

Editorial

In the last years, the way of the eating behavior has strongly changed. Western Countries are assisting to several changes in food culture, revealing a tendency to use always more frequently and increasingly amounts of those aliments once considered rare and valuable. The recent tendency to eat over the necessary, with significant imbalances of the nutrients of the diet, has induced a higher incidence of eating disorders (ED). Especially, the excessive consumption of sugar-based foods has contributed, together with other environmental risk factors (dieting, media exposure, body image dissatisfaction, and weight-related teasing), to an increase of cases of over-eating diseases, such as obesity, binge-eating disorder, and bulimia nervosa [1-4]. Neuroscience focused the research strategies on the possibility that a maladaptive eating behavior can characterize some eating disorders as well as maladaptive drug intake characterizes drug addiction. Thus, maladaptive binge-eating might be considered an “addiction” in its own right. Recently, DSM-V merged two main features of drug addiction into the diagnostic criteria of maladaptive eating-related symptoms: A strong craving and a pattern of compulsive use [5]. It has been recognized that the resemblance may reflect the involvement of the same neural systems, including those implicated in regulatory self-control and reward in both groups of disorders. It has been widely demonstrated that the DAergic “meso-limbic” reward system has a crucial role not only in the passage from an occasional use to an abuse of drugs, but also in the transition from a normal feeding to a maladaptive compulsive eating behavior [1,3,6-8]. Human studies showed that DA-ergic release correlates with the reward from both drug and food use [9,10]. Both addictive drugs and palatable foodstuffs exposure produce

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