that's when I started to talk to people, more clinicians more. And I was like, This is not just my experience, my patients experience this is across the board. And why are we not talking about it? So I got on a bandwagon or a campaign as it were, even from those days. And it's just sort of blossomed into something that we're not yet at the tipping point. But you know, things like the central view today, you know, you're coming from an entirely different discipline that we're talking and I have a feeling we're on the same page, you and I just from a slightly different perspective. And I think that that's just wonderful. So that's where I come from.

Dr. Adrienne Youdim, Host 4:08

Yeah, you're absolutely right. I mean, we do need to be talking to each other more. We do need to be collaborating so that we can serve people better and ourselves better, quite frankly, because we're all human. And so yes, I agree. And I'm and I'm happy to be doing this as well. I'm really interested in you know, what you mentioned about you know, going from cocaine to food or alcohol to food and it made me think about something I used to see when I work with the bariatric surgeons that had been termed transference or transfer addiction, where people post very attic surgery, for example, and their studies published to show this had a greater incidence of maybe alcohol use or abuse or other substance abuse after bariatric surgery. So it kind of goes both ways. It sounds like it absolutely does.

Dr. Vera Tarman 4:56

And I'd like to ask you this question because I went to a bariatric conference in Florida a couple of years ago and asked a few of the surgeons, you know, what is it with this phenomena of increased alcoholism post surgery? It didn't seem that everybody agreed with that. So I mean, I'd like to ask you, is that a well known factor? Or is that just something that you've picked up? And that it's only some people are talking about that?

Dr. Adrienne Youdim, Host 5:20

Yeah, I mean, I think maybe not everybody is talking about it, necessarily. But it's definitely something that is well published in the literature. And in fact, there was a New England Journal of Medicine article by Dr. Adams out of Utah, who's an internist who does a lot of this prospective work. And he showed that in fact, suicides and accidental death, while patients who had bariatric surgery had less likelihood to have cardiovascular death or diabetes related or cancer related deaths, because they had lost weight, right, they did have a higher incidence of accidental deaths and suicide. And so it is important to talk about and it's not about vilifying one thing, or another one treatment or another, I'm very much about utilizing all the treatments that exist. But we need to be aware, and I think the surgeons because sometimes they are really their work is to do the surgeries, right? They do the operations, and they may or may not have that longer term follow up, it rests on maybe people like you and I to be more aware, and to have that, you know, in mind

Dr. Vera Tarman 6:31

to fill in some of that background, because so that's a little piece that I didn't know. So what I saw, I mean, here, we can fill the holes together here, because what I would see is that, yes, post surgery, there's increase in alcoholism, and there's also increase in weight. Now, you know, there's certainly this drastic weight loss, but then there's a gradual, basically regained over usually post five years or something like that. And I bet you, that's when the suicidality could come because how depressing it must be, and discouraging it must be to have gone through the effort of all that work of surgery, only to get it back the weight back. But if we had this extra piece, like there's an addictive element in here, we could nip that in the bud. So I really,

Dr. Adrienne Youdim, Host 7:12

I want you to dive into that a little bit deeper, because I know there's controversy around this topic of addiction and whether addiction really exists, can we apply the term addiction to something like food, which is so essential to life? So I'd love to hear like your perspective and, and why you feel comfortable or feel like it's important to actually use the term addiction when it comes to food.

Dr. Vera Tarman 7:39

First of all, just to state out very clearly, that is a very controversial area. It's not in the DSM five, although the DSM five was no, it's not the DSM, it's the ICD is now being renegotiated. And so we've actually put in, you know, because we know, it's a sort of big lobby effort to try to get a diagnosis in. And so we're trying to get it we're trying to again, get again, it's very difficult because people will see this as an essential item, even within the ranks where we're fighting with this concept of should we call it food addiction?

