

# Child Obesity and Mental Health: A Complex Interaction

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## KEYWORDS

- Childhood obesity • Internalizing • Externalizing • Depression • Anxiety
- Body image • Self-esteem • Weight bias

## KEY POINTS

- Both mental health and weight-based challenges are pervasive in America's youth.
- Child obesity and mental health treatment strategies share many common elements.
- A wide variety of intervention strategies is needed to make an impact on the comorbid problems of child obesity and psychosocial disturbances.
- Addressing both mental wellness and obesity from a healthy-lifestyle approach appears to be both feasible and effective and requires interprofessional collaboration.
- Broad-based conceptualization of these issues is necessary for strategically aligned intervention that should occur at the individual, family, organizational, community, and policy levels.

The upsurge in the US national prevalence and incidence rates of childhood obesity ( $\geq 95$ th age- and gender-specific body mass index [BMI] percentile) over the last 3 decades has led to childhood obesity being considered a health epidemic.<sup>1,2</sup> The increased prevalence of child and adolescent obesity is unfortunately not a uniquely American phenomenon because its effects have been noted in many countries.<sup>3-5</sup> As a result of the increased frequency with which child obesity presents clinically and the focused worldwide attention, associated health conditions have become more evident, one of which is the coexistence of obesity and mental health problems. A survey of the literature dating back to 1995 reveals an increasing number of research publications related to comorbid psychiatric and psychological conditions and

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childhood obesity. Much of the research has focused on the temporal connection of obesity and mental health problems in children as well as developing and rigorously testing interventions that are both developmentally informed and condition-specific.

The mental health aspects of obesity are broad with respect to specific psychiatric diagnoses and the psychological and psychosocial effects and include body image disturbances, low self-esteem, social stigma/impaired social relationships, weight-based victimization, low health-related quality of life, depressive symptoms, risk for disordered eating (binge eating, loss of control eating, eating in the absence of hunger), high levels of anxiety and internalizing (depression and anxiety), and externalizing behavioral problems (hyperactivity and aggressiveness).<sup>6–10</sup>

### **PREDICTORS OF LATER LIFE OBESITY**

The predictive relationship of obesity and psychosocial disturbances and vice versa has been widely disputed in the research literature, although several psychological variables have been found to significantly predict later obesity or a worsening of obesity in children. For example, studies have independently identified internalizing (ie, depression) and externalizing (ie, hyperactivity, aggression) behaviors at ages 5 and 8 years, respectively, as predictors of obesity in older teens and young adults (18–23 years)<sup>11,12</sup> and later adulthood (30 and 34 years).<sup>13</sup> A secondary data analysis of the large British Cohort Study dataset replicated these findings.<sup>14</sup> In this study, teacher- and parent-reported child psychological functioning at 5 and 10 years of age was tested as predictors of obesity at 30 and 34 years of age. The findings suggest childhood hyperactivity and inattention place a person at increased risk for obesity later in life.<sup>14</sup>

Several researchers have investigated the predictive association of depression to later obesity.<sup>13</sup> Many study findings support the hypothesis that depression is an independent predictor of obesity<sup>15,16</sup>; however, this finding has been disputed by other researchers recently.<sup>17,18</sup> Thus, it appears that the predictive contribution of depression (an internalizing behavior) in early childhood to later life obesity is yet unclear; however, young child externalizing behaviors (eg, hyperactivity, aggressiveness, and inattentiveness) seem to have predictive relevance.

### **CHILDHOOD OBESITY AS A PREDICTOR OF IMPAIRED PSYCHOSOCIAL HEALTH**

Impairment in psychosocial functioning is much broader in scope than psychiatric impairment. Despite not meeting the threshold for specific psychiatric diagnoses, psychological consequences of child obesity are significant. Negative self-body image, bullying and weight-biased peer interactions, negative school experiences, medical comorbidities, aberrant or promiscuous sexual behavior, substance abuse, and other negative health-related behaviors disrupt the psychosocial development of a child.

Childhood obesity is associated with behavior problems when girls start school. At this early age, there already appears to be gender differences because obese boys are not similarly affected.<sup>6</sup> In contrast to some commonly held beliefs, excess body weight status in early childhood does not predict the onset of new internalizing or externalizing behavior problems during the first 2 years of school.<sup>19</sup> However, as children mature and experience increased peer and adult interactions, perception of their personal weight status and the reaction to their weight status influence their self-perceptions. Wang and colleagues<sup>20</sup> conducted a cross-sectional secondary data analysis, which found that obesity in 10- and 11-year-old children independently predicted self-esteem 2 and 4 years later with obese children significantly more likely than

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