**Direct link between obesity and mental health**

SA has the highest overweight and obesity rate in sub-Saharan Africa with just over 61% of the South African population being overweight or obese, the Medical Research Council study found in 2013.

Dr Ian Westmore, board member of the Psychiatry Management Group (PsychMG) says as it currently stands, obesity remains a medical condition, and, perhaps for this reason, research has focused neither on understanding the psychological impact of living with obesity nor the influence of mental health on the development of obesity in the first place.

He points out that a staggering 40% of women in SA are obese, which means they have a body mass index greater than 30 kg/m2. It is also no longer just an adult problem with 1 in 4 girls and 1 in 5 boys between the ages of 2 and 14 years being overweight or obese.

These statistics have significant implications not only for the physical health of adults and children, but also for their future mental health, considering the link between obesity and mental health.

Dr Westmore says poor mental health may be both a cause and a consequence of obesity.

“What we now know is that obesity is a risk factor for mental health problems and vice versa. For instance, obesity has been found to increase the risk of depression, and depression has been found to be predictive of obesity.

“It is generally agreed that being overweight or obese occurs when the caloric intake exceeds that which is spent. But when we take a closer look at research we see that there are many contributing factors to obesity such as traumatic experiences, genetics, certain medications, nutrition, exercise, and the perception of weight (in certain cultures for example, being overweight is seen as being healthy and affluent).”

In many instances, stigma plays a significant role in the way that mental illness is perceived and how patients are able to access the necessary treatment.

“Patients suffering from mental illness and obesity have even more stigma to contend with, and it seems that stigma is a significant driver of population levels of obesity. The myth that people are obese because they lack will power and choose to be overweight certainly drives stigma and associated mental health risk.”

In the United States, obesity has been officially declared a medical disease. Dr Westmore says being obese could potentially be classified as a psychiatric illness or as a behavioural disorder whereby the dysfunctional behaviour is eating.

But he clarifies, “It’s simply not correct to equate this in saying that free-willed choices about eating are the root-case of obesity. On the contrary, just like any other psychiatric disorder, obesity represents a dysfunction involving genetics, anatomy, physiology and environmental factors that result in an inability of the brain to properly regulate behaviour.”

He points out that categorising obesity as an eating disorder has nothing to do with pointing a finger of blame at people’s behavior, just as one would not blame depression on sloth.

 “Many researchers have applied an addiction model to at least some forms of obesity, noting similarities in terms of the immediate psychological rewards one derives from eating, a loss of behavioral control, and overlapping neural systems underlying ‘appetitive and consummatory behaviors.’

“Obesity stigma is widespread and causes profound emotional suffering and leads to weight retention or gain. Those suffering from obesity feel judged, are excluded from certain social networks, indirectly affected by the stigmatisation actions and decisions by others. This leads to psychosocial stress and feelings of being discriminated against.”

He says psychiatric disorders such as depression, attention deficit disorder, and posttraumatic stress disorder can lead to weight gain owing to “comfort eating,” a lack of interest in preparing healthy meals, and impulsive eating habits. The effect caused by the stress hormone, cortisol, emitted during times of distress also plays a role in weight gain.

“People suffering from serious mental illnesses such as schizophrenia are known to be at higher risk for developing weight gain and obesity compared to the general population. This contributes to other serious physical conditions such as coronary heart disease that reduce the life expectancy of these patients by up to 25 years.”

**So what can be done**? Dr Westmore says that lifestyle interventions to modify diet and activity should have a central role in stemming the epidemic of obesity and obesity-related conditions.

“However, these very interventions are often problematic for people suffering from anxiety and mood disorders, schizophrenia and other illnesses. Persons suffering from a condition such as schizophrenia for instance often have impairments in memory and executive function, and symptoms that may impede learning and the adoption of new behaviours. This may be coupled with a low socioeconomic status that contributes to reduced access to healthy foods, and a lack of affordable, safe places to exercise.

“Those on medication for the treatment of depression, anxiety disorders, bipolar disorder and schizophrenia are encouraged to embark on a weight control programme to ensure that they do not develop a weight problem whilst being treated. Their treating physicians should monitor their weight from the outset, as well as during treatment.”

He says it has been shown in studies that, in overweight and obese adults with serious mental illness, a behavioural weight-loss intervention incorporating weight-management counseling and group exercise, significantly reduced participant weight over a period of 18 months.

“Although this worked best in an in-patient setting, similar interventions could be used as ‘group therapy’ in out-patients.”

Dr Westmore says it is important that collectively, the stigma associated with both obesity as well as mental disorders is addressed by increasing awareness of the factors that are inherent to both conditions.

“Support groups can go a long way in helping us, and our patients. Studies have shown that addressing weight stigma and bias, and promoting positive mental well-being are two important areas of focus for supportive management of individuals living with obesity.”

As is the case with many conditions, “prevention is better than cure”.

“It is perhaps prudent to pay particular attention to the prevention of obesity in children by teaching them to make healthy food choices and encouraging them to become more physically active (less time in front of the TV, on a tablet or computer!) By doing this, we may be ensuring not only that they will be physically healthier adults, but also reducing their risk of mental illness too.”