Should we call it sugar addiction? How about processed food addiction, I mean, food is just, it's just too big of a word. And for somebody like me, where I see a stage, you know, I'm an addiction, starcher, like I said, the person's got to be bad enough that they're willing to give them a month of their life and lots of money to come into treatment, there's a gradation of addiction. So I'm seeing people at the extreme end stage of behavior that fulfills all the criteria of addiction, which I can talk about in a minute. But just to say, if those all those criteria, even normal food, not necessarily processed food, because once you get to the end stage of addiction, it can be even celery, you can eat too much healthy food, it can be just processed eating or volume eating. It's no longer just sugar or processed foods, which it's often where it starts. So it's like a continuum. And when we talk about food addiction, we're saying it starts with just living in today's food environment, which is full of I mean, basically processed foods, they're not really foods anymore. Like if we were talking about real vegetables, real fruits, that we wouldn't be having this conversation. It's basically starting with the hyper processed food, and sugar. So even a person who's not food addicted will find that it's hard to have only a few of something because the food is made to be addictive or hard to not eat, we may not call it addiction. The food industry calls it crave ability, you know, it's just hard to not eat it. So you can start at that level of struggle with eating and then that can morph itself, the more exposure you have to it, and if that's all you're eating, that's a lot of exposure, versus somebody like my generation where it might have just been on weekends or birthdays or something like that. Not so much exposure, but today, that's sometimes that's all people are eating. So they're, they're moving along and just like just like, you know, we're seeing teenagers and 20 people in their 20s getting diabetes and metabolic syndrome. Um, we're seeing people getting food addiction at a younger age, because it's, it's, it's not only, like hyperinsulinemia in the body, it's hyper dopamine in the in the brain, I actually think they're very similar process, it's happening in the brain with addiction. So you have this exposure, and you develop the characteristic features of addiction, just the way that you would develop the characteristic features of insulin emia, you know,

Dr. Adrienne Youdim, Host 10:25

and so can you define what are those characteristic features of addiction?

Dr. Vera Tarman 10:30

Yeah, so so you know, if a person pulls out the on the internet, you know, the 20 questions of Am I an addict, it'll be the same ones for alcohol, cocaine, for my cocaine addict, my food addict, you know, it'll be basically a bunch of questions, which are trying to measure certain parameters, or, like, I'm gonna say, five qualities. And the first quality is obsession. And this is the dopamine piece. So if I find that I like a bag of chips, and I have a couple of them. And now I want a few more, and I'm just telling myself, no, I

can't have a few more. But I still want a few more. I'm not I'm not addicted. And I'm not even obsessed, but I'm thinking about it a bit more than those chips deserve. Now, if over time, I become reliant on that big bag of chips to get through the night, while I'm watching Netflix, now it's become more mental real estate. And at a certain point in time, overtime, if that's all I'm eating, it becomes an obsession. It may not feel yet like an obsession, but it's it's certainly has more dominance than it should. And that's the hyper dopamine dopamine effect.

Dr. Adrienne Youdim, Host 11:32

Yeah. Which just means that it I mean, I think obsession sometimes has this feeling connotation to it, you know, but it just means you're thinking about the darn chips, like you said, more than you need to, right. And that often happens with chips, or, you know, you're you're thinking about something you're telling yourself to resist. And then lo and behold, you find yourself distracting yourself or trying but yet you keep thinking about that thing in the pantry. Right?

Dr. Vera Tarman 11:59

Yeah, yeah. So it's a gradual process. So it starts from just, you know, thinking about it, to craving it, and then eventually to obsessing. So that's the first thing is this hypertension, inevitably, what happens is you have a few, and they're great. And then the next day, you need more to get the same effect. And it might not be the next day, but soon enough, you need the whole bag. And at a certain point, if you've had a really bad day, and you really want that feeling of those chips, you got to have two bags. So essentially, there's an odd kind of tolerance that develops. And we just need more to get the same effect. So that's number two. So you eating more not necessarily to feel more but to feel

