Obesity: Psychosocial Management

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Background

Once recognised as an indication of affluence, obesity is now recognized as an illness, characterized by an excess of body fat. Excess body fat generally results form a greater amount of calories consumed than are spent. Obesity is measured by body mass index (BMI). There has been a rising prevalence of obesity in several countries to the extent, that obesity is now described as a global pandemic (Swinburn et al, 2011). Overweight and obesity were estimated to cause 3·4 million deaths, 4% of years of life lost, and 4% of disability-adjusted life-years (DALYs) in 2010 worldwide (Finucane et al, 2011). In India, prevalence of overweight and obesity is estimated at about 20% and 4% respectively (Ng et al, 2014)

Obesity is associated with multiple medical and psychological comorbidities, social stigma and social distress. Obesity is also recognised as a lifestyle disorder. Thus psychosocial factors have an important role in management.

Psychosocial factors in causation

Persons having personality traits of poor impulse control, lower compliance, and self-discipline tend to have poor self-esteem, tendencies to depression, and tend to eat to relieve emotional distress by eating, leading to obesity. No specific personality has been consistently found to be associated with obesity. Patients successful in maintaining weight loss demonstrate greater initial weight loss, able to reach a self-determined realistic goal, have a physically active lifestyle, and able to control of eating and self-monitor their eating behaviour (Vaidya et al, 2009).

Most patients with obesity admit to overeating and a majority report poor control of eating. Many eat regularly in response to stress, anxiety or boredom. Eating becomes a learned response to reducing anxiety or stress. Many obese patients have diabetes and sometimes eat

in response to anxiety because they feel they may be hypoglycemic. Deprived childhood, parental attitudes and childhood trauma are also in background of many persons with obesity.

Persons with obesity tend to suffer more often from a number of psychiatric conditions like bulimia nervosa, binge eating, depression and anxiety. They often suffer low self-esteem, have low functionality, low rates of employment and face stigma, all of which further predispose to depression. In treatment seeking patients with obesity, prevalence of comorbid psychiatric illness has been estimated to the extent of 40-60 percent

Management

Being a psychosomatic illness and considering a high prevalence of associated psychiatric morbidity, a detailed psychiatric assessment is indicated in all patients with obesity.

Psychiatric assessment aims at identifying the individual stressors, personality traits, life style, target behaviours and associated psychiatric morbidity.

Psychosocial interventions would include psychoeducation, behaviour modification lifestyle modification, specific therapies like cognitive behaviour therapy (CBT) and interpersonal therapy (IPT), and treating the specific comorbid psychiatric disorder.

In psychoeducation, the person is reassured, provided information about obesity, its causes, its being an illness and how it can be treated. Behaviour modification aims at improving the erratic style of eating and reducing eating cues.

CBT and IPT are two specific forms of psychological treatment and can be done only by a trained therapist. CBT in obesity focuses on normalising food intake, challenging dysfunctional thinking, identifying feelings and developing non-food coping skills. It increases patient's sense of self control. IPT acts on the relational factors, taking the focus off the eating behaviour. It includes clarifying the emotional states, improving interpersonal communication.

It has been seen that psychosocial interventions are also an essential component of treatment even in patients going for bariatric surgery.

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