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Disease resulting in compulsive engagement in rewarding stimuli despite adverse consequences "Addictive" redirects here. For other uses, see Addiction (disambiguation) and Addictive (disambiguation). Not to be confused with Psychological dependence. This article may require cleanup to meet Wikipedia's quality standards. The specific problem is: Need expansion on empty sections. Please help improve this article if you can. (July 2022) (Learn how and when to remove this template message) Medical conditionAddictionOther namesSevere substance use disorder[1][2]Brain positron emission tomography images that compare brain metabolism in a healthy individual and an individual with a cocaine addictionSpecialtyPsychiatry, clinical psychology, toxicology, addiction medicine Addiction and dependence glossary[3][4][5][2] addiction – a biopsychosocial disorder characterized by persistent use of drugs (including alcohol) despite substantial harm and adverse consequences addictive drug – psychoactive substances that with repeated use are associated with significantly higher rates of substance use disorders, due in large part to the drug's effect on brain reward systems dependence – an adaptive state associated with a withdrawal syndrome upon cessation of repeated exposure to a stimulus (e.g., drug intake) drug sensitization or reverse tolerance – the escalating effect of a drug resulting from repeated administration at a given dose drug withdrawal – symptoms that occur upon cessation of repeated drug use physical dependence – dependence that involves persistent physical-somatic withdrawal symptoms (e.g., fatigue and delirium tremens) psychological dependence – dependence that involves emotional-motivational withdrawal symptoms (e.g., dysphoria and anhedonia) reinforcing stimuli – stimuli that increase the probability of repeating behaviors paired with them rewarding stimuli – stimuli that the brain interprets as intrinsically positive and desirable or as something to approach sensitization – an amplified response to a stimulus resulting from repeated exposure to it substance use disorder – a condition in which the use of substances leads to clinically and functionally significant impairment or distress tolerance – the diminishing effect of a drug resulting from repeated administration at a given dose vte Addiction is a neuropsychological disorder characterized by a persistent and intense urge to use a drug, despite substantial harm and other negative consequences. Repetitive drug use often alters brain function in ways that perpetuate craving, and weakens (but does not completely negate) self-control.[6] This phenomenon – drugs reshaping brain function – has led to an understanding of addiction as a brain disorder with a complex variety of psychosocial as well as neurobiological (and thus involuntary)[a] factors that are implicated in addiction's development.[3][7][8] Classic signs of addiction include compulsive engagement in rewarding stimuli, preoccupation with substances or behavior, and continued use despite negative consequences. Habits and patterns associated with addiction are typically characterized by immediate gratification (short-term reward),[9][10] coupled with delayed deleterious effects (long-term costs).[7][11] Examples of drug and behavioral addictions include alcoholism, marijuana addiction, amphetamine addiction, cocaine addiction, nicotine addiction, opioid addiction, video game addiction, gambling addiction, pornography addiction and sexual addiction. The only behavioral addiction recognized by the DSM-5 and the ICD-10 is gambling addiction. With the introduction of the ICD-11 gaming addiction was appended.[12] The term "addiction" is frequently misused when referring to other compulsive behaviors or disorders, particularly dependence, in news media.[13] An important distinction between drug addiction and dependence is that drug dependence is a disorder in which cessation of drug use results in an unpleasant state of withdrawal, which can lead to further drug use.[14] Addiction is the compulsive use of a substance or performance of a behavior that is independent of withdrawal. Addiction can occur in the absence of dependence, and dependence can occur in the absence of addiction, although the two often occur together. Behavioral addiction Main article: Behavioral addiction The term "behavioral addiction" refers to a compulsion to engage in a natural reward – which is a behavior that is inherently rewarding (i.e., desirable or appealing) – despite adverse consequences.[10][15][16] Preclinical evidence has demonstrated that marked increases in the expression of ΔFosB through repetitive and excessive exposure to a natural reward induces the same behavioral effects and neuroplasticity as occurs in a drug addiction.[15][17][18][19] Reviews of both clinical research in humans and preclinical studies involving ΔFosB have identified compulsive sexual activity – specifically, any form of sexual intercourse – as an addiction (i.e., sexual addiction).[15][17] Moreover, reward cross-sensitization between amphetamine and sexual activity, meaning that exposure to one increases the desire for both, has been shown to occur preclinically and clinically as a dopamine dysregulation syndrome.[15][17][18][19] ΔFosB expression is required for this cross-sensitization effect, which intensifies with the level of ΔFosB expression.[15][18][19] Reviews of preclinical studies indicate that long-term frequent and excessive consumption of high fat or sugar foods can produce an addiction (food addiction).[15][16] This can include chocolate. Chocolates' sweet flavour and pharmacological ingredients is known to create a strong craving or feel 'addictive' by the consumer.