Dr. Adrienne Youdim, Host 12:36

what you felt to begin with. Yeah,

Dr. Vera Tarman 12:38

exactly. So even though it doesn't feel like more, you've now putting more mental investment, which is more obsession, and also more impairment is happening because you having four instead of two, four bags instead of two. So now four bags of chips instead of two bags, that's going to cause problems with my diabetic profile. Even though it feels like two, it's the effect of four. So impairments is happening, not even with me noticing. So we've got obsession, we've got tolerance, essentially, we've got impairments happening. And then finally, the sort of one of the final stages is we say I've got to stop, this is not good. And if you stop Well, now, let me tell anybody who's used to using food to get through the night, tonight, you do not get to have your favorite tub of

Haagen dazs. It's the same as you don't get to have your your bottle of wine. You don't get to have whatever it is you got to get through that night on your own. And the person who balks at that and says, How do I do that? Well, they're essentially we can call it deprivation, if you want. I'm gonna call it what it is, which is a sense of withdrawal. How will I be without this substance that I've become dependent on

Dr. Adrienne Youdim, Host 13:43

and accustomed to? It's just habitual,

Dr. Vera Tarman 13:48

habitual? Yes. And I will now suffer if I don't have it, which we call withdraw. And all of that's up to you got obsession, we've got impairment, we've got tolerance, we've got now withdrawal. And then the final picture is denial, where because of the way addiction works in the brain, the delusional aspect of this mental disorder because it becomes a disorder. It's actually a neurological adaptation to an abnormal environment, but it looks like a disorder. And the disorder is it's not a problem because it still just feels like too.

Dr. Adrienne Youdim, Host 14:17

And you know what I would love for you to do because I think this is going to resonate with a lot of people even if they don't have like food addiction. I mean, I think there's certainly times when I've shared on this podcast before that I have a personal love for sour gummy worms. Actually, they're sour gummy anything like I don't, I don't restrict myself and discriminate against anything else like on worms. They could be octopuses, they could be sour bears fish. I know that if I start and it's sitting in my drawer, I'm going to consume it that's like that's something that is kind of normal human behavior. What I want you to talk about though, because I don't want to pathologize this for people to watch his talk. about kind of the neuro chemistry and what physiologically like this is not a moral flaw, right? But what happens in the brain? Talk to us about that.

Dr. Vera Tarman 15:09

Okay, but first of all, just just to use your example, you have your sour gummy bears. Now when it becomes a disorder or pathological is, if they're there, are you able to, like, you know that they're there, you've had your amount that you think is appropriate for the night, and you know, that they're there is your mind continually going there, and so that you cannot stop thinking about it unless you go and have the rest of them?

Dr. Adrienne Youdim, Host 15:33

You know, I think it depends. I typically know that I can have a few and then I put them away. But if I feel like I'm in that mode, you know, I'm not gonna lie. I've had a bag of gummy worms before.

Dr. Vera Tarman 15:43

Okay, so some of the specific questions about Am I a food addict? Are? Do I throw away food? And then go back and get it later? Do I steal food? So I'm breaking rules? I would normally not do? Do I hide food from people when they're coming over? And I don't want them to have my stuff. So I right, am I willing to go to all lengths to get that favorite food, including in a blizzard, I'm going to drive all the way down to the other side of town because I want that specific gummy bear that they have there and they don't have an export. So we're talking about behaviors that are far out of the realm? And if I don't have that, is that going to persistently affect my mental health? Because it's there. And I still know there's a way to get it, I just have to find a way to get.

Dr. Adrienne Youdim, Host 16:25

You know, it's it's really interesting that you say that, because just a few weeks ago, I had a conversation with one of my patients, who actually, you know, she was kind of on the leaner side, she was a very petite older woman had gained about 10 12 pounds, and as a result had insulin resistance and high blood sugar. And her doctor wanted to put her on treatment, put her on Metformin, and she really didn't want to go on Metformin. And so she came to see me, one of the things that she brought up and she was so kind of almost embarrassed, really to share with me was that she loves ice cream. And there are times that she'll throw the ice cream away, and she'll go back in the trash and get it. And she told me that on that one particular day before she'd come to see me, she had previously been a smoker had stopped smoking, she literally went and got a cigarette to stop the ice cream. And then still was going back to the ice cream. So then decided to like put the cigarette out in the ice screen. Funny enough, that was like an episode on Sex in the City. Like this is a real thing that people do. Right?

