TOWARD HEALTH

FOOD ADDICTION PROTOCOL

Five recurring problems. Five needs.
One immediate recovery response.



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Toward Health | Practical protocols

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Read the current protocol at toward.health

When food repeatedly overrides what you intended to do, plan for the moments that are hardest, not only the days that are easy. Dr. Tro's approach has three parts: map five recurring problems, address five needs, and prepare one immediate recovery response.

Start with four CAGE reflections

Use Dr. Tro's brief food-adapted CAGE questions to notice your pattern:

- **Cutting down:** Do you keep wanting to cut back on certain foods or on how much you eat?
- **Annoyance:** Do other people's comments about your eating irritate you?
- **Guilt:** Do you feel bad or guilty about your eating?
- **Eye-opener:** Do you eat to change your mood, hide food, or lose control once you start?

These answers start a conversation; they do not diagnose food addiction. Read the Food Addiction Assessment for the full questions, Dr. Tro's interpretation, personal story, and video lessons.

1. Map the five recurring problems

What are your problem foods?

Dr. Tro's planning guide: about 15-25 foods or cravings.

List the foods that are hard to stop eating once you start. Pizza, chips, cookies, chocolate, and ice cream are among the foods people commonly report as hard to control. Candy, cake, pie, pastries, or another food may be on your list. What will you keep within reach instead?

What are your problem times?

Dr. Tro's planning guide: about 1-2 vulnerable times per day.

When do you most often struggle? Consider the commute or first hour after work, cooking dinner, after the children are asleep, or late at night. What can you prepare before that time arrives?

What are your problem places?

Dr. Tro's planning guide: about 5-10 places.

Where does the pattern keep happening? Consider your kitchen or pantry, workplace break room, car or gas station, restaurant, parents' or friends' home, or a hotel or vacation setting. Which setting can you change first?

Who are the people making your struggles harder?

Dr. Tro's planning guide: about 5-10 people.

Think about food offers, comments, or expectations from family, friends, coworkers, or others. What boundary or request for help will you use?

What are your problem situations?

Dr. Tro's planning guide: about 2-5 situations.

Which situations repeatedly disrupt your plan? Think about stress, loneliness, a business meeting, date night, or a celebration.

Plan for holidays, vacations, and celebrations

These events can change your food environment, sleep, routine, and social pressure for several days. Recovery may be harder after the event if you have not planned the return. Before you go, choose a meal strategy, a backup, a person to contact, and what you will do with leftovers or food brought home. Decide how you will return to your usual plan the next day. If you go off plan, use Moment Zero at the next eating decision rather than waiting until the trip or holiday is over.

The full plan: Dr. Tro's Moment Zero example includes roughly 30-55 items in all. Along with the five problems above, note about 1-2 emotional states, 1-2 physical states, and one immediate recovery plan. Use these ranges to look broadly, then circle the combination that causes the most trouble and begin there.

For that combination, finish this sentence: "When _____ happens, I will _____."

2. Address five needs, not just the food

- **Hunger:** Plan satisfying meals and a workable backup for a busy day so you are not relying on a decision made when you are famished.
- **Cravings:** Decide in advance what you will do when a trigger food or urge appears, such as changing your surroundings, using your planned meal, or contacting support.
- **Deprivation:** Build meals you can enjoy and repeat. If your plan leaves you feeling constantly deprived, discuss how to make it sustainable with your care team.

- **Social situations:** Choose your food and a simple response to food pressure before you arrive.
- **Emotions, coping, and stress:** Notice which feelings precede the pattern. Choose a nonfood response and identify a person you can contact. Tell your clinician if distress or loss of control keeps returning.

Start with the need that shows up most often. Make one concrete response for it, then revisit the plan with a clinician or health coach.

3. Make a Moment Zero recovery plan

A difficult meal does not have to become a difficult week. Decide now whom you will contact after a setback and what your next health-aligned choice will be. Do not wait for Monday or for a "perfect" restart.

Write your plan: "My hardest food, time, place, person, or situation is _____. When it appears, I will _____. If I go off plan, I will contact _____, return to my plan at the next eating decision, and review what happened so I can adjust my approach."

Community, a trusted person, and your care team can help you reconnect. If secret eating, loss of control, or distress continues, ask your clinician for a fuller assessment and more support.

For structured physician-led care and coaching, explore the Toward Health Food Addiction Program.

Research behind this approach

- Saner, Kalayjian, Buchanan, and colleagues (2025): Food-addiction and binge-eating symptom scores improved in a Toward metabolic-health program.
- Unwin and colleagues (2025): A low-carbohydrate education program with psychosocial support reported sustained improvement in food-addiction symptoms at 12 months.
- Schulte, Smeal, and Gearhardt (2017): Participants reported food-specific differences in loss of control and craving.

Safety notes

The food-adapted CAGE reflections start a conversation; they do not diagnose food addiction.

If secret eating, loss of control or distress continues, ask your clinician for a fuller assessment and more support.

Medical disclaimer

This protocol provides general education and does not replace individualized medical care. Treatment choices should reflect your symptoms, medical history, test results, medications and preferences. Study results do not guarantee an individual outcome.