The Residents' JOURNAL

a publication of
The American Journal of Psychiatry and the
APA Committee of Residents and Fellows

February 2009 Volume 4 Issue 2

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This Issue

The Psychiatric Aspects of Weight Loss

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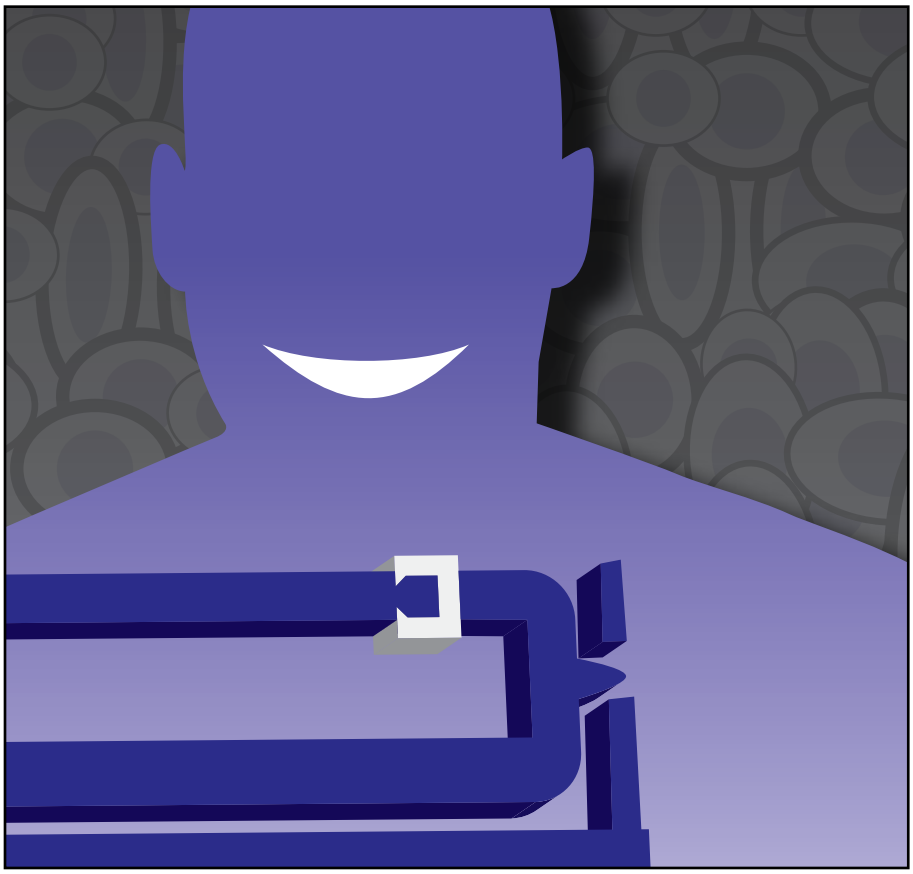

At a recent women's mental health conference, a workshop on weight loss received more attention and excitement than I could have anticipated. The workshop room was filled with mental health practitioners from all disciplines, and a lively discussion followed the session. It seemed as if everyone in attendance had patients, friends, or family members struggling with issues of weight loss, and a few people admitted that they attended the workshop hoping to gain personal insight. This month's issue of the Residents' Journal is dedicated to weight loss and obesity in psychiatric practice. Included are a brief overview of the obesity epidemic and weight loss strategies as related to psychiatric practice, a personal narrative from one resident who underwent drastic measures to improve her health, and a book review of Judy Beck's recent publication on cognitive behavioral therapy methods for weight loss. In addition, I would like to give special thanks to Drs. Joyce Spurgeon and Casia Horseman for involving me in the project that became the inspiration for this issue.