Dr. Vera Tarman 17:32

It's a real thing. People put cat litter in their garbage, because they're afraid they're going to go back later.

Dr. Adrienne Youdim, Host 17:36

So again, I want to kind of normalize the experience, I'm going to take you back to the physiology because it's really impressive brain chemistry that's happening here.

Dr. Vera Tarman 17:48

Yes, it is. But let me just get just to do one little piece more, and then another and then I promise, I'm gonna go to the dopamine piece. The other question is, have you ever lied about your eating? Because you're so embarrassed about it? Do you eat differently by yourself and with other people? Are you embarrassed about this whole thing? Like

those are all pieces that fit into that paradigm of addiction. And if there's anybody listening, and it's checked off everything that I've said, I think you should read my book, I think you should consider this as a possible diagnosis for yourself.

Dr. Adrienne Youdim, Host 18:17

Just to add to that, is that you know, a lot of times these things are continuums right? So we don't need like a diagnostic code, but maybe some people you know, certain things that you're saying resonate but they're like, I don't really do all of those things. But I do think that talking about the fact that these are common experiences are that you've heard of them, I've heard of them. I love gummy worms, whatever the case may be, it kind of normalizes it again to use that word and takes the shame away because I think a lot of times, right we we could do better for ourselves. And yet having that self judgment around it prevents us from going there.

Dr. Vera Tarman 18:55

But okay, but but the way we can get rid of that judgment is to do exactly what you're saying which is to start talking about the physiology behind this this is the brain doing its job in an abnormal environments. And so what happens is, is that we you know, we have a natural dopamine cycle in our brain like it's in the, you know, the reward pathway, the limbic system, and it's, you know, I have dopamine, which is my anticipation of good things to come. It's my, you know, excitement, my pleasure, my looking forward to nice things, like I'm going to have something nice to eat in a few minutes. That's a normal thing.

Dr. Adrienne Youdim, Host 19:29

It's like the pleasure the pleasure hormone that gets or neurotransmitter that gets released in the brain. And it gets released in everyone's brains, whether it's food or sex or even like really good conversation like we're having right now. Right?

Dr. Vera Tarman 19:44

Yes, exactly. And yeah, and just just wanting to know what you know you're gonna say next is though for me, and it's like, I want to know what I usually say it's the one tomorrow I want to know hormone or that like curiosity, or whatever, now hormonal, neurochemical. So we've got dopamine, and it's annoying. Almost like fuel for us to carry on through the day in terms of mood. And what happens is that there's there's sort of normal checks and balances. So when we have a conversation, you know, there's only so excited are curious, I am about what you're going to say. However, if you're about to promise me the possibility of a million dollars, in other words, gambling, then then that's out of the norm. And so there's explosion of dopamine because I'm, oh my god, I might really win the Nobel Prize, or, you know, you're going to tell me something

really huge, that you know, those occasional extraordinary experiences, which are sort of extra dopamine, which are motivators, I'm going to work really hard because I want that Nobel Prize, or that book published, or whatever it is, those are motivators, but they're not meant to be, I'm not meant to be up there all the time. So my brain is not going to adapt to that. But if I'm in an artificial environment, food environment, drug environment that moves the norm of dopamine up higher than it normally is, then my brain is going to start to re adjust to that, which is what we call tolerance. And all of this is happening at a primal, instinctual part of the brain. It's not the cognitive, cognitive part,

Dr. Adrienne Youdim, Host 21:04

right? Meaning that you're not thinking yourself, you're not willing it. It's happening.

