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Preface

Obesity: A Guide for Mental Health Professionals

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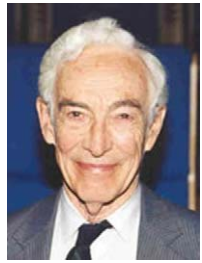

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Guest Editors

Hardly a day passes without another report of America's epidemic of obesity. Despite increased awareness of the problem, and greater attention from the National Institutes of Health and other public agencies, the epidemic shows no signs of abating. Most recent data from the National Health and Nutrition Examination Survey (NHANES-IV) indicate that 34% of adults now are overweight, defined by a body mass index (BMI) of 25.0 to 29.9 kg/m^2, and 31% are obese (BMI $\geq$ 30 kg/m^2). Obesity is associated with approximately 325,000 deaths a year and costs our nation more than $100 billion per year. These figures say nothing of the personal suffering–both physical and emotional–that obese individuals endure.

The epidemic of obesity has generated a host of books, including this one, on the etiology, prevention, and treatment of this disorder. This compilation differs from previous ones principally in its intended audience: psychiatrists, psychologists, and other mental health professionals. As such, it examines the psychiatric status of obese individuals, including the frequently encountered problems of depression, binge eating, and body image disturbance. Several articles provide practical suggestions intended to guide treatment. The editors, however, recognize that some practitioners will not wish to provide weight reduction therapy, often because of competing therapeutic demands. However, after finishing this compilation, these practitioners should be able refer obese patients to appropriate programs and to support their progress during weight reduction.

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This issue of *Psychiatric Clinics of North America* includes 14 articles that have been prepared by an exceptional group of investigators. All are experts in their areas of study and practice, and we are grateful for their contributions. The articles are not formally divided into sections but fall into six groupings: (1) prevalence, etiology, and physical consequences of obesity; (2) psychiatric complications associated with obesity; (3) medical and behavioral assessment of the obese patient; (4) lifestyle approaches to weight management, including diet, exercise, behavior therapy, and commercial programs; (5) pharmacologic and surgical interventions; and (6) the prevention of obesity through public policy. The articles are briefly introduced according to these groupings.

James Hill and colleagues provide a thorough overview of the epidemic of obesity. In addition to describing the prevalence and complications of this disorder, they discuss the relative contributions of genetic and environmental factors to obesity. They show how ancient genes that promoted survival in times of scarcity make losing weight so difficult in times of abundance. In the article that follows, Karine Prolux and Randy Seeley illuminate the basic mechanisms of body weight regulation. This is a fascinating story that received a major boost in 1994 with the discovery of leptin, a hormone that signals the brain concerning the status of the body's energy stores. The past decade has revealed that energy intake and expenditure are regulated by an elaborate neuroendocrine system that has multiple targets in the arcuate nucleus of the hypothalamus. Mental health practitioners will already know the important functions that the hypothalamus plays in the regulation of emotion, sleep, and other basic functions.

Robert Berkowitz and Anthony Fabricatore carefully examine the psychosocial status of obese individuals and arrive at some surprising conclusions. Foremost among these is that the majority of overweight and obese individuals (in the general population) have essentially normal psychological functioning. Obesity, however, presents a greater risk of depression in women than men, and the risk in persons with extreme obesity (BMI $> 40\ kg/m^2$) is increased fivefold. The authors also tackle the problem of weight gain associated with psychiatric medications and identify the agents least likely to increase body weight. Kelly Allison and Albert Stunkard discuss the prevalence, etiology, and treatment of two eating disorders frequently encountered in obese individuals: binge eating and night eating. Both conditions are associated with increased levels of depression, and both have been treated with antidepressant medications. Although these agents may be useful with both conditions, behavioral weight control methods appear more effective in treating the obese individual with binge eating. David Sarwer and colleagues discuss body image dissatisfaction in obese individuals. Although such dissatisfaction is almost universal, even in women of average weight, the most severe form of this problem, body dysmorphic disorder, occurs in fewer than 10% of obese women. The cognitive behavioral interventions reviewed by the authors reduce body image dissatisfaction even in the absence of weight loss.

