Obesity as a Psychosomatic Syndrome

Sanjay Kalra[1], Madhur Verma[2], Nitin Kapoor[3]

Abstract

Obesity is a psychosomatic syndrome. In this unique opinion piece, we describe the epidemic of obesity, and approach it from a psychosomatic perspective. We list the multiple causative, contributory, comorbid, complicating, confounding and curative aspects of obesity which require comprehensive psychosomatic addressal. The points discussed should be used as checklists for evaluation of person living with obesity.

Keywords: Biopsychosocial model, mind body medicine, motivational therapeutics, obesity, overweight, person centred medicine.

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Introduction

Obesity has emerged as a major challenge to public and individual health.[1] The multifactorial aspects of obesity pathophysiology lead to multifaceted clinical presentations. The wide spectrum of clinical challenges, including comorbid conditions and complications, encompasses emotional, behavioural and social issues as well.[2]

Psychosomatic Approach

For effective addressal of these, a comprehensive, 3600 approach is required.[3] Person centred care, the biopsychosocial model of health and disease, mind body medicine, and psychosomatic medicine are various terms given to this strategy.[4-7]

In Table, we explain, in simple, reader-friendly manner, why and how such an approach should be followed.

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[1]Department of Endocrinology, Bharti Hospital, Karnal, India; University Centre for Research & Development, Chandigarh University, Mohali, India; [2]Department of Community/Family Medicine, All India Institute of Medical Sciences, Bathinda, India; [3]Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India; Non-communicable disease unit, Baker Heart and Diabetes Institute, Melbourne, Victoria, Australia.

Correspondence: Sanjay Kalra. e-mail: brideknl@gmail.com

ORCID ID: 0000-0003-1308-121X

Table: Obesity As a Psychosomatic Syndrome.

Overview

Person-Forward Aspects

- Psychological factors contribute to the causation and clinical trajectory of obesity.
- Obesity can present with multiple psychological complaints, concerns and challenges.
- Obesity is associated with psychiatric comorbidities, complications and consequences
- Psychological therapy is a part of obesity management

Socio Environmental Aspect

- Health care professionals may harbour psychological bias against persons living with obesity.
- Persons living with obesity may experience psychological distress during their interaction with the health care system.
- Members of family and society may have a psychological bias against persons living with obesity.
- Persons living with obesity may experience stigma and ostracization because of their weight

Health Care Professional Perspectives

- Obesity should be viewed as a psychosomatic syndrome.
- Obesity should be viewed as a biopsychosocial-environmental syndrome.
- Obesity should be managed in a comprehensive manner by an obesity care team, including a mental health professional.
- Obesity care outcomes assessment should include measures of psychological health.

Correlation

Eating Disorders

- Eating disorders, such as anorexia nervosa or bulimia nervosa, can occur in persons living with obesity
- Orthorexia nervosa, or excessive preoccupation with "the right" food intake, may occur in persons living with obesity
- Emotional eating may contribute to obesity and its worsening
- Eating disorders must be managed prior to, or simultaneously, with obesity.

Psychiatric Disorders

- Depression and obesity may coexist with each other , and are risk factors for the other's occurrence
- Anxiety and obesity may coexist with other, and are risk factors for the other's occurrence
- Substance abuse and obesity may coexist with each other, and are risk factors for the other's occurrence
- Schizophrenia and obesity may coexist with each other, and are risk factors for the other's occurrence

Psychopharmacological Aspects

- Management of substance abuse, e.g., nicotine use, may lead to weight gain.
- Anti-obesity medications, e.g., topiramate, may have addictive potential.
- Anti-obesity medications, e.g., glucagon-like peptide 1 receptor agonists (GLP1RA) may help in deaddiction.
- Anti-obesity interventions may cause psychological symptoms

Evaluation + Explanation

Skills And Style of the Obesity Care Team

- Health care professionals should not view obesity as a simple biomedical condition.
- Health care professionals should understand the biopsychosocial, or psychosomatic aspects of obesity.
- Psychological first aid should be offered to all persons living with obesity who require such support
- Motivational therapeutics, including motivational interviewing, should be an integral part of all clinical conversations related to obesity.

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Psychological Evaluation

- Psychological assessment should be an integral part of all obesity evaluation and follow up.
- Quality of life, anxiety, depression and substance abuse should be assessed for in persons living with obesity.
- Enhanced psycho-surveillance is important for persons with sudden onset of obesity, sudden worsening of obesity, or onset/ worsening of complication/comorbid conditions or change in intensity of obesity management strategies.
- Psychological assessment should ideally be performed by a qualified mental health professional, but may be conducted by an experienced member of the obesity care team.

Expected Outcomes

- Weight loss is associated with improvement in psychological health.
- Weight loss is associated with improvements in quality of life and mood.
- Weight loss is associated with improvement in cognitive function.
- Weight loss is associated with improvement in social functioning.

Management

Drug-Disease Interaction

- Psychological factors act as confounders in the management of obesity.
- Optimization of psychosocial health is necessary for optimization of obesity management
- Psychosocial support should also be offered to the caregivers of persons living with obesity
- Bariatric surgery must be preceded, accompanied and followed by psychological stabilization.

Psychosomatic Strategy

- Health care professionals must be aware of the possible effects of psychotropic medication on weight
- Health care professionals must be aware of the possible effects of anti-obesity medication on psychological health.
- Health care professionals must be aware of the possible psychological effects associated with rapid weight gain or rapid weight loss
- Health care professionals must be aware of the possible psychological effects of bariatric surgery.

Psychotropic Techniques And Tools

- Psychotherapeutic interventions, such as behavioural therapy, cognitive behavioural therapy relaxation therapy and coping skills training may be required in persons living with obesity
- Pharmacotherapy may be required for persons with obesity and concomitant psychiatric illness.
- Drugs with lesser tendency of causing weight gain, e.g., traditional anti-psychotics, should be preferred over atypical anti-psychotics, such as olanzapine and quetiapine
- Centrally acting psychotropic anti-obesity medication, such as topiramate, may be used to manage appetite

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