Dr. Vera Tarman 21:10

It's happening even before you know and will it. Yeah, exactly. And so that's partly why you can't use willpower in addiction is the best way to treat addiction is to change your environment so that you don't respond addictively. In other words, people places, things don't have the thing around, you know, get support, all that stuff, tend to rely on willpower,

Dr. Adrienne Youdim, Host 21:32

in the end, it fails. Yeah, you know, I want to also bring back up the what you brought up about the two chips, or whatever the case may be no longer cutting it, and then you have to have more in order to feel it. That's also dopamine, right? So talk about how that works.

Dr. Vera Tarman 21:51

It's the tolerance. So So I want that dopamine, which is the feeling of of two, and then oh, my God, it's really nice. If I have three, that's how I want that. And the moment, you know, you can have that. I mean, it's it dopamine is anticipation. So I'm anticipating. And so many times people in any drug, any drug will say, I don't even like this, because they don't feel the effect, but they think the next one is going to do it. Even the crack user is going I hate this stuff. But if I do one more, then I'll get what I'm where I want to get to. People who are bingeing are shoving the food, and they don't even taste the food, but they're thinking the next one, and I'll get that satisfaction. But of course, it doesn't happen that way. Because dopamine is the chase, it's the I want, and you know that you just end up wanting ferociously without getting the conclusion.

Dr. Adrienne Youdim, Host 22:39

I think that's so I want to slow that down. Because that's so important, right? I think it's really important to remember that the dopamine is driving the chase, as you mentioned, the wanting with the intention, or the belief that the next bite, or the next drink, or sip or drag or whatever the case may be, is going to give that person that feeling of euphoria, really, that feeling of high, you know, off of or goodness off of that next thing, but the dopamine is like, it's tricking you, it's just dragging you along, like a dog on a leash. Right? And I think, yeah, it's so important to say that because it really like it really, in practical terms, describes such a common experience. And again, this is not frontal lobe activity, it's not willing it it's happening.

Dr. Vera Tarman 23:38

Like I said, we're responding to an abnormal environment, a normal environment would be for example, I'm really hungry. So you give me a plate of Brussels sprouts. And the Brussels sprouts are delicious, because I'm really hungry. So my dopamine is looking forward to that I eat the food once I'm satiated. You know, we've got leptin, we've got the hormones that make me not want to eat so I'm full. Like there's a sort of natural checks and balances so that the dopamine is dampened after the plate of brussel sprouts. And I don't want anymore I'm not hungry anymore, and I don't want anymore. And so my ability to say no, I've had enough works. But when we've got gummy bears or chips, or something which is fueling a little bit more, even though I'm saying actually I'm full, I should really stop the want and Chase is still bigger. And because it's no longer an equal opportunity thing. It's it's, you know, the dopamine is heightened. And so the ability to say no, is still there, but it's not loud enough because the dopamine is louder.

Dr. Adrienne Youdim, Host 24:37

Yeah. And the point being, you know, you bring up brussel sprouts, which I actually love too, but the point being right, that these foods that are highly palatable so high fat high sugar gives you more of a zing, it gives you more of like that dopamine thing and so that's why we don't binge on brussel sprouts, but when these things are so interesting, drenched in our environment, you can't even walk down the street without getting a whiff of like French fries. Right. So. So you're being bombarded by all of these cues to your environment, which I think we're going to get to based on what I'm hearing. But you know, the environment is really bringing all of these things to you on a constant, inundating basis. And so you know, to respond is kind of human.

Dr. Vera Tarman 25:27

It is, I think that you're really keen to tell your listeners that this is not a pathology, we're living in a pathological environment, and we are responding normally to that pathological environment. And, and what we need to do is change the environment. And then if we're not too badly damaged, we can readjust, it's just like, once you're a

diabetic, you're never no longer not a diabetic, but you can become a functional normal person, if you you know, do everything, right, if we can change the environment around us, that's where the solution has to be.

