



Obesity and Mental Health

A quick guide for behavioral health professionals

Obesity and mental health facts:

- ✓ Persons with an SMI are more likely to make poor health decisions that may lead to obesity.
- ✓ Depression may lead to reduced physical activity and increased appetite (i.e. binge eating, esp. among women.)
- ✓ The stigma associated with obesity may be a contributing factor to depression.
- ✓ Medications to manage mood, anxiety or psychoses can cause weight gain.
- ✓ Activity limitations due to obesity or related chronic illnesses increase the risk of depression by reducing involvement in rewarding activities.

Did you know that there is a strong connection between obesity and poor mental health?

- People with Serious Mental Illness (SMI) **die 25 years earlier** than the average person largely due to preventable conditions such as heart diseases, cancer and diabetes linked to obesity.
- About 40-60% of individuals with schizophrenia and 55-68% of individuals with bipolar disorder are overweight or obese.
- Adults currently or previously diagnosed with depression are 60% more likely to be obese than their non-depressed counterparts.
- There is a direct relationship between stress and excess body fat.
- There is a strong relationship between anxiety disorders (esp. Post Traumatic Stress Disorder (PTSD)) and obesity.

How to approach overweight and obesity concerns with your clients.

The most effective interventions combine nutrition, diet and exercise education and counseling along with behavioral strategies to help patients acquire the skills and supports needed to change eating patterns and to become physically active.

1– Screen for obesity:

Calculate your patient's Body Mass Index (BMI) using his/her height and weight measurements. A BMI of 30 or more is considered obese and a BMI between 25 to 29.9 is considered overweight. For an easy online calculation visit: <http://www.nhlbisupport.com/bmi/>.

2– Assess client's obesity and weight gain history and concerns:

- Ask questions about his/her success at losing weight in previous attempts, what was most useful or least helpful, and what led to return of previous behaviors. A helpful empathic question is, *"What is hard about managing your weight?"*
- Find out your patients' own perceptions regarding how being overweight or obese affects them physically, psychologically and socially. Individuals are more likely to initiate behavior change when they feel that their health is threatened. A good targeted question may be *"Do you feel like you are at a healthy body weight? What do you think is your ideal weight?"*
- Try to understand your patients' expectations from a weight loss program before initiating any program. Unrealistic expectations may result in disappointment and frustration.

Tips for motivating your patients to reach their goals

The 5-A framework utilizes screening for obesity, along with counseling to help patients introduce healthy behavioral changes that are realistic and sustainable.

Assess the patient's weight by measuring his or her BMI and examining the patient's unique history and factors that affect their choice of behavior change/personal goals.

Advise the patient to lose weight by providing recommendations on physical activity and nutrition. Make these specific to the patient's circumstances and clearly described.

Agree with the patient on specific lifestyle changes/personal goals that are realistically accomplished.

Assist the patient in reaching own goals by providing education and resources.

Arrange for patients to access additional support services or resources and follow up to monitor progress.

3– Assess your patient’s diet, physical activity history and related challenges:

- Learn about your client’s diet. You may ask “*Can you tell me about your eating habits on a typical day, starting with the first thing in the morning and continuing into the evening?*”
- Ask how much physical activity the patient engages in on a typical day. An informative open ended question is, “*What is the most physically active thing you do over the course of the week? And during the day?*”
- Assess existing or potential barriers to lifestyle change, such as financial or cooking restraints, medical conditions, dislike of certain foods or activities, etc.

4– Assess psychosocial and biological factors:

- Seek descriptions of home and work environment regarding pressure to eat, personal conflicts, time constraints, and friends and family who are either supportive or sabotage weight loss efforts.
- Listen for emotional events like loneliness, boredom or stress, which may trigger eating.
- Assess eating disorders such as binge eating and night eating syndrome.
- Assess the two major biological factors of obesity: family history of obesity and age of onset of obesity.
- An important biological factor to consider is **metabolic syndrome** which is associated with increased risk of coronary heart disease and type 2 diabetes. Patients with this syndrome need to be monitored closely to reduce the risks of the two diseases.

Metabolic Syndrome

- Over 50 million Americans suffer from metabolic syndrome.
- Dominant underlying risk factors for this syndrome are abdominal obesity and insulin resistance.
- Acquired factors, such as excess body fat and physical inactivity, can elicit insulin resistance and the metabolic syndrome.
- Lifestyle therapies include: weight loss (BMI < 25), increased physical activity, healthy eating habits (reduce saturated fat and cholesterol intake).
- Patients with metabolic syndrome may also benefit from seeing a dietitian.

5– Assess medical history for possible drug-induced weight gain/loss:

Several psychotropic medications are associated with weight gain, including atypical antipsychotic medications, antidepressant medications, and mood stabilizers. Patients receiving these types of medication should understand weight gain possibilities. Clinicians should monitor for rapid weight gain and metabolic effects, including the development of diabetes.

- Consider the potential for development of obesity when prescribing a psychotropic medication for a specific condition.
- Before switching medications due to weight gain concerns, clinicians should carefully consider the patients psychiatric status and the risk of destabilizing the patient’s condition.

Billing for health education:

To bill for services and time associated with obesity/weight gain counseling please use code **H00025** “Health education/health promotion”

QUICK TIPS

- Address weight gain as a result of medication.
- Monitor non-adherence to medications for fear of weight gain.
- Screen all patients for obesity and offer counseling and behavioral interventions to promote sustained improvement.
- Reinforce benefits of healthy eating and physical activity to prevent weight gain.
- Encourage gradual increase in physical activity.

Tips to improve chances of success — tailor interventions to your patients’ unique stage of readiness for change.

Pre-contemplation and contemplation stages: educate the patient (i.e. benefits of physical activity, balanced diet, barriers to change, etc.)

Preparation stage: provide specific information on how to introduce healthy lifestyle changes and overcome barriers.

Action or maintenance stage: help patients achieve or sustain their lifestyle change and not regress back to one of the earlier stages.

This flyer, its sources and related materials can be found at <http://www.azdhs.gov/bhs/qhi/>