Weight Loss in Psychiatric Practice

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We live in a society that is obsessed with weight loss as well as food. On any given evening, we can watch television shows of people competing for titles such as the "Biggest Loser," on a reality show featuring contestants vying for a championship for the most weight loss, and "Top Chef," on a reality show featuring contenders for various prizes and awards based on their culinary skills. Moreover, pop-up ads promoting the trendiest diets in Hollywood inundate our e-mail as well as the Internet. Thus, I should not have been surprised when early in my residency my patients began to discuss their weight loss issues during therapy sessions, turning to me for guidance and treatment. Current Food and Drug Administration data suggest that two-thirds of adults in the United States are overweight, and nearly one-third are obese (1). We owe it to our patients to be aware of this epidemic and to educate them about good health practices.

What is to blame for this current epidemic? The causes are multifactorial. A combination of a sedentary lifestyle and more readily available fast food as well as other conveniences of modern society have likely contributed to the steady rise in obesity since the early 1980s (1-4). However, the fact that the only way to lose weight is to utilize more energy than consumed remains the same.

"Body mass index" is defined as weight in kilograms divided by height in squared meters. "Obesity" is defined as a body mass index equal to or greater than 30, and "overweight" is defined as a body mass index between 25 and 30. As body mass index increases, so does the prevalence of heart disease, stroke, hypertension, type 2 diabetes, sleep apnea, and certain cancers. Although we must commend our patients who take measures to combat this epidemic, it may sometimes be difficult for them to describe to us their methods for losing weight. The present article highlights some of the most widely used methods of weight loss.

Support Groups

Support groups are some of the most commonly used and safest methods of weight loss. Two of the most popular weight loss support groups are Weight Watchers (5) and Overeaters Anonymous (6). Weight Watchers began in the 1960s, with small groups of women meeting, and has since expanded worldwide, even via Internet. The Weight Watchers method is effective because it teaches healthy eating habits and promotes an overall healthy lifestyle while holding individuals accountable for their progress or regression. Members are provided with access to healthy recipes and nutrition calculators to guide their efforts and receive support and encouragement from other members of the group. Overeaters Anonymous is based on a 12-step program model and emphasizes the spiritual and emotional well-being of an individual. Participants are encouraged to formulate healthy weight loss and lifestyle strategies in collaboration with their sponsors and physicians.

Diet Strategies

While researching current diet strategies, I discovered that there are too many to list. There are diets with claims of origin from exotic or trendy locations, such as the Mediterranean and South Beach, and one can find diet plans to accommodate most food and lifestyle preferences. Additionally, there are numerous raw food diets as well as juice fasting diets. One factor all diet strategies seem to have in common is that more energy is used by the individual than consumed. Patients should be encouraged to incorporate balance and moderation into any diet strategy.

Medications

Hundreds of over-the-counter and herbal preparations promote weight loss. Experienced physicians, most often nonpsychiatrist primary care physicians, may also prescribe medications to aid in weight loss, especially for patients who are morbidly obese or considering bariatric surgery. It is important to ask patients who are fighting obesity if they are taking such medications, since some of these treatments might interact with psychotropic drugs or worsen symptoms of psychiatric illness. Some common weight loss medications are fat absorption inhibitors and appetite suppressants.

Bariatric Surgery

In addition to the general weight loss population, the number of individuals undergoing bariatric surgery in order to lose excess weight is increasing. This type of procedure is invasive and often entails life-long dietary and metabolic alterations that we must take into consideration to effectively treat comorbid psychiatric illness.

In recent years, bariatric surgery has been on the rise as a treatment for morbid obesity. Today, individuals who are classified as obese have many treatment options, each with benefits and consequences. Bariatric surgery is a very effective means of weight loss, but patients who elect surgery must be aware that they will have to adhere to strict dietary guidelines for the remainder of their life. Moreover, some insurance companies may not cover bariatric procedures or any cosmetic procedures to reduce excess skin and bulk following drastic weight loss, and thus financial burdens may be incurred. Patients should be encouraged to discuss different bariatric procedures with their surgeon prior to the operation as well as to ask questions.

Certain psychiatric comorbidities have been correlated with poor outcomes following bariatric surgeries, including substance abuse, psychotic disorders, and personality disorders. Pharmacological treatment of these psychiatric illnesses may also need to be adjusted following bariatric procedures, since a patient's absorption capacity may be reduced fol-

continued on page 3

continued from page 2

lowing reduction of the gastrointestinal surface area and his or her distribution capacity may be altered with reduction of adipose tissue.