Dr. Adrienne Youdim, Host 25:57

I'm always in my clinical practice, in my one on ones with patients. In this podcast, I like to give people what we call tangible health bites, which is why this podcast is named what it is right? But also, I don't like leaving people with this feeling of like, a lack of agency, like, you know, the environment is terrible. And there's nothing we can do. There are some solutions. Yeah. So talk to us about how do we manage it, I'm coming from an addiction framework, so

Dr. Vera Tarman 26:23

that the the bytes that I'm going to suggest come from an addiction platform, and it's the reason why I think you don't have to buy necessarily the whole thing that your food at it, but but at least here what some of the solution, like don't miss out on this bag of tools that we have. And if you find that you cannot eat chips, without eating the whole bag of chips, what we would say in the addiction field is that is a trigger that you can no longer play with. So you have to abstain from it. What happens is with a person who's addicted to something as they become hyper sensitized to a trigger, so that one little bit because dopamine is want. And if I have a little bit of something that dopamine flares, it's almost like a hives reaction in the brain, you get this flare up of dopamine in the brain that makes you want so a little bit makes me want so therefore I better just not have any tool is what are your triggers, and then abstain from them.

Dr. Adrienne Youdim, Host 27:15

So that clearing out your pantry of those things. And like not everybody is a chips monster, like we say in the house, you know, like my husband is a chips monster I am not, for example. Right? So clearing the pantry of those things. I want to ask you a question, though, before we move on to the other tools, because this is something kind of a point of contention that I have faced or considered, which is, you know, there are a lot of people out there that promote intuitive eating right, which it feels right to me, right, like using your intuition, noticing your hunger and that is something that I counsel my patients to is just savoring the food, noticing your hunger, you know, eating while sitting so that you can really be attentive to your food. But I also feel like when you're in that mode, right, where you know that every time you have a chip, right? You can't like they say no one can eat just one, right? And you know, you can't? How can you be intuitive in that moment? I'm interested in your thoughts.

Dr. Vera Tarman 28:18

Also based basically, it again comes down to what is a food and what is pathological food. So I can intuitively eat brussel sprouts, because I love them. And I'm very happy to eat them slowly or eat them quickly, whatever. And I can because there is no compelling dopamine drive to push beyond that. But if we eat, you know, and raisins, you know, you see that with the yoga expect you suck on a reason or a chip. Okay, that's a real food. But we can't do that

Dr. Adrienne Youdim, Host 28:50

with chips. They have been created to be dopamine triggers. Exactly,

Dr. Vera Tarman 28:53

yeah. And they're the dopamine spikes too high for meditative intuitive eating. So intuitive eating is perfect in recovery from food addiction, I figured out what the foods are that are triggers. I've removed them from the pantry. And now I go back to the foods that my body's meant to eat that, you know, like, like the leptin kicks in after 20 minutes, because that's perfect IV it takes 20 minutes to break down that brussel sprouts into a you know, a finer carb. So it all works perfectly. And intuitive eating fits into that model perfectly. But it doesn't mean the other because that's a drug.

Dr. Adrienne Youdim, Host 29:28

Yeah, I agree with you. And I like that. I mean, I think we're on the same page. I also want to add that for people who may be are not again buying this whole thing of or or it doesn't fit to call themselves a food addict. And what comes to mind is often parents who will come and tell me, you know, I'm really here because of my son. He's always eating chips, but then my other daughter is really thin. And so we keep it in the house because if she doesn't eat chips, she won't need anything else. But I don't want my son to eat it. This is such a common scenario. And the answer is like, you got to get it out of the house, that doesn't mean that he can't go to birthday parties, you know, and never eat it because he's an addict. But it does mean that if you have it so available on a daily basis, it's going to be consumed on a daily basis. I mean, wouldn't you agree with that?

Dr. Vera Tarman 30:17

I absolutely agree with that. Yeah.

Dr. Adrienne Youdim, Host 30:20

So the first tool is to clean your environment of your triggers. So what would be another tool that you would mention, or that you would advise?

Dr. Vera Tarman 30:28

I would probably, you know, the addictive mind is such that I will talk myself into because, you know, essentially, our cognitive front frontal lobe gets hijacked by the primitive part of us.

