

DIET-RELATED DISEASES

Physical, mental, and behavioral disease are associated with processed foods. The list describes a disturbing range of problems when considered altogether [1-3]. Not every processed food user develops every disease, but repeated use of processed foods increases the risk of developing any one of these diseases in people of all ages.

Physical Diseases. Extensive physical disabilities have been demonstrated including diabetes [4], heart disease [5], stroke [6], excessive fat, [7], infection [8], cancer [9], joint and bone disease [10], and inflammation [11]. The physical problems are extensive.

Mental Illnesses. A variety of mental illnesses are also present in processed food consumption. These include ADD [12], Alzheimer's [13], dementia [14], binge-eating disorder [15], and addiction [16].

Emotional Illnesses. Emotional issues add to the misery manifesting as depression [17, 18], irritability [19], and anxiety [20].

Behavioral Disorders. Behavioral problems are present as poor impulse control/disruptive behavior [21], fatigue [22], poor quality of life [23], and sleep disorders [24].

Widespread Failed Treatment. In spite of the extensive pathology, attempts to treating overeating of processed foods have not helped, and in some cases, have made diseases worse. The failure of weight-loss schemes is measured at 95% and above [25, 26]. Weight-loss surgery patients exhibit slow weight regain [27, 28] and a tendency to develop alcoholism [29]. Pharmaceuticals add to the distress with side effects such as weight regain [30], heart disease with fenfluramine and dexfenfluramine [31], suicide ideation with Rimonabant [32], memory loss and heightened anxiety from the most recent drugs Lorcaserine and Phentermine-topiramate [33], hypertension from Sibutramine [34], and bowel leakage from Orlistat [35].

What Works. What has worked is eliminating processed foods in favor of unprocessed foods. Cravings and the urge to overeat gradually diminish. People are able to watch many of the above-described diseases fade away.

Questions? Email Joan Ifland, PhD at joan.ifland@victorymeals.com

BIBLIOGRAPHY

1. Guh, D.P., et al., *The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis*. BMC Public Health, 2009. **9**: p. 88.
2. Bray, G.A. and T. Bellanger, *Epidemiology, trends, and morbidities of obesity and the metabolic syndrome*. Endocrine, 2006. **29**(1): p. 109-17.
3. Ifland, J.R., K. Sheppard, and H.T. Wright, *From the Front Lines: The Impact of Refined Food Addiction on Well-Being*, in *Food and Addiction: A Comprehensive Handbook*, K. Brownell and M. Gold, Editors. 2012, Oxford University Press: Oxford.
4. Feinman, R.D., et al., *Dietary carbohydrate restriction as the first approach in diabetes management: Critical review and evidence base*. Nutrition, 2014.
5. Manzel, A., et al., *Role of "Western diet" in inflammatory autoimmune diseases*. Curr Allergy Asthma Rep, 2014. **14**(1): p. 404.
6. Danaei, G., et al., *The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors*. PLoS Med, 2009. **6**(4): p. e1000058.