[20] A person who has a strong liking for chocolate may refer to themselves as a chocoholic. Chocolate is not yet formally recognised by the DSM-5 as a diagnosable addiction.[21] Gambling provides a natural reward which is associated with compulsive behavior and for which clinical diagnostic manuals, namely the DSM-5, have identified diagnostic criteria for an "addiction".[15] In order for a person's gambling behavior to meet criteria of an addiction, it shows certain characteristics, such as mood modification, compulsivity, and withdrawal. There is evidence from functional neuroimaging that gambling activates the reward system and the mesolimbic pathway in particular.[15][22] Similarly, shopping and playing video games are associated with compulsive behaviors in humans and have also been shown to activate the mesolimbic pathway and other parts of the reward system.[15] Based upon this evidence, gambling addiction, video game addiction, and shopping addiction are classified accordingly.[15][22] Signs and symptoms This section needs expansion. You can help by adding to it. (July 2022) Causes Personality theories Main article: Personality theories of addiction Personality theories of addiction are psychological models that associate personality traits or modes of thinking (i.e., affective states) with an individual's proclivity for developing an addiction. Data analysis demonstrates that there is a significant difference in the psychological profiles of drug users and non-users and the psychological predisposition to using different drugs may be different.[23] Models of addiction risk that have been proposed in psychology literature include an affect dysregulation model of positive and negative psychological affects, the reinforcement sensitivity theory model of impulsiveness and behavioral inhibition, and an impulsivity model of reward sensitization and impulsiveness.[24][25][26][27][28] Neuropsychology Cognitive control and stimulus control, which is associated with operant and classical conditioning, represent opposite processes (i.e., internal vs external or environmental, respectively) that compete over the control of an individual's elicited behaviors.[29] Cognitive control, and particularly inhibitory control over behavior, is impaired in both addiction and attention deficit hyperactivity disorder.[30][31] Stimulus-driven behavioral responses (i.e., stimulus control) that are associated with a particular rewarding stimulus tend to dominate one's behavior in an addiction.[31] Stimulus control of behavior See also: Stimulus control Cognitive control of behavior See also: Cognitive control Risk factors Further information: Addiction vulnerability There are a number of genetic and environmental risk factors for developing an addiction, that vary across the population.[3][32] Genetic and environmental risk factors each account for roughly half of an individual's risk for developing an addiction.[3] the contribution from epigenetic risk factors to the total risk is unknown.[32] Even in individuals with a relatively low genetic risk, exposure to sufficiently high doses of an addictive drug for a long period of time (e.g., weeks-months) can result in an addiction.[3] Adverse childhood events are associated with negative health outcomes, such as substance use disorder. Studies show that childhood abuse or exposure to violent crime was positively related to developing a mood or anxiety disorder, as well as a substance dependence risk.[33] Genetic factors See also: Alcoholism § Genetic variation Genetic factors, along with environmental (e.g., psychosocial) factors, have been established as significant contributors to addiction vulnerability.[3][32] Studies done on 350 hospitalized drug-dependent patients showed that over half met the criteria for alcohol abuse, with a role of familial factors being prevalent.[34] Epidemiological studies estimate that genetic factors account for 40–60% of the risk factors for alcoholism.[35] Similar rates of heritability for other types of drug addiction have been indicated by other studies, specifically in genes that encode the Alpha5 Nicotinic Acetylcholine Receptor.[36] Knestler hypothesized in 1964 that a gene or group of genes might contribute to predisposition to addiction in several ways. For example, altered levels of a normal protein due to environmental factors may change the structure or functioning of specific brain neurons during development. These altered brain neurons could affect the susceptibility of an individual to an initial drug use experience. In support of this hypothesis, animal studies have shown that environmental factors such as stress can affect an animal's genetic expression.[36] In humans, twin studies into addiction have provided some of the highest-quality evidence of this link, with results finding that if one twin is affected by addiction, the other twin is likely to be as well, and often to the same substance.[37] Further evidence of a genetic component is research findings from family studies which suggest that if one family member has a history of addiction, the chances of a relative or close family developing those same habits are much higher than one who has not been introduced to addiction at a young age.[38] However, the data implicating specific genes in the development of drug addiction is mixed for most genes. Many addiction studies that aim to identify specific genes focus on common variants with an allele frequency of greater than 5% in the general population; however, when associated with disease, these only confer a small amount of additional risk with an odds ratio of 1.1–1.3 percent; this has led to the development the rare variant hypothesis, which states that genes with low frequencies in the population (

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