



Obesity, is it a mental disorder?.

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Abstract:

Introduction: Obesity is the result of a deregulation between energetic intake and use, which causes are complex and multi factorial, among which there are psychological factors such as depressive symptoms, anxiety, attention deficit and hyperactivity, severe trauma, and binge eating. .

Objectives: To study the prevalence in the patient with obesity of depressive symptoms, anxiety, severe trauma, attention deficit hyperactivity disorder and binge eating disorder in our hospital. Propose an etiopathogenic model of obesity based on psychological factors. Check the therapeutic response to treatment with psychotropic drugs used according to the psychological profile.

Material and methods: Bibliographic review in several bibliographic sources and analysis by means of psychological tests and anthropometric data of a sample of patients older than 18 years with obesity, followed in the "Infanta Leonor" University Hospital by the Psychiatry service.

Results: In the sample, 80.9% had anxiety-depressive symptomatology, 24.4% met criteria for binge eating disorder, 17.3% for post-traumatic stress disorder and up to 15% cases could be explained by a serious traumatic event. Patients with obesity could be classified into five dimensions defined by model D.I.E.T.A. : disexecutive / disorganized, impulsive, emotional, traumatic, addictive. A significant and sustained long-term weight loss can be achieved with the use of psychotropic drugs appropriate to the psychological characteristics of the patient with obesity.

Conclusions: In the etiopathogenesis of obesity, psychological factors play an important role. Therefore, the treatment must be multidisciplinary and staggered, based on the correction of life habits (healthy diet and regular physical exercise) together with psychological and pharmacological treatment, depending on the characteristics of the patient's personality.

Keywords:

- Obesity
- Psychological
- Model 2

Introduction

Obesity is still a chronic disease and its prevalence continues to increase annually. We know that it is the consequence of a greater contribution of energy in relation to its consumption, but the causes of this deregulation between intake and use are complex and multi factorial (1). Among them, there is a group of causes that we usually ignore, the psychological factors.

It is estimated (2) that in obese patients, 36% have depressive symptoms, 53% have anxiety, 20.4% have suffered a serious psychological trauma, 34.8% meet ADHD criteria and 48.3 % meet binge eating criteria according to the DSM-5.3.

Objectives

To study the prevalence in the patient with obesity of depressive symptomatology, anxiety, serious trauma, attention deficit and hyperactivity disorder and binge eating disorder in our hospital. Propose an etiopathogenic model of obesity to try to explain the psychological dimensions that underlie obesity. Check the weight loss associated with the treatment with psychotropic drugs used according to the psychological profile following the model D.I.E.T..4.

Material and method

A bibliographic review of studies has been carried out where data on the prevalence in people with obesity of depressive symptoms, anxiety, severe psychological trauma, attention deficit hyperactivity disorder and binge eating disorder are collected and compared with the data obtained from a broad sample from our hospital. On the other hand, these patients have been classified according to the model D.I.E.T. and the weight loss associated with the start of several psychotropic drugs has been studied according to the psychological profile of the patient with obesity.5.

Results

In series calculated in our hospital (3), up to 80.9% had anxious-depressive symptomatology, 24.4% met criteria for binge eating disorder, 17.3% for post-traumatic stress disorder and up to 15% of obesity cases could be explained by a serious traumatic event. In particular, the binge eating disorder is the second most frequent mental disorder in patients undergoing bariatric surgery, only after major depression; and it is associated with weight recovery after 2 years of surgery. The model proposed by the Psychiatry Service of H.U.I.L. has been called D.I.E.T. or E.A.T.-I.D. (4) and classifies the patient who also has difficulty recognizing the sensations of hunger and satiety, etc. They are patients who present symptoms of Attention Deficit Disorder and Hyperactivity in the Adult.6

- ✓ I - Impulsive Dimension: it includes people who eat without reflection or caution, letting themselves be carried away by the impression of the moment, who are not able to control the desire to eat, who see an attractive food and need to eat it, who cannot go through the kitchen without taking something, or buy without planning, that they prepare the food without recipe or list of ingredients, that are frequently uncontrolled in quantity (binges) and in the quality (junk food) of the food ... They are patients that present symptoms of the Attention Deficit and Hyperactivity Disorder of the Adult.7
- ✓ E - Emotional Dimension: includes those people for whom food becomes the escape valve or regulator of their emotional discomfort (frustration, anger, anger, etc.), which they are not able to handle through mechanisms of adaptive coping; Eating becomes your therapy, your way of relaxing and escaping from problems. They tend to present features of Generalized Anxiety Disorder and / or depressive symptomatology.-
- ✓ T - Traumatic dimension: it refers to people who have been victims of serious traumatic events such as attacks, gender violence, sexual abuse, bullying, etc., often in childhood; Also included in this group refers to people who have suffered attachment problems. These people dissociate themselves from their reality through food, that is, they forget the traumatic events, or they become disconnected from the emotion that generates them. It is usually seen in people with normal weight who change abruptly towards obesity at a certain moment, usually young women who have suffered a traumatic event of a sexual nature.
- ✓ A - Addictive Dimension: refers to people who have a sensitivity to increased reward and difficulty in delaying gratification, so they have a greater tendency to become pathologically attached to those activities that produce pleasure in a short time, such as food. They tend to eat foods with high palatability (rich in simple or very caloric sugars -pizzas, snacks, hamburgers-), have a higher risk of suffering from eating in the form of bites or bingeing, and develop cravings, dependency, abstinence, and tolerance to food. It has been seen that each patient group according to the model D.I.E.T. has a different response (defined as sustained weight loss in the long term) to the psycho pharmaceuticals used as adjuvant treatment

(5):a) Di Executive Profile: they respond excellently to Methylphenidate (5-60 mg / day) or Lisdexamfetamine (30-70 mg / day).b) Impulsive Profile: they respond excellently to Topiramate (25-600 mg / day) or Zonisamide (100-400

mg / day).c) Emotional Profile: they respond excellently to Fluoxetine high doses (40-80 mg / day) and Agomelatine (25-50 mg / night).d) Traumatic Profile: respond to Sertraline (50-200 mg / day).e) Addictive profile: they respond excellently to Bupropione (150-300 mg / day) +/- Naltrexone (25-150 mg / day) (6).

Discussion

Each person with obesity usually hide various difficulties at the psychological level or an altered psychological pattern (4). Food and weight would be just the tip of an iceberg in which everything psycho pathological is below. Therefore, we must see the obese patient as a person who does not want to lose weight or who lacks the willpower to follow a diet and exercise, but who presents cognitive distortions and difficulties for emotional regulation of different degrees and variable that needs to be corrected or palliated to be able to lose weight. In this way and as studies show, that the combination of diet and exercise alone is not enough, but it is necessary to combine it with psychological intervention

Conclusions

Given that obesity is a complex and multi factorial disease, the treatment must be multidisciplinary and staggered, based on the correction of life habits (healthy diet and regular physical exercise) together with psychological and pharmacological treatment depending on the characteristics of the personality. of the patient.

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