

Weight Concerns, Dieting and Recovery From Substance Use

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Recovery-related weight gain is a common concern for individuals recovering from substance use.¹ When using certain substances, such as stimulants, appetites are often suppressed and metabolism is disrupted, causing significant weight loss during use. When the individual stops using the drug, they often experience weight gain, [impaired nutrient absorption](#) and distorted hunger/satisfaction cues, which can impact food intake and ultimately lead to further weight gain. As such, during the first six months of treatment there is often an increased desire and intense craving for sweet foods such as cakes and cookies, which can lead to overeating and bingeing.²

The use of fad, unsupervised or overly rigid diets are often forms of self-medication early in recovery, as individuals fear the possibility of more weight gain and express concerns about maintaining their weight. Further complicated by [body dissatisfaction](#) common among females in recovery, women tend to focus on improving their appearance through dieting. However, chronic dieting behavior can lead to further weight gain, promote weight cycles perpetuating the problem, and place one at higher risk for substance use reoccurrence.

For example, in the United States and many Western cultures, common dieting practices include use of popular diet meal plans, dieting products, dieting supplements, restrictive eating, skipping meals, fasting, orthorexia, “clean” eating, cleansings, energy products, energy drinks, extreme caffeine use, and misuse of prescription and over-the-counter medications (such as enemas, laxatives). These practices are dangerous, and use of products such as dieting supplements and energy products are not regulated by the Food and Drug Administration (FDA).

Dangers of unhealthy dieting, especially in recovery

Dieting that includes starvation, restricting energy/caloric intake, fasting or related eating disorders can affect mental functioning and the brain, even when accompanied by

adequate intake of vitamins and minerals. Conversely, a diet low in nutritional content (e.g., lacking vitamins and minerals) can negatively impact one’s health status, even when calories are adequate or excessive.³ The latter diet typically consists of “empty calorie” foods, such as cakes and candy, that are high calorie yet have little nutritional value. Either diet-related scenarios can cause deficiencies that may affect physical, emotional and mental health status.

Independent of current BMI, frequency of dieting behaviors is strongly associated with harmful effects such as unstable blood sugar, cravings, fatigue, low energy and difficulties sleeping, gastro-intestinal problems, constipation, loose stools, inflammation, dysregulated appetite, cognitive impairment (neurotransmitter disruption, memory, attention), and dehydration.

Additionally, overly restrictive or unhealthy dieting has been associated with negative emotions and problematic behaviors such as unstable mood, anxiety, depression, irritability and anger, conditions already plaguing people in recovery. Studies have shown women who utilize more unhealthy dieting behaviors have higher levels of depressive symptoms and vice versa.⁴ Other effects include difficulty discriminating between and regulating moods, distrust in interpersonal relationships, need for self-control, compounded by poor impulse control skills and feelings of ineffectiveness and insecurity. All of these can hinder or delay individual treatments or even be contraindicative to provision of therapeutic, essential skills for optimal recovery⁵ and potentially lead to reoccurrence of substance use.

Recognize the symptoms

Specific dieting behaviors vary among individuals, but typically have a common outcome goal of weight loss or weight maintenance. Being able to identify and recognize unhealthy behaviors is crucial in helping to counter the adverse physical effects. Some known behaviors that may suggest unhealthy dieting include:

- Preoccupation with calories, carbs, fat, etc. (e.g.,

- excessively counting and tracking)
- Skipping meals or fasting (for nonmedical/religious purposes)
- Restricting calories or consuming unusually small portions at meals
- Avoiding foods or entire groups of food (often presents as a progressively growing list of foods)
- Exercising to “burn off” calories or food previously eaten
- Using diet and energy drinks, supplements and other products regularly
- Initiating conversations about popular diets and dieting methods
- Weight cycling (gaining, losing, gaining, losing, etc.)
- Avoiding social activities involving food

females ages 9+, not less than 1,600 calories/day)

- Encouraging individuals to eat more regularly instead of skipping meals
- Promoting joyful movement and moderate physical activity with the goal of overall health

It’s also important to address weight concerns and dieting as part of early intervention. Nutrition education and physical activity can play a key role in a healthy recovery. In addition to providing sound health and nutrition education, educators should help individuals know what to expect while in treatment and validate what they may already be experiencing (normality of cravings and physical changes during recovery). Failure to address these concerns, compiled with noticeable weight gain, may trigger measures that could lead to extreme behaviors or even reoccurrence.

Effective communication with those struggling

Although dieting misinformation is explosive on the internet and targets people who are vulnerable and discouraged with their weight, there are positive ways to promote a healthy weight during recovery. Educating individuals about the dangers of fad diets is an important step. Equally important, however, is validating their concerns, providing support, teaching them to be patient and providing healthy, sustainable alternatives, such as:

- Promoting a dynamic energy model⁶ that involves a variety of factors affecting the body and its basic metabolic rate (e.g., focus on diet quality, improved muscle mass, an active lifestyle, less stress) rather than a static energy balance model simply based on calories in and calories out
- Promoting variety and the importance of a balanced diet
- Encouraging high-nutrient, high-fiber foods that help the body feel fuller longer
- Encouraging and teaching individuals how to add healthy foods to their diet, such as whole grains, fruits and vegetables, instead of focusing on eliminating or decreasing unhealthy foods in the diet
- Educating individuals on what a reasonable amount is using MyPlate myplate.gov and ensuring adequate calories are consumed (especially for

Finally, while popular diets may seem harmless to most professionals, it can be an extremely dangerous practice, particularly for those with a history of addiction due to their familiarity and past use of extreme measures. Since nutrition education is generally not within the knowledge or scope of practice of most recovery professionals, caution should be taken to avoid promoting misinformation and supporting dangerous dieting approaches, popular fad diets and use of diet products among clients. A team approach that includes qualified nutrition educators partnered with recovery professionals to augment existing recovery plans is favorable.

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