Before undertaking a significant weight loss effort, obese individuals should undergo a medical evaluation to identify possible contraindications to treatment, as well as to fully assess physical complications of excess weight. Robert Kushner and Julie Roth provide a simple but thorough guide to this evaluation. Although psychiatrists are unlikely to perform the physical examination, they should be aware of frequently overlooked complications, including obstructive sleep apnea, polycystic ovarian syndrome, and nonalcoholic fatty liver disease. James Mitchell and Trisha Myers provide welcome guidance for assessing possible behavioral complications of obesity, described in the previous articles, and for determining the contribution of eating and activity habits to the patient's weight problem. The authors share with readers an extensive questionnaire (ie, EDQ) they have developed to assess behavioral factors. Patients' completion of this questionnaire, before meeting with the practitioner, expedites the conduct of the behavioral assessment.

Results of the behavioral assessment should yield suggestions for intervention, as does an algorithm proposed by an expert panel convened by the National Heart Lung and Blood Institute (of the National Institutes of Health). The algorithm recommends that all obese individuals initially be treated by a comprehensive program of diet, exercise, and behavior therapy (often referred to as *lifestyle modification*). In this issue, Angie Makris and Gary Foster review principles of sound nutrition, as well as controversies concerning the optimal macronutrient composition of reducing diets. Readers will appreciate their balanced, evidence-based evaluation of low-carbohydrate diets and other popular approaches. John Jakicic and Amy Otto similarly examine recommendations for increasing physical activity in obese individuals and for facilitating the maintenance of weight loss. They review recent finings that multiple short bouts (ie, 10 minutes) of physical activity are as beneficial to weight management and health as is one long bout (ie, 40 minutes). Wadden and colleagues review principles of behavior therapy that are used to facilitate patients' adoption of a new eating and activity habits. Behavioral treatment can be provided in either group or individual sessions and induces a loss of approximately 8% to 10% of initial weight in 4 to 6 months. Practitioners who do not wish to provide such therapy themselves will benefit from the article by Adam Gilden Tsai and colleagues, which discusses commercial and self-help programs for obesity. Several of these programs, including Weight Watchers, provide sensible recommendations for modifying diet and activity, along with valuable group social support.

Pharmacotherapy is an option for patients with a BMI of 30 kg/m^2 or more who are unable to achieve a 10% weight loss with lifestyle modification alone. George Bray provides a thorough consideration of current FDA-approved medications for obesity, as well as those on the horizon. Pharmacotherapy should improve significantly over the next 10 to 20 years as the neuroendocrinological basis of body weight regulation is further

elucidated. John Pender and Walter Pories complete the examination of obesity therapies with their review of surgical options, which are appropriate for persons with a BMI of 40 kg/m^2 or more. The authors report that the gastric bypass induces a loss of 25% to 30% of initial weight in 12 to 18 months, with excellent maintenance of weight loss 10 years later. These benefits, however, must be weighed against the risks of the procedure.

Space limitations prevented us from examining the treatments of obesity in children and adolescents. Shirley Wang and Kelly Brownell, however, argue persuasively that treatment is not the answer to the epidemic of obesity in either children or adults. Instead, far greater attention must be devoted to the prevention of obesity by tackling the environment that lies at the heart of the epidemic. Such efforts call for public health campaigns and bold policy initiatives, as used to address cigarette smoking, drunk driving, and the AIDs epidemic. We could not agree more. We must improve treatments for individuals who already are obese, but our greater need is to prevent the development of this disorder, particularly in our children.

We hope this issue of the *Psychiatric Clinics of North America* will help mental health professionals do their part to confront obesity, a disease with profound health and economic consequences. We thank Sarah Barth of Elsevier for her able assistance in guiding the development of this issue, as well as Kirstin Byrne, Johanna Brock, and Lauren Paster for their editorial assistance. Douglas Whitaker and Andrew Swinney also are acknowledged for their inspiring contributions.

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