7. Wells, J.C., *Obesity as malnutrition: the dimensions beyond energy balance*. Eur J Clin Nutr, 2013. **67**(5): p. 507-12.
8. Myles, I.A., *Fast food fever: reviewing the impacts of the Western diet on immunity*. Nutr J, 2014. **13**: p. 61.
9. Caren, H., S.M. Pollard, and S. Beck, *The good, the bad and the ugly: epigenetic mechanisms in glioblastoma*. Mol Aspects Med, 2013. **34**(4): p. 849-62.
10. Tsanzi, E., H.R. Light, and J.C. Tou, *The effect of feeding different sugar-sweetened beverages to growing female Sprague-Dawley rats on bone mass and strength*. Bone, 2008. **42**(5): p. 960-8.
11. Rai, M.F. and L.J. Sandell, *Inflammatory mediators: tracing links between obesity and osteoarthritis*. Crit Rev Eukaryot Gene Expr, 2011. **21**(2): p. 131-42.
12. Johnson, R.J., et al., *Attention-deficit/hyperactivity disorder: is it time to reappraise the role of sugar consumption?* Postgrad Med, 2011. **123**(5): p. 39-49.
13. McGregor, G., Y. Malekizadeh, and J. Harvey, *Minireview: food for thought: regulation of synaptic function by metabolic hormones*. Mol Endocrinol, 2015. **29**(1): p. 3-13.
14. Nguyen, J.C., A.S. Killcross, and T.A. Jenkins, *Obesity and cognitive decline: role of inflammation and vascular changes*. Front Neurosci, 2014. **8**: p. 375.
15. Castellini, G., et al., *Psychopathological similarities and differences between obese patients seeking surgical and non-surgical overweight treatments*. Eat Weight Disord, 2014. **19**(1): p. 95-102.
16. Caprioli, D., et al., *Persistent palatable food preference in rats with a history of limited and extended access to methamphetamine self-administration*. Addict Biol, 2015.
17. Weltens, N., D. Zhao, and L. Van Oudenhove, *Where is the comfort in comfort foods? Mechanisms linking fat signaling, reward, and emotion*. Neurogastroenterol Motil, 2014. **26**(3): p. 303-15.
18. Peters, S.L., et al., *Randomised clinical trial: gluten may cause depression in subjects with non-coeliac gluten sensitivity - an exploratory clinical study*. Aliment Pharmacol Ther, 2014. **39**(10): p. 1104-12.
19. Amianto, F., et al., *Does anger mediate between personality and eating symptoms in bulimia nervosa?* Psychiatry Res, 2012. **200**(2-3): p. 502-12.
20. Labarthe, A., et al., *Ghrelin-Derived Peptides: A Link between Appetite/Reward, GH Axis, and Psychiatric Disorders?* Front Endocrinol (Lausanne), 2014. **5**: p. 163.
21. Barry, D., M. Clarke, and N.M. Petry, *Obesity and its relationship to addictions: is overeating a form of addictive behavior?* Am J Addict, 2009. **18**(6): p. 439-51.
22. Maloney, E.M., et al., *Chronic fatigue syndrome is associated with metabolic syndrome: results from a case-control study in Georgia*. Metabolism, 2010. **59**(9): p. 1351-7.
23. Keating, C.L., et al., *Utility-based quality of life associated with overweight and obesity: the Australian diabetes, obesity, and lifestyle study*. Obesity (Silver Spring), 2013. **21**(3): p. 652-5.
24. Young, T., P.E. Peppard, and S. Taheri, *Excess weight and sleep-disordered breathing*. J Appl Physiol (1985), 2005. **99**(4): p. 1592-9.
25. Foster, G.D., A.P. Makris, and B.A. Bailer, *Behavioral treatment of obesity*. Am J Clin Nutr, 2005. **82**(1 Suppl): p. 230s-235s.
26. Ochner, C.N., et al., *Biological mechanisms that promote weight regain following weight loss in obese humans*. Physiol Behav, 2013. **120**: p. 106-13.
27. Sjostrom, L., et al., *Lifestyle, diabetes, and cardiovascular risk factors 10 years after bariatric surgery*. N Engl J Med, 2004. **351**(26): p. 2683-93.
28. Magro, D.O., et al., *Long-term weight regain after gastric bypass: a 5-year prospective study*. Obes Surg, 2008. **18**(6): p. 648-51.

29. Svensson, P.A., et al., *Alcohol consumption and alcohol problems after bariatric surgery in the Swedish obese subjects study*. Obesity (Silver Spring), 2013. **21**(12): p. 2444-51.
30. Goldstein, D.J. and J.H. Potvin, *Long-term weight loss: the effect of pharmacologic agents*. Am J Clin Nutr, 1994. **60**(5): p. 647-57; discussion 658-9.
31. Connolly, H.M. and M.D. McGoon, *Obesity drugs and the heart*. Curr Probl Cardiol, 1999. **24**(12): p. 745-92.
32. Christensen, R., et al., *Efficacy and safety of the weight-loss drug rimonabant: a meta-analysis of randomised trials*. Lancet, 2007. **370**(9600): p. 1706-13.
33. Woloshin, S. and L.M. Schwartz, *The new weight-loss drugs, lorcaserin and phentermine-topiramate: slim pickings?* JAMA Intern Med, 2014. **174**(4): p. 615-9.
34. Rich, S., et al., *Anorexigens and pulmonary hypertension in the United States: results from the surveillance of North American pulmonary hypertension*. Chest, 2000. **117**(3): p. 870-4.
35. Hollywood, A. and J. Ogden, *Taking Orlistat: Predicting Weight Loss over 6 Months*. J Obes, 2011. **2011**: p. 806896.