

# Medically-supervised pediatric obesity treatment associated with improved psychosocial health

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Medically-supervised pediatric obesity treatment is associated with improved psychosocial health and reduced symptoms of depression, anxiety and eating disorders. Access to supervised pediatric weight management, however, is limited with less than 50 facilities in the United States, according to a new paper published online in *Obesity* journal.

"Currently, 21% of adolescents in the United States have [obesity](#). All clinicians, from generalist to specialty services, should be aware of the psychosocial comorbidities associated with obesity, and the importance of structured and supervised support to address this," said Hiba Jebeile, post-doctoral research fellow, The University of Sydney Children's Hospital Westmead Clinical School and research dietitian, Institute of Endocrinology and Diabetes, The Children's Hospital at Westmead in Australia. Jebeile is the first and corresponding author of the study.

Researchers explain that adolescent obesity is associated with poor psychosocial [health](#) compared to peers with healthy-[weight](#) including reduced quality of life, poor self-esteem and body image and being at greater risk of developing depression and eating disorders. Additionally, supervised behavioral weight management approaches are associated with improved weight-related outcomes and cardiometabolic health including reduced cholesterol, insulin resistance and obstructive sleep apnea.

In the new review, researchers found medically-supervised behavioral weight management is also associated with improved psychosocial health such as improved quality of life, self-esteem and body image; in addition to reduced symptoms of depression, anxiety and eating disorders. Specific intervention characteristics may be contributing to improved psychological wellbeing such as the inclusion of physical activity components, frequent contact with study personnel and longer intervention periods, however, further research is required to explore this.

Medically-supervised obesity treatment modalities can include lifestyle interventions, anti-obesity medications and bariatric surgery, or a combination of therapies—all of which can be delivered in a clinical setting. Lifestyle interventions include dietary modifications, increased physical activity, improving sleep hygiene and behavior change strategies; and appear to be safe for participants with regard to psychosocial health. Trials of bariatric surgery show some early improvements with a need for sustained psychological support following surgery. Data on the effect of anti-obesity pharmacotherapy on psychosocial health is lacking in the current literature.

Researchers also highlighted in their review that healthcare providers rarely provide a formal diagnosis of obesity or a comprehensive list of tools and resources for lasting, sustainable treatment. This in turn makes adolescents more likely to engage in self-directed approaches for weight management. Methods for attempted weight loss were varied with 84% reporting exercise as the most common approach, followed by drinking extra water at 52% and reducing dietary intake at 49%, according to the review.

In assessing specific dieting behaviors used by adolescents, one study found 95.4% reported healthy weight control behaviors (increased physical activity, fruit and vegetable consumption and reduced fat), 76%

engaged in unhealthy practices (fasting, skipping meals, smoking cigarettes to inhibit appetite) and 17.9% reported using extreme practices such as taking diet pills, laxatives or self-induced vomiting. Self-directed dieting approaches are associated with adverse outcomes, including binge eating, development of depression and further weight gain. Additionally, the study's authors noted adolescents may be influenced by social media, peers and parents in how they perceive their weight.

"When adolescents lack proper access to evidence-based care, those seeking weight loss often turn to unhealthy and potentially harmful strategies, such as disordered eating behaviors or fad diets, in an attempt to manage their weight," said Michelle Cardel, an obesity and nutrition scientist, adjunct professor at the Department of Health Outcomes and Biomedical Informatics, University of Florida, College of Medicine, Gainesville, Fla., and Director of Global Clinical Research and Nutrition, WW International. "Evidence-based weight management interventions, however, result in clinically significant improvements in [weight loss](#) and cardiometabolic health parameters, while simultaneously improving important psychosocial factors like depression, anxiety, [body image](#) and eating disorder risk." Ted Kyle of *ConscienHealth* adds "the research tells us that access to care for young people living with obesity is important for their psychological health. However, for those living with severe obesity, such access is poor because there are so few programs with adequate resources to treat these patients." Cardel and Kyle are both co-authors of the paper.

The study's authors noted that early data on psychosocial health and obesity treatment offer promising outcomes; however, larger randomized-controlled trials and longer-term data are needed. Future research should include both physiological and psychosocial outcomes to assess impact of interventions on the holistic health of adolescents with obesity.

Senior author on the study Ania Jastreboff, MD, Ph.D., is an associate professor of medicine and pediatrics (endocrinology), Yale University School of Medicine, New Haven, Conn.

The paper, titled "Addressing Psychosocial Health in the Treatment and Care of Adolescents with Obesity", will be published in the September 2021 print issue.

**More information:** Addressing Psychosocial Health in the Treatment and Care of Adolescents with Obesity, *Obesity*, [onlinelibrary.wiley.com/doi/10.1002/oby.23194](https://onlinelibrary.wiley.com/doi/10.1002/oby.23194)

Provided by The Obesity Society

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