

# DIET AND WEIGHT MANAGEMENT STRATEGIES FOR ADULTS WITH ADD (ADHD)

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Although obesity is a high-profile national concern, very little attention has been focused on adults with ADD (ADHD) and whether they have an increased vulnerability to obesity, weight management problems, or eating disorders.

## **Carbohydrates and ADD (ADHD) – Self-medication?**

Several years ago, ADDvance Magazine, co-published and co-edited by the author and Patricia Quinn, M.D., sent readers an informal survey asking about problems of over-eating and eating disorders. The women who responded did not report a high incidence of eating disorders such as anorexia or bulimia, but did report problems with compulsive over-eating. Many women described a pattern of eating carbohydrates (sweets and starchy snacks) in the evening, not only as a means of reward, but also as a means self-calming or “self-medication.”

## **ADD (ADHD) and Impulsive Eating Patterns**

The tendencies of people with ADD (ADHD) not to plan, to grab food on the run, is, unfortunately, a perfect match for the fast food and snack food industries. As Dr. Michael Lyon (2000) writes, “ADD (ADHD)-affected people tend to be too busy to take the time to plan menus or prepare proper meals.” It would be interesting to conduct a study of the eating habits of adults (and children) with ADD (ADHD) compared to the general population. While it is clear that most Americans need to make major changes in their eating habits, it would seem very likely that those with ADD (ADHD) have an even higher tendency to eat fast-food meals and snack on “junk food” including sodas, chips, cookies, and crackers. Dr. Lyons goes on to describe compulsive eating patterns among those with ADD (ADHD) – an intense craving for junk food, wheat and dairy products. Additionally, he reports that adults with ADD (ADHD) often develop compulsive cravings for caffeine containing food items such as chocolate and coffee.

## **ADD (ADHD) and Obesity – is there a link?**

John Fleming (2002) is one of the few who has conducted preliminary research regarding ADD (ADHD) and eating disorders. In an unpublished pilot study, Dr. Fleming describes an investigation that he conducted at the Nutritional Disorders Clinic in Toronto, Ontario. While many clients who were self-referred to the clinic benefited from the weight reduction treatment program, there was a significant group that improved in some areas such as mood and energy level, but who could not lose weight easily and could not sustain dietary or lifestyle changes for longer than a few weeks.

Dr. Fleming studied a group of 50 clients who fell into this category. They did not meet the criteria for either anorexia or bulimia, but “clearly had disturbed eating habits, with typically no regularly planned meals or snacks, and an inability to follow dietary plans for any useful length of time.” (p. 412). As these clients were more carefully evaluated, it became clear that the incidence of undiagnosed ADD (ADHD) was very high. In fact, Dr. Fleming reported that approximately one third of the clients at their clinic met clinical criteria for a diagnosis of ADD (ADHD). Dr. Fleming is careful to note that this statistic does not imply that most people with ADD (ADHD) have disordered eating, but rather that there is a “sub-population of individuals with disordered eating plays a major role in the etiology and maintenance of the disorder.”

## **ADD (ADHD) and Disordered Eating**

The ADD (ADHD)/disordered eating connection is not difficult to understand. Healthy dietary regulation requires organization and planning – two areas of cognitive functioning that are typically difficult for those with ADD (ADHD). Good eating habits also require self-awareness – awareness of when one is hungry, awareness of when one is full. Many individuals with ADD (ADHD) report that they skip meals because they were busy and distracted; these same individuals often report that later their hunger becomes so intense that they swing in the opposite direction, overeating well beyond the point of reasonable intake because they don't know when to stop until they feel “stuffed.” And individuals eat for many reasons besides hunger – including boredom, self-stimulation, anger, sadness, reward, simple food availability, and stress relief. It is easy to understand how consistent self-regulation, which is a well-documented difficulty for those with ADD (ADHD), can lead to patterns of chronic over-eating.

### **Why most diet plans don't work for those with ADHD**

Many diet plans are very ADD-unfriendly. They require detailed record-keeping, weighing of food, or unrealistically severe food restrictions are difficult for those without ADD (ADHD) and impossible for those with ADD (ADHD). Other weight loss programs involve pre-selected, pre-packaged foods that may work well in the short-run, but that do not help the individual with ADD (ADHD) to learn to make consistently good choices in real-world food environments.

What to do if you are an adult with ADD (ADHD) and weight control issues

### **Stimulant medication**

Dr. Fleming writes that the use of stimulant medication alone has not been shown to be effective in achieving and maintaining weight loss and improved daily eating patterns. Although appetite suppression is a common side effect of stimulant medication during the initial phase of treatment, this side effect wears off. He emphasizes that stimulants should never be prescribed for their side effect of appetite suppression, but notes that stimulant medication can be a very useful part of an overall weight-loss treatment program for those with ADD (ADHD).

The primary benefit of stimulant medication in healthy dietary management is its enhancement of the executive functions of the brain. In other words, stimulants can help individuals with ADHD to become better self-observers; to become more consistent in their ability to self-regulate and resist eating impulses; and to more easily engage in the planning and follow-through necessary for the maintenance of healthy eating habits.

### **Don't go on a “diet.”**

Many with ADD (ADHD) want “instant results” and are drawn to the most strict and radical diet plan promising a weight loss of several pounds per week. Statistics show that such plans are doomed to failure for the general population, and are even less likely to result in long-term success for those with ADD (ADHD).