Dr. Adrienne Youdim, Host 30:40

Can you say that, again, that's a perfect quote. Because I use the word hijack to the frontal lobe, which is the thinking, the thinking part is hijacked,

Dr. Vera Tarman 30:51

is hijacked by the addictive mind, which is the basically twisting of the reward Center, which has been hijacked by the food. So you know, it will hijack our thinking process and make us want to eat something, or talk us into or justify, it's okay. I'm sure you've seen this too. You know, we see that the diabetic who's going to get their foot cut off, or the alcoholic whose neuropathy is so bad, they say, what's one more day going to do? You know, what we know what one more day is going to do? It's going to bring them closer to that amputation. But anyway, the thinking process has been hijacked. So tip number two would be get support to help you definitely, I mean, that actually is a two part thing. Talk to people who are going to say Don't worry about it Bureau, you're skinny, or Adrian, you're skinny, don't worry about it, you can have a little bit, you have to get those people those voices out of your house to get the food out of your house and get basically the food pushers either either yourself or your family out of the house to you need support. In the same way as if I want to quit smoking, I don't want somebody saying great, you quit have a cigar. Of course, that's ridiculous. But we do that with food all the time.

Dr. Adrienne Youdim, Host 32:01

Yeah, it's so funny, because I've said this too. And again, it's not, it's not to pathologize or to vilify the food. But there is also a movement around and rightfully so around addressing bias with obesity, and I'm fully 100% on board with that, because there is certainly a bias in our society that is damaging. Sometimes that idea gets translated into we shouldn't, as physicians, tell people, or advise or help people lose weight, because that plays into the shame and the bias. And what my perspective is, is that we can do this work without judgment. So we can teach people to have self compassion for themselves, which actually helps them rid themselves of the compulsion and the addiction. And yet, again, I want to use the word agency gives them the tools to know and to feel that they can manage this write and maintain healthy weight and have, you know, not have diabetes as a result. So it doesn't have to be either or

Dr. Vera Tarman 33:12

No, no. And in fact, this is a great number tool number three, or clinical pearl number three, which is when you're eating well stop with the I have to lose weight, losing weight, focus is only going to make things worse, the weight will take care of itself. So when I talk about fearing fat, I'm talking about visceral obesity, I'm talking about the obesity that happens because of refined carbohydrates and sugar, which turn into visceral fat. We're not talking about subcutaneous fat, and if a person is eating a lot of fat and a lot of protein, and they may be getting the obesity on the hips, and on the on the I don't know the face and whatever

Dr. Adrienne Youdim, Host 33:49

arms or what have you suffered under

Dr. Vera Tarman 33:52

the skin, we always say focus on the obsession to overeat, which is driven by the sugar and the refined carbs or the trigger foods. If you if you quiet those obsessions, you will then eat foods that will make you a proper weight. And you won't have that visceral obesity, which is what makes people sick. That's the stuff we worry about. But don't even think about it. It will take care of itself. The patient think about the obsession, and that's the addictive paradigm, what is driving the triggers. And now we're back to number one, what is the trigger clean the pantry, get the support and let the weight take care of itself. That's number three. It will

Dr. Adrienne Youdim, Host 34:26

those are all great tips. And I want to also address you know, the emotional piece which we've kind of touched on and something that I talk about often and actually, in my book that's coming out next month hungry for more. I described the emotional and spiritual hungers, right, that manifest as a physiologic hunger for food but really isn't. And what I find fascinating about this, is that use the term hijack, that the emotions actually hijack our hunger. And this is based in physiology. So when we feel stressed, which we all have to some degree this past year or do always, but really it's been heightened chronic stress in the past year, that that actually hijacks your hunger hormones and makes you believe that you're hungry, even if you've eaten. And that's physiologic.

Dr. Vera Tarman 35:21

It's like a false hunger.

Dr. Adrienne Youdim, Host 35:22

Correct. And so can you talk about that emotional piece a little bit? And what your experiences as an addiction specialists?

Dr. Vera Tarman 35:30

Yeah, so so one of the things that we talk about an addiction, this is great, you can almost say this is Tip number four. I mean, we're coming sort of coming up with this together,

Dr. Adrienne Youdim, Host 35:39

you got to include me in your next book, okay. Oh, yeah.

