

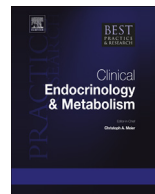


ELSEVIER

Contents lists available at SciVerse ScienceDirect

Best Practice & Research Clinical Endocrinology & Metabolism

Journal homepage: www.elsevier.com/locate/beem



4

The impact of obesity on quality of life



Valerie H. Taylor, MD, PhD, Associate Professor^{a,*},
Mary Forhan, PhD, Assistant Professor^b,
Simone N. Vigod, MD, Assistant Professor^d,
Roger S. McIntyre, MD, Professor^a,
Katherine M. Morrison, MD, Associate Professor^c

^a Dept of Psychiatry, University of Toronto, Toronto, ON, Canada

^b Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, AB, Canada

^c Dept of Pediatrics, McMaster University, Hamilton, ON, Canada

^d Women's College Research Institute, Dept of Psychiatry, University of Toronto, Toronto, ON, Canada

Keywords:

mental illness
obesity
quality of life
stigma
rating scales

An important association exists between obesity and mental illness that impacts all aspects of an individual's quality of life. This association can begin early in the developmental trajectory and we do not yet completely understand all the mechanisms linking obesity and mental illness. What we do know is that physical health factors that often occur secondary to obesity, combined with societal attitudes toward those that are obese coupled with iatrogenic treatment factors linked to psychiatric pharmacotherapy and a number of biologic mediators result in an important and increasing common comorbidity. Recognizing this association is essential for the proper management of both conditions. The following review addresses this issue and provides clinical pearls to help deal with this issue.

© 2013 Elsevier Ltd. All rights reserved.

Introduction

Quality of life (QoL) is a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life.¹ Although physical health is one of the important domains of overall quality of life, other domains such as employment, housing, schools and the broader

* Corresponding author.

E-mail address: Valerie.taylor@wchospital.ca (V.H. Taylor).

environment are also germane.² Psychological health is also a salient component of QoL and as health care providers become increasingly aware of the complex interaction of factors beyond a medical diagnosis on QoL, definitions such as the impact of health or disease on physical, mental, and social well-being are becoming more accepted for this important gauge of wellness. This type of broad definition is especially relevant for obesity, as this illness perhaps more than any other is multifaceted in its etiology and ubiquitous in its impact. In fact, it may be that the ability of this illness to influence so many different health care domains is the reason we are grappling with a growing obesity epidemic. It is essential, therefore, that we attempt to understand the ways in which obesity impacts the mental and social well-being components of QoL if we are going to impact the physical ones.

Defining obesity in adults utilizing body mass index (BMI) is simple, and according to the World Health Organization,¹ obesity is conferred by a BMI greater than 30 kg/m²; when the BMI is greater than 40 kg m, obesity is qualified as morbid (National Institute of Health 1996). Measuring obesity related quality of life is much more challenging, however. In this paper, we present a comprehensive overview of issues related to the relationship between obesity and mental health, physical health, societal stigma and other quality of life domains.

The impact of obesity on mental illness

The association between obesity and mental illness is complicated and bidirectional. We know that obesity is linked to an increased risk of a psychiatric diagnosis, and that, in turn, mental illness (and some of its treatments) may precipitate and perpetuate weight gain and obesity. Some evidence has indicated that the relationship between weight and mental illness is dose dependent.² The implication is that higher BMI increases the susceptibility for incident psychiatric disorder. This is especially evident in the bariatric surgery population, where participants usually have a BMI of 35 or greater and rates of psychiatric illness have been documented between 40 and 70 percent.^{3,4} Over the last number of years, there has been increasing interest in the obesity–mental illness dyad, and a recent review found sixteen cross-sectional and nine prospective surveys that rigorously examined relationships between BMI status and psychopathology.⁵ The results of this review are compelling. A number of cross-sectional studies^{2,6–21} found modest associations^{6,8,9,12–20} between overweight and/or obesity and any mood disorder or major depressive disorder (MDD), although, interestingly, some of these findings documented this association in women only.^{6,9,12–15,17,18} Six studies also found associations between overweight and/or obesity and any anxiety disorder,^{2,7,19} including panic disorder,^{2,13,17,18} specific phobia,^{6,17,18,20} generalized anxiety disorder (GAD),^{13,17} and social phobia.^{6,13,20} Most prospective studies^{22–30} on obesity and psychopathology focused on MDD and again this association has been positive. While individual studies differ in outcome, the overall impression is that for most common or severe mental disorders, an association between psychopathology and obesity exists.

The impetus to better understand the association between obesity and psychopathology is the adverse effect each condition has on the other. We know that having a psychiatric illness can impact the success of weight loss treatments^{4,31} and that obesity that co-occurs with a primary psychiatric diagnosis influences psychiatric treatment compliance, as many of the medications used in the management of mental illness cause weight gain.³² Obesity is also associated with major health problems, such as cardiovascular disease and diabetes, particularly for those with chronic and severe mental illness,³³ and we now know that premature mortality among individuals with a chronic mental illness secondary to medical factors (as opposed to suicide), is higher than is that found in the general population.³⁴ As a result, there are growing efforts to integrate primary and psychiatric care that focuses on preventable causes of early death, especially obesity.³⁵

Obesity, mental illness and chronic disease

Obesity is often comorbid with conditions such as osteoarthritis³⁶ and lower back pain,³⁷ illnesses that can result in functional locomotor limitations.³⁸ Chronic generalized pain^{38,39} is also a common finding in obese patients secondary to factors such as fibromyalgia, osteoarthritis, sleep disorders and reduced cardio-pulmonary fitness.³⁸ The presence of pain can affect the global sense of well-being, QoL and overall functional capacity, leading to decreased physical activity. As a consequence, a vicious cycle

Download English Version:

<https://daneshyari.com/en/article/2791601>

Download Persian Version:

<https://daneshyari.com/article/2791601>

[Daneshyari.com](https://daneshyari.com)