### **Develop an ADD-friendly Eating Plan**

A plan is more likely to succeed for people with ADD (ADHD) if it does not require careful daily planning and packing of food. An adult with ADD (ADHD) often begins a new eating plan with determination, carefully preparing a bag lunch to take to work each day. Such a plan, however, is nearly doomed to fail. As soon as stress levels rise, or the individual wakes up late, the day's lunch isn't packed and an immediate reversion to fast food or junk food occurs.

An eating plan that doesn't *require* 100% success is more likely to succeed. An ADD (ADHD)-friendly plan makes allowances for common ADD (ADHD) patterns such as forgetfulness or lateness with a “Plan B.” Plan B involves keeping foods with a longer shelf-life in stock at the office for days of lateness, forgetfulness or high stress. These staples should not be sweets or tempting salty snacks, but rather things such as protein bars, sunflower seeds, dried fruit, yogurt (which can last for weeks when refrigerated), unsalted nuts, and refrigerated fresh fruit – a bag of apples or oranges. If you are

fortunate enough to have a freezer available at the office, your Plan B could also involve containers of frozen left-overs from home that you can pop in the microwave or frozen protein drinks that can be thawed. These foods can be restocked every couple of weeks so that there's no need to revert to your old high-calorie lunch habits on days you don't pack a lunch.

## Changing Your Food Environment

**Don't feel you must "go along with the crowd" in your eating habits – remember, "the crowd" used to smoke!**

Unhealthy eating patterns are only now beginning to be seen as a significant public health problem that affects those around you as well as yourself. Twenty or more years ago, people quietly suffered while others smoked cigarettes during meetings and at meals. Today, many people who are working hard to develop healthy eating patterns don't feel as comfortable asking people not to share brownies, although they would feel very comfortable asking them not to share second-hand smoke. A person with ADD (ADHD)-related impulsivity shouldn't expect himself to maintain self-control while sitting in front of tempting, but unhealthy food. Instead, we need the confidence to speak up and request that we are not required to expose ourselves to unwanted temptation through the "good intentions" of coworkers.

Often, our bad eating patterns are related to our particular environment. To make changes in your own eating patterns, you may need to make changes in the environment – both at home and at work.

### **Coworkers with bad eating habits**

One woman with ADD (ADHD) reported that she worked in a group that was very food-oriented. Many of her co-workers were obese and often brought delicious, fattening food to work to share with the group – platters of brownies, homemade cookies, or bagels and cream cheese picked up on the way to work. While she wasn't successful in changing the eating habits of her group of co-workers, she was able to change her habit of eating in the staff lounge on days when such foods were on display. She *was* successful in her request that such food not be on display at meetings that she was required to attend.

### **Work environments with no healthy food choices.**

A young man with ADD (ADHD) reported that he survived on junk food during the day at work. Although he worked for an organization that stressed healthful living and outdoor activities, ironically the only food or drink available in vending machines was sugar-laden sodas, and vending-machine junk-food snacks. His disorganization and lack of planning, along with the junk-food availability on the job were a dangerous combination.

Most likely the contradiction between his company's philosophy and the vending machine products available to employees had never been noticed. After speaking to his ADD (ADHD) counselor, he decided to be pro-active. He asked for healthy snacks and drinks such as apple juice, V-8, and bottled water; low-sugar protein bars, nuts, and dried fruits to be made available in the vending machines in the staff lounge. To his pleasure and surprise, several co-workers thanked him for initiating the change.

### **Family members who insist on tempting, unhealthy food**

Some people with ADD (ADHD) who try to improve their eating patterns feel sabotaged by family members who insist upon keeping desserts and snack foods in the house. While you can't insist that the entire family live according to your new eating plans, it's important to talk about your needs with your partner and children. Everyone will benefit from a healthier diet with fewer processed snack foods and less sugar. Try making gradual changes – for example having only one or two sweets or snacks in the house. And try to problem-solve by purchasing snacks or desserts that are not *your* favorites but

still appeal to the snackers in your family. It's also reasonable to request that tempting foods be kept in places where you're not likely to see them each time you open the refrigerator or pantry.

### **Identify your problematic daily eating patterns – then problem-solve**

Assess your own daily eating patterns. Most likely you will identify one, two, or three likely places and circumstances in which you are more likely to overeat or to eat food items you would rather avoid. Once these circumstances are identified, then you can begin to problem-solve.

### **No “good-for-you” food around**

This calls for some problem-solving. Make a list of foods that you want to include in your new, healthier eating plan – choose those that can be kept in the freezer or that have a long shelf-life in the pantry. That way, there's always something healthy to eat and to need to grab the chips.

### **Too hungry to wait**

Many people with ADD (ADHD) don't pay enough attention to their hunger levels. They may become busy during the day, eating very little, and then discover that they're ravenous – resorting to fast food or high-calorie snacks because it's too hard to wait and eating something healthy.

### **Skip meals, then binge**

Fasting and bingeing is another common ADD (ADHD) pattern – sort of an all or nothing approach to food. Many people mistakenly believe that it's good to skip a meal, not realizing that they are setting themselves up to overeat at the next meal.

Success strategies for developing healthy eating patterns:

Look for strategies that make it easy to succeed and harder to fail -

- don't put temptation in your path and then expect to control your impulses (for example a bowl of candy on your desk)
- always keep healthy snacks around for times when hunger strikes
- don't require too much planning and organization of yourself – make sure there are healthy grab-and-go food items for times when the unexpected happens

Fleming, John (2002) Eating disorders in women with ADHD. In P.Quinn & K. Nadeau, *Gender Issues and ADHD*, pp. 411-426. Silver Spring: Advantage Books.

Lyon, Michael (2000) *Healing the hyperactive brain*. Calgary, AB, Canada: Focused Publishing