

# Is morbid obesity a psychosomatic disorder?

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A study published in the current issue of *Psychotherapy and Psychosomatics* has applied diagnostic criteria for psychosomatic syndromes to a sample of patients with morbid obesity.

The Diagnostic Criteria for Psychosomatic Research (DCPR) consist of 12 clusters representing different abnormal illness behaviour and psychosocial factors with prognostic and therapeutic implications in medical settings . Obesity is a major worldwide health concern, given the substantial health and economic burden associated with excess weight . The DCPR could enhance the decision-making process aimed at managing obesity by providing important clinical information that DSM or ICD-10 does not capture . The investigators predicted that DCPR diagnoses would be more frequent in obese [patients](#) than in normal weight controls and that the former would show lower levels of psychological well-being (PWB). We also expected that the DCPR diagnoses would be independent of the ICD-10 mental disorders in obese patients and that a higher number of DCPR syndromes would be related to lower PWB.

39 outpatients (29 females; age:  $35.8 \pm 11.8$  years) with morbid obesity (BMI:  $45.7 \pm 10.3$ ; weight:  $127 \pm 28.5$  kg) consecutively referred to the Community Mental Health Centre in the area of Malaga (Spain) for psychological assessment over a 12-month period before bariatric surgery. The controls were 36 normal weight subjects (25 females; age:  $30.7 \pm 10.4$  years; BMI:  $23.3 \pm 3.2$ ; weight:  $64.8 \pm 12.5$  kg) recruited from students at the University of Malaga and from the general population.

The percentage of subjects with at least one DCPR diagnosis was similar across the groups (cases: 92%; controls: 89%). Health Anxiety and Demoralization occurred, respectively, in 21 and 23% of the patients, while they did not occur among the controls. Illness Denial (cases: 80%; controls: 72%) and Alexithymia (33% in both groups) were also frequently but similarly represented in the two groups. A total of 13 patients (33%) fulfilled the DCPR criteria for one diagnosis, 13 (33%) for two, and 10 (26%) for three or more DCPR diagnoses. Patients with more than two DCPR diagnoses were younger ( $27.6 \pm 6.1$  years) than those in the other subgroups (one DCPR diagnosis:  $40.7 \pm 12.9$  years; two DCPR diagnoses:  $38.8 \pm 11.7$  years;). The patients yielded lower scores than the controls in several PWB dimensions. The patients with more than two DCPR diagnoses showed lower Autonomy and Self-Acceptance than those with one or two DCPR diagnoses. A total of 14 (35.9%) patients had one ICD-10 diagnosis. The most frequent ICD-10 diagnoses were Mixed Anxiety-Depressive Disorder (15.4%), Obsessive-Compulsive Disorder (5.1%) and Borderline Personality Disorder (5.1%). Only 1 patient (2.6%) met the criteria for Binge Eating Disorder. All patients with an ICD-10 diagnosis also met the criteria for at least one DCPR diagnosis.

This is the first study identifying specific DCPR syndromes which could affect obesity: Health Anxiety and Demoralization were more frequent in the [obese patients](#) than in the controls. Our findings suggest that the experience of [morbid obesity](#) may trigger feelings of hopelessness and health-related concerns, which, in turn, may hamper efforts to manage excess weight. Illness Denial and Alexithymia emerged as the most frequent diagnoses and occurred in a similar percentage in both groups. The results suggest that these syndromes are not specifically linked to obesity and that they also deserve attention in general population samples. Indeed, both Illness Denial and Alexithymia may reflect a generalized avoidant coping style which may inhibit the adoption of healthy lifestyles . The cases showed lower PWB than the controls and a

higher number of DCPR diagnoses were associated with lower Autonomy and Self-Acceptance. These results are consistent with previous research and support the criterion validity of the DCPR in obesity.

**More information:** Venditti F., Cosci F., Bernini O., Berrocal C. Criterion Validity of the Diagnostic Criteria for Psychosomatic Research in Patients with Morbid Obesity. *Psychother Psychosom* 2013;82:411-412

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