

Understanding and Encouraging
the Overweight Patient, by Alicia
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Published in Psychiatry July 2007

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Objective

Understand the effect of overweight and obesity on patients' quality of life and psychological well-being

Data Source

- Publications from medicine, anthropology, finance, pediatrics, dietary, and surgery
- Insight into psychological and societal factors associated with obesity
- Effects of different treatments on patients

Psychiatric comorbidities in obesity

- Eating disorders
- Depression
- Anxiety
- Personality disorders

Influence of Western Media

- Study of eating disorders in 17 year old Fijian girls exposed to Western Television
- Before TV (1995) : 3%
- After TV (1998) : 15%
- 50% of women saw themselves as too fat
- These women were 30% more likely to diet, regardless of weight

American values

A firm, well-toned body
means

- Good willpower
- Good impulse control
- Control over one's
destiny
- Disciplined work ethic

Obesity means

- Indulgence
- Laziness
- Ineptitude

Net - net: what are you making?

- 2005 study: BMI decrease of 10 in overweight Americans:
 - White women: + \$11,880
 - Black women: + \$4,480
 - White men: + \$12,720
- Increase in BMI resulted in wealth decline for women
- BMI increases were not associated with changes in wealth for men

What's on the inside counts

- Health at Every Size experiment compared standard dieting intervention in obese females aged 30 to 45
- Experimental group were taught to
 1. decouple self-worth from their weight
 2. eat only when hungry
 3. enjoy physical activities

What's on the inside counts, II

- Control group lost 5% of body weight
- Experiment group lost 0% of body weight
- Experiment group had
 1. sustained decrease in systolic pressure
 2. decrease in total cholesterol
- Control group did not have pressure and cholesterol benefits

Is it all in my head?

- Study comparing those with BMI of 30 to 35
- Control: people already at that BMI
- Experiment: people who lost weight to get to the BMI range
- Result: experiment group saw increased physical function, increased general health, increased energy, increased social function, and decreased depressive symptoms.

Weight loss is not the Holy Grail you're looking for.

- The mind and body are interconnected.
- Feeling good about yourself changes physiological parameters outside of weight loss.

How do I help my patients?

- Ask about satisfaction level with body weight
- If yes, counsel patient about health benefits of losing weight
- If no,
 1. Ask about previous attempts at weight loss
 2. Encourage them to decouple their self worth from their weight, and
 3. Encourage weight loss for promoting health.

How does this apply to kids?

- Obesity in childhood increases likelihood of obesity in adulthood
- Children are facing social stressors including school changes and hormonal changes <http://kidshealth.org/parent/emotions/feelings/stress.html>
<http://familydoctor.org/online/famdocen/home/children/teens/prevention/278.html>
- Food is an easy coping tool.
<http://www.mayoclinic.com/print/weight-loss/MH00025/METHOD=print>

Known suspects

- Olanzapine, risperidone, and quetiapine are known for increasing fasting glucose, increasing insulin, and increasing insuline resistance
- Olanzapine and respirdone are know for increasing BMI
- Arapiprazole is least likely to cause increase in body weight, fat mass, and waist circumference

What is the pediatric model for weight loss and prevention?

- Physical activity - Join a class or activity that has scheduled meeting times to make it a habit.
- Diet management - low-fat moderate calorie balanced diets plus nutrition education. Small frequent meals should become a sustained habit.
- Behavior modification - teaching kids to be disciplined about monitoring intake and recognize emotional eating.

<http://www.kidsource.com/kidsource/content2/obesity.html>

Feasibility for pediatric patients

- Harder to do lifestyle modifications on ill patients
- Best results may come from a full-time mobile fitness trainer

Feasibility Study from 2004, presented in International Journal of Psychosocial Rehabilitation, vol. 9, pages 41-46

Additional Bio-Psycho-Social support

- Family counseling for encouraging new eating and exercise habits - these are part of the patient's treatment plan. <http://www.mayoclinic.com/health/childhood-obesity/FL00058>
- Teach patients stress management techniques as they go through childhood and adolescent years, including how to set limits with others.

<http://www.mayoclinic.com/print/relaxation-technique/SR00007/METHOD=print>

<http://familydoctor.org/online/famdocen/home/children/teens/prevention/278.html>