Opinion

An experience of multidisciplinary approach in diabetic obese patient

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(Anorexia and Bulimia) and Obesity (with or without psychiatric comorbidity and binge eating disorder) where the multidisciplinary approach (nutritional therapy, psychotherapy, therapeutic-rehabilitative activities) is applied. Patients are admitted after an evaluation in which the psychiatrics choose and propose the kind of treatment (residential or semi-residential). The two kinds of approaches depend on a lot of factors first of all the presence of psychiatric or intrinsic complication.

The most common complication in obese patient (BMI>30) is diabetes (insulin-dependent or not). In last decade Diabetes and Obesity are growing global health challenges, intrinsically linked, and we know that the first-line strategy for the treatment of obesity and prevention comorbidities is weight loss. Moreover, in diabetic patients, strict glycemic control helps losing weight (and vice versa) and preventing micro and macrovascular complications (such as nephropathy, neuropathy, retinopathy, cardiac ischemia, etc).

In clinical practice the most hard challenge with obese diabetic patient is changing life style and maintening motivation.

In "Villa Pia" we apply an individual therapeutic project that lasts from 3 to 5months in which patients are monitoring by endocrinologist, dietitian, psychiatrics', psychologist and attend activity that aims to life style changing.

In the last year we have started an observational study that aims to observe improvments of capillary glucose blood (CBG) levels and Body Mass Index (BMI) in our patients with obesity (BMI>30) and type 2 diabetes. The first group we observed had shown interesting results.

It was composed of 53 patients (32 Female, 21 Male, mean age 51.5years) with BMI>30, diagnosed with type 2 diabetes or insulin resistance and receiving drug therapy. Each patient underwent multidisciplinary treatment in residential and/or semi-residential from a minimum of 24 to a maximum of 260days. For each group (sample in toto, F, M) we calculated and correlated the average BMI and CBG values of input and output and evaluated the correlation between the variation of the value of BMI and CBG and treatment duration.

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The difference between mean values in input and output of BMI and CBG resulted statistically significative in total sample (p 0.0027 and p<0.0001 respectively), in group F (p<0.0001, p 0.0037) and in group M (both p<0.0001). We also observed the most significative changing in CBG in the first 4weeks of treatment that allowed to reduce or, sometime suspend, the diabetic therapy.

Surely this study requires an expansion of the sample, but preliminary data shows that multidisciplinary treatment leading to a significant improvement of CBG and BMI in both males and female. We also found out, in a randomize retrospective study (with a telephonic follow-up with a semi structured interview, 1 year after discharge) that 50.5% of our patients that undergo a multidisciplinary treatment (for ED or Obesity) presents a maintenance or improvement of physical and mental health.

These data demonstrated that an intensive multidisciplinary intervention is able to increase motivation and emprove the quality of life in long term of that kind of patients.

In our opinion, obese patient (such as anorexic or bulimic one), must be treated by multidisciplinary èquipe.

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Conflict of interest

Author declares that there is no conflict of interest.