Conclusion

As psychiatrists, we can help our patients maintain their weight loss by avoiding pharmacological treatment of psychiatric illness with high weight-gain potential. When drugs with weight-gain side effects must be used, we should take measures to minimize the burden to our patients. Moreover, we should instruct our patients how to incorporate exercise and a healthy diet as part of their daily lifestyle.

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Weight Loss Surgery: Why Bariatric Surgery?

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My history and physical began, "morbidly obese," which was hardly news to me. I had already diagnosed myself. I was miserable.

—Patricia Kinne, M.D.

As a physician who has undergone bariatric surgery, I am often asked about the procedure. What was it like? What happened? What is it like afterward? Why did I do it—not once but twice? The answer to the latter is that I simply needed to weigh less. The physical pains (e.g., joint strain, fatigue, shortness of breath) of morbid obesity became stronger than the pain of a surgical procedure. Since the surgery, many of the physical pains I experienced have abated, and many aspects of my life are vastly improved. Would I do it again? Absolutely!

What was obesity like? Repeatedly, I analyzed the role of obesity in my life. I analyzed while alone as well as with friends, doctors, counselors, colleagues, and, in quiet times, my Creator. I reviewed each theory purporting to explain the onset or maintenance of that extensive layer of adipose tissue surrounding my body: viral, environmental, chromosomal, metabolic, habitual, learned behavior, modeling, imprinting, maternal, double binds, love of food, abnormal response to emotional pressures, faulty coping strategies, reactions to stress, etc. (the list goes on ad infinitum). However, none of these reasons entirely fit me.

As a physician, I understand the physiology of obesity, perhaps better than the normal-sized physicians with whom I work. I could easily list more than 100 diets that I tried and failed. However, the truth remains that no one—least of all me—has any single explanation for why I ate the way that I did.

Vertical-Banded Gastroplasty

After undergoing vertical-banded gastroplasty, which was my first surgical procedure, my weight plummeted from 280 lb to approximately 180 lb. Following the procedure, I went to New Orleans and felt great initially. However, while dining at a very fine steak house in town, I suddenly experienced a severe lancinating pain in my epigastric area. I stopped eating immediately, and the discomfort abated within several days. During this period, my eating habits slowly reverted to the old pattern, and since I was expecting my third child, I was literally eating for two. After I delivered, I weighed 260 lb, and the baby weighed 9 lb, 2 oz.

Later, it was explained to me that the stapled division between my surgically formed pouch and my natural stomach had herniated, rejoining the two. The smaller partitioned stomach that had temporarily restricted my food intake no longer existed.

As I welcomed the new child into the family, I developed a second career and generally stayed busy taking care of my immediate and extended family. I tried a number of temporary "fixes" as the needle on my scale traveled up and down multiple times. My weight eventually climbed to 285 lb. The physical pains returned, and I developed high blood pressure. It was at this point that I heard another biological clock ticking. This time it was not the urgency to bear more children but the simple ticking away of time. I felt as though the time that I had left to take back my health was running short. My thought was, "It is now or never. I have to lose weight."

Roux-en-Y

Several people I knew had the Roux-en-Y procedure, which was my second surgical procedure, and some of these individuals overcame their obesity. Yes, I read stories of patients who had partial and failed outcomes and heard rumors about the procedure, but I decided to focus only on those individuals who experienced positive outcomes. I scheduled an intake and underwent the surgery following a 6-month delay imposed by a health insurance company.

Since the procedure, I have lost nearly one-half of the weight that is needed to reach my goal of "healthy" (between 150 lb and 170 lb). My weight fluctuates, and there is a certain amount of unpredictability related to my digestion because there are a variety of foods I can no longer tolerate. Thus, I have learned to do many things differently, and if I choose not to comply with the appropriate/recommended eating habits, there are consequences to pay.