Dr. Vera Tarman 35:42

We always talk about addiction as being physiological and spiritual and emotional. So you know exactly what you're saying, too. So once the person and in this in the 12 step program, which we use a lot, because it's the addiction world, you know, the first three steps have got to do with the drug itself, and the, you know, quitting the drug, and then you've got the rest of the steps, which are talking about how do I now live without that substance? How do I fill the hole, the empty hole that I was using the doughnuts for, or the alcohol for to fill, that's the spiritual void. That's the spiritual dimension, we now have to put something else in. And that's why we talk about it. And that's why the whole 12 step, they call it a, you know, a spiritual program, because you have to have something to fill in that hole. And it doesn't have to be 12 step. But I mean, if you see a lot of addiction programs, there are they're very medic medication focused, because they're basically not using a spiritual program, when somebody walks into my room, and they have a sense of meaning in their life, whether it be strong family values, or a sense of meaning in terms of spiritual values, I always have more hope for them, because they have something that they can then use to fill in that empty space where food used to be,

Dr. Adrienne Youdim, Host 36:55

you know, I feel like sometimes when we hear meaning, it sounds really grandiose and maybe intimidating. But actually, what I have experienced with my patients, and what I have written about, for example, is like hungry for creativity, you know, that's a form of meaning, right? And actually, the studies show that there's chemical changes that occur when we engage in a creative practice. So I think when we think of meaning, like sometimes we have to, we feel like we have to be like these saviors of the universe. But meaning can be like an art project.

Dr. Vera Tarman 37:30

That's meaning I really like your title hungry for more, because addiction, one of the phrases that we use all the time is it's a disease of more. And there you are, it looks like your book is a suggestion of how to address that sense of more that that, you know, how do you feel that?

Dr. Adrienne Youdim, Host 37:47

Yeah, something something other than Well, all the other hungers that come into play, this has been really I mean, I feel like we could go on forever. But this has been really a great conversation. And I really want to wrap up again, with a sense of giving people some tangible and also a broad base broad strokes, so to speak, comments, which is, you know, there is this concept of addiction, it is controversial. And so it may resonate with some it may resonate with, you know, not resonate, rather sorry with others. But I think everyone can kind of gather a little pearls, right. So even if they don't feel like they're in full blown addiction, there may be little pieces of what has been said, that does resonate. And so take kind of what you will and what might help you and apply it, it doesn't have to be, you know, all or nothing. So I really appreciate your your input and your steps. I want to encourage people to follow you on your Facebook group. Tell us the name of that group. Again, I have a couple of things that if I can mention, so I have my Facebook, which is open and of course free and it's called I'm sweet enough Sugar Free for life. I have a book that I would hope that people read that you can get on Amazon called food junkies recovery from food addiction. And we have a podcast as well. That's called food junkies, and we interview people in the food addiction field, you can get that on Spotify, or iTunes as well. So please check out those venues, we'll definitely link in the show notes to all three of those things so that people who are interested can learn more from you Dr. Vera, and I also thank our guests for being here. If you've enjoyed this podcast if you think that it will help anybody you know or love, please share. And to those of you who are regular subscribers, if you can like us, share us and check out Dr. Adrian udim comm for updates including updates on hungry for more which I'm so so excited to share with everyone.

Dr. Vera Tarman 39:55

Okay, thank you very much.

Dr. Adrienne Youdim, Host 39:57

Thank you. Thank you. Thank you. Thank you I hope to talk to you again soon. I hope you've enjoyed this episode and are inspired to take a small bite towards your own health and wellness. If you love what you heard, please subscribe on iTunes and Spotify or anywhere else you podcast and share us. If you're looking for more info you can find lots of content and sign up for my newsletter [adult nutrition.com](https://adultnutrition.com). There you can learn more about me and my curated line of supplements and functional protein bars. Thank you for listening, and I look forward to seeing you again next week.

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