

The result of the treatment of obese people is highly dependent on the state of the mental health

Editorial

Despite the improvement in knowledge about the etiological factors that contribute to the development of obesity, the result of the different methods to treat people suffering from obesity are unsatisfactory both for patients and for the health professionals themselves. In a previous paper I described some barriers that can explain this.¹ An important aspect often forgotten is that the obesity is a chronic disease, and that the body weight is just one of its features.

Basically, the treatment of obese people consists in lifestyle modifications, including changes in their eating pattern and increase in physical activity, what seem like a reasonable approach, but the problem arises when patients cannot follow these recommendations more than a few weeks or months. The reasons that this happens is that changing long-term habits are very difficult, being worse the older you are. It is well known a bidirectional relationship between depression and anxiety with obesity development, thus, the prevalence of these diseases is higher in obese people, and obese people often develop depression or/and anxiety when attempts to modify their eating habits.^{2,3} Furthermore, a considerable percentage of patients with obesity suffer other psychological disorders, such as eating disorders, attention deficit, or addictions to some drinks or food.^{4,5,6} All these circumstances make very difficult if not impossible to achieve the desired long-term changed of habits.

This dark panorama can be modified with an individualized management of patients, paying particular attention to the aforementioned psychological problems. For this, it is essential that these patients are treated in multidisciplinary units that have trained professionals able to diagnose promptly those anomalies and that the psychological alterations should be treated at the same time as the diet and the physical exercise aspects.⁷

In conclusion, In order to change the often bad results in the treatment of people with obesity, it is necessary that they be treated in multidisciplinary units that include mental health professionals.

Acknowledgments

None.

Volume 6 Issue 6 - 2018

Ricardo V Garcia-Mayor

Endocrine and Nutrition Service, HM Hospital of Vigo and South Galicia Health Research Institute, University Hospital of Vigo, Spain

Correspondence: Ricardo V Garcia-Mayor, Endocrine and Nutrition Service, HM Hospital of Vigo and South Galicia Health Research Institute, University Hospital of Vigo, 10 Zamora Street, 36203 Vigo, Spain,
Email ricardo.garcia.mayor@sergas.es, garcia-mayor@uvigo.es

Received: November 19, 2018 | **Published:** November 21, 2018

Conflict of interest

The author declares there is no conflict of interest.

References

1. Garcia-Mayor RV. Management of obese people: The other barriers. *Endocrinol Metab Int J*. 2018;6:213.
2. Vazquez C, Alcaraz F, Balsa JA, et al. Prevalence of psychiatric cases in overweight and obese patients attended in a hospital out-patient clinic. *Med Clin (Barc)*. 2008;130:41–46.
3. Strine TW, Mokdad AH, Dube S, et al. The association of depression and anxiety with obesity and unhealthy behaviors among community-dwelling US adults. *Gen Hosp Med*. 2008;30(2):127–137.
4. Larrañaga A, García-Mayor RV. High frequency of no-specified eating disorders in obese persons. *Nutr Hosp*. 2009; 24: 661–666.
5. Docet M, Larrañaga A, García-Mayor RV, et al. Attention deficit hyperactivity disorder increase the risk for having abnormal eating behaviours in obese adults. *Eat Weight Dis*. 2016,17(2):132–136.
6. Yang F, Liu A, Li Y, et al. Food addiction in patients with newly diagnosed type 2 diabetes in Northeast China. *Front Endocrinol*. 2017;8:218.
7. Larrañaga A, García-Mayor RV. Tratamiento psicológico de la obesidad. *Med Clin*. 2007; 129: 387–391.