

Conversation with James Greenblatt, MD—Integrative Medicine for Mental Health Conference

Interview by Dick Benson

James Greenblatt, MD, is a pioneer in the field of integrative medicine, he has treated patients since 1988. After receiving his medical degree and completing his psychiatry residency at George Washington University, Dr. Greenblatt completed a fellowship in child and adolescent psychiatry at Johns Hopkins Medical School. He currently serves as the Chief Medical Officer at Walden Behavioral Care in Waltham, MA and serves as an Assistant Clinical Professor of Psychiatry at Tufts University School of Medicine and Dartmouth College Geisel School of Medicine. Dr. Greenblatt has lectured internationally on the scientific evidence for nutritional interventions in psychiatry and mental illness. He is the author of seven books, including Finally Focused: The Breakthrough Natural Treatment Plan for ADHD. He is the founder of Psychiatry Redefined, an educational platform dedicated to the transformation of psychiatry, which offers online CME-approved courses, webinars, and fellowships for professionals about functional and integrative medicine for mental illness.

Integrative Medicine: A Clinician's Journal (IMCJ): Can you start with a brief description about your presentation focusing on binge eating?

Dr. Greenblatt: Binge eating and food addiction are somewhat controversial in many traditional medical fields, particularly the eating disorder field. Binge eating is the most common eating disorder. It is more common than Anorexia and Bulimia, which we all know about. Binge eating is more common than those two disorders combined. I think that it's really poorly understood and not treated well, as most of the treatment is just around blaming the patient. Blaming the patient creates a lot of guilt and causes people to not seek treatment. My focus is on the biology of appetite and understanding that there are individuals who do have a physiological addiction to certain foods or food additives.

IMCJ: When you talk binge eating, is it the taste of the food that connects them or gets them into binge eating? Or is there a chemical issue in the food that makes it addictive?

Dr. Greenblatt: Actually, a little both. There are clearly some kind of psychological and stress components, but I talk about some of the chemical ingredients, like MSG, monosodium glutamate, sugar and refined sugar and high-fructose corn

syrup. There is good research in animal studies on the impact these have. And then for some individuals, byproducts of gluten and dairy are components. Many of the binge eating issues are related to highly processed food, that combines fat and sugar and often chemical additives like MSG, which we know affects how the brain functions.

IMCJ: What are the biggest "highs" we get out of binge eating?

Dr. Greenblatt: I think most people do not experience it as a high, but some do. Not everyone who binge eats has a food addiction. There is a subset who do, and they crave food, like an alcoholic craves alcohol. Then they binge, like an alcoholic. Then, after that binge, there is a kind of dysphoric, guilty, shameful state before the next craving starts. For many patients, it's a very similar scenario to other kinds of addiction.

The timing of binge eating varies. We have patients who can binge five times a day. Other patients will binge on weekends when kids or family are out of the house. And often, just like substance abuse, there are environmental triggers. Driving on the street where the bar is located or getting that first taste of ice cream or cookie. There are individuals who can't control their sense of hunger and satiety and that's a chemical reaction issue. My whole focus is to stop blaming the patients and shaming them. That way we can treat it with nutritional interventions and medicine if needed, but it has to be seen as a kind of biological disturbance of appetite and satiety.

IMCJ: Are there certain nutritional shortfalls that you see in people who binge eat?

Dr. Greenblatt: Absolutely. We see many different ones. They vary, but that is why an integrative approach and testing is critical because yes, we often see poor digestion of protein and that is why they are not adequately able to make some of the neurotransmitters and hormones. A whole host of problems can become apparent as we look at it as a biological disturbance, not a disorder of willpower.

There is an official diagnosis of binge eating per a psychiatrist in the DSM-5. It is not overeating, and it is not eating too much because you enjoy the food. There is clear criteria and it's really the rapid consumption of a quantity of food that most people would not eat. It is very different