

Using CRAVED

CRAVED can be used as a brief screening tool when ultra-processed food addiction may be present. The questions, derived from addiction criteria in ICD-11, explore key addiction-like features including compulsion, relapse, priority, volume, withdrawal-like symptoms and continued use despite harm. A positive screen of **3 or more “yes” responses** should prompt further clinical exploration, consideration of eating disorder risk, and appropriate signposting or referral. **CRAVED** should be used with curiosity rather than judgement; the aim is to understand the patient’s experience and open a meaningful conversation.^{4,5,6}

Recognising Ultra-Processed Food Addiction in Clinical Practice

A brief guide for clinicians.

When a patient says,

“I know what to do, but I can’t stop,”

it may be time to ask different questions.

ASK about cravings, loss of control and repeated attempts to change.

Screen using **CRAVED** when appropriate.

ADVISE with compassion, validate the patient’s experience and explain available support.

ACT by agreeing the next step, offering referral or signposting, and arranging follow-up.

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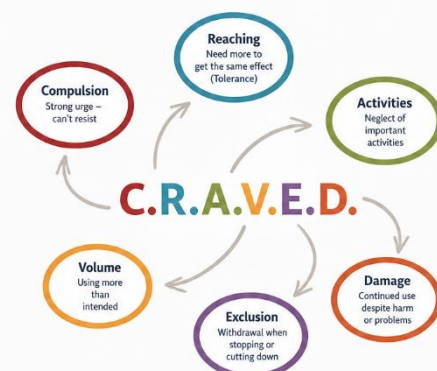
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C.R.A.V.E.D. – 6 Questions

- 1 Have you ever had such a strong desire or sense of compulsion at the thought of eating these foods that you could not resist the urge to eat them? (**Compulsion**)
- 2 Have you ever noticed that you need to use increasing amounts of these foods to get the same effect compared to when you started? (**Increased Tolerance = Reaching for more**)
- 3 Have you ever noticed a growing neglect towards planning of activities because you were too tired / hungover / sick due to overeating these foods? (**Growing Neglect (of Activities)**)
- 4 Have you ever used more of these foods than you intended on more than one occasion? (**Loss of Control = more Volume**)
- 5 Have you ever experienced at least two of the following withdrawal symptoms when you cut down or stopped using these foods? Headache; nausea or vomiting; anxiety; depressed or low mood; irritability; shakes; sweating heart palpitations; fast or shallow breathing; diarrhoea or constipation; sleep disturbances (Withdrawal symptoms from stopping or cutting down = **Exclusion of foods causing withdrawal symptoms**)
- 6 Have you (ever) continued to use these foods despite you or someone else believing that your memory and concentration challenges, anxiety, unexplained mood swings, depression, panic attacks etc or other mental health problems were likely to be due to your use of these foods? (**Continued Use Despite Damage awareness**)



**3 OR MORE “YES”
MEAN LIKELIHOOD OF
ADDICTION / PATHOLOGICAL USE**

Based on WHO criteria for substance use disorder.

Bennett E, Magill M, McDermott F, Lycett D and Unwin J (2022) Validating CRAVED: a brief screening instrument for ultra-processed food addiction. Front. Public Health 10:871164. doi: 10.3389/fpubh.2022.871164

Clinical note: UPFA may coexist with eating disorders, trauma, mood disorders and metabolic disease. Where eating disorder risk, medical instability, safeguarding concerns or significant mental health risk are present, follow local pathways and refer appropriately.

References

1. Bennett et al. (2025). doi:10.3389/fpsy.2025.1620372; 2. Bennett et al. (2026). doi:10.3389/fpubh.2026.1807450; 3. NHS England (2018). *CQUIN supplementary guidance*, 83.1: Ask–Advise–Act; 4. Bennett, Myers-Morrison & Unwin (2026). doi:10.3389/fpsy.2025.1653982; 5. Unwin et al. (2022). doi:10.3389/fpsy.2022.1005523; 6. Bennett et al. (2026). doi:10.3389/fpubh.2026.1871164.

Evidence behind this resource

This resource is informed by published research on the **Liberate** intervention, an online, peer-supported, addiction-informed psychoeducation programme for adults self-identifying with ultra-processed food addiction (UPFA). The feasibility and acceptability study found that the intervention could be delivered in a community setting, was acceptable to participants, and was associated with **significant reductions in food addiction symptoms and improvements in mental wellbeing** post-intervention and at 6-month follow-up.^{1,2}

Qualitative findings suggested that understanding UPFA helped participants make sense of their experiences, reduce shame and self-judgement, and create space for recovery. Subsequent analysis also suggested improvements in binge eating symptoms following the intervention. The aim of this resource is to translate these findings into practical, non-shaming clinical conversations.

Recognising Ultra-Processed Food Addiction in Clinical Practice

When a patient says, **“I know what to do, but I can’t stop,”** consider exploring possible ultra-processed food addiction. Repeated cravings, loss of control, relapse and shame may warrant an addiction-informed approach alongside assessment of nutritional needs and eating disorder risk.

This resource supports clinical conversations and does not replace eating disorder assessment, clinical judgement or safeguarding processes.

Using ASK-ADVISE-ACT

Adapted from the smoking cessation framework (NHS England 2018), **ASK-ADVISE-ACT** provides three practical steps for identifying and responding to possible UPFA³.

ASK — Explore and screen	Ask permission to discuss cravings, loss of control, repeated attempts to change and the impact on daily life. Find out what foods tend to cause these symptoms. Use CRAVED when appropriate, explaining that it supports further exploration rather than providing a diagnosis.
ADVISE — Validate and offer support	Explain that these experiences deserve support and are not simply a failure of willpower. Discuss how an addiction-informed approach may help, alongside assessment of nutritional needs and possible eating disorders.
ACT — Agree the next step	Agree one specific, achievable action before follow-up—for example, planning regular nourishing meals, reducing access to an identified trigger food, or making an “if-then” plan for cravings. Offer additional support where appropriate, including specialist dietetic care, Liberate or peer recovery groups such as Overeaters Anonymous. Document the plan and arrange follow-up to review cravings, loss of control and wellbeing. For patients with T2D: See additional clinical recommendations on integrating UPFA management into diabetes care, including glucose monitoring and medication review when dietary intake changes ⁴ .