Conclusion

Why have I had this problem with obesity? I don't know. I don't even think that I give it much thought at this point. I just know that since I've undergone surgery, I'm in a better place medically and much of the physical suffering and pain that I experienced previously has diminished. Lifestyle changes involving activity are easier for me now that I have more endurance and less discomfort.

Surgery is an external control for an internal problem, which of course is a "no brainer." Although it would be ideal for an individual to understand the specific causes underlying his or her obesity, I don't believe—in my situation—that I had the time to put all the pieces together. I was in the position of having to take immediate action, and I feel much better for making the decision to have surgery. I hope that I never have to do it all over again, but I would if I had to.

The Beck Diet Solution: A Book Review

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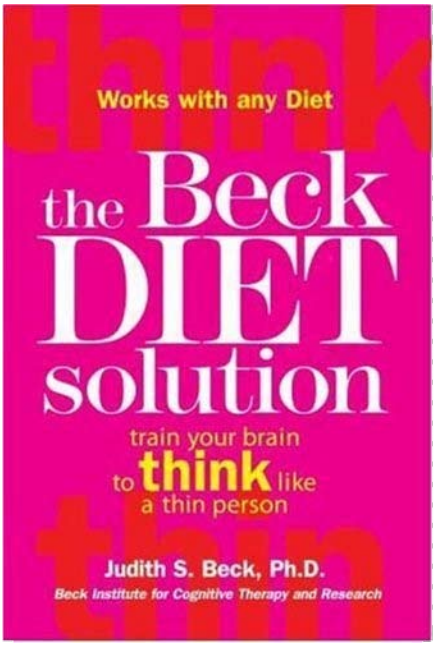
Have you ever walked past the office candy dish and taken a few Hershey's Kisses or M&Ms as you strolled by and told yourself that it did not count? Have you ever eaten a piece of cake at a party only because you did not want to offend the host? If these scenarios sound familiar, then inadvertent self-sabotage may be just the reason it has been difficult to lose those stubborn pounds. In Dr. Judith Beck's new book, *The Beck Diet Solution*, and its companion, *The Beck Diet Solution Weight Loss Workbook*, she addresses the necessary cognitive behavioral strategies to learn how to diet successfully. Applying the psychotherapeutic techniques of cognitive behavioral therapy perfected by her father (Dr. Aaron Beck), she teaches dieters how to identify their automatic thoughts regarding food and helps them to reconstruct a mindset of how to think like a healthy-weight individual.

In this book, Dr. Beck argues that it is not the diets people choose but rather the undermining thoughts that they have about dieting that set them up to fail. Therefore, she takes the approach of encouraging dieters to practice the skills of how to diet and to use repetition of particular behaviors to build the habits of success. The book provides daily activity schedules, food records, and distraction techniques to aid dieters in learning how to think and behave in ways that will help them to achieve their weight loss goals. The companion workbook includes response cards for the dieter to use whenever automatic distracting thoughts surface. For example, if the dieter is feeling emotional and is tempted to overeat, there is a response card that reads, "Don't comfort myself with food. If I am upset, don't eat to seek comfort! It won't solve the problem, and I'll just feel worse."



The Beck Diet Solution: Train Your Brain to Think Like A Thin Person, by Judith S. Beck, Ph.D. Birmingham, Ala., Oxmoor House, 2007, 288 pp., $24.95.

The Beck Diet Solution addresses the issues of mindless eating, eating as a coping strategy, self-deception, and demoralization with regard to dieting. In order to maintain weight loss, the strategies presented in this book need to become part of a lifestyle as well as a mindset rather than a short-term solution. Issues such as overcoming cravings and managing feelings of "unfairness" are all part of the cognitive behavioral strategies targeted. The book serves as a useful tool for psychiatrists, since many patients seek help with weight loss and the methods discussed are proven to be successful.

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are you getting the FULL story?

In addition to this online edition of the Resident's Journal, there is an e-mail portion delivered each month. This month's e-mail highlights odor-specific threshold deficits in schizophrenia and noncompetent Alzheimer's disease patients and research.

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