Problem Statement

The prevalence of obesity in the United States has increased from 30.5% to 42.4% among adults over the past twenty years.\(^1\) Although obesity has an impact on health regardless of gender, some disparities exist. Rates of obesity are similar among men and women; however, stroke risk associated with obesity has remained stagnant in men and increased three-fold in women since the year 2000.\(^2\) In a sample of 682 people with comorbid binge-eating disorder and obesity, women had significantly higher eating disorder psychopathology than men.\(^3\) This suggests that obesity in women may have a psychological manifestation that varies from that of men. In a systematic review of the link between adverse life experiences and obesity and binge-eating, 85% of available studies found a positive association between trauma and obesity, and 90% of the studies found a positive association between trauma and binge-eating disorder.\(^4\) Yet, the Centers for Disease Control and Prevention (CDC) guidelines for weight loss and obesity prevention include nutrition and exercise strategies but make no mention of psychological interventions to address obesity.\(^5\) Why aren’t we addressing the psychological component of obesity?

Status of Literature

Recent literature confirms previous research that those with obesity are, in fact, at higher risk of experiencing eating disorders. To improve the care provided to those with obesity, a greater exchange of experiences and specialized knowledge between healthcare professionals working in the obesity field and those working in the field of eating disorders is needed.\(^6\) In 2018, a team of researchers set out to examine the role stress management/mental health coaching plays in the treatment of obesity.\(^7\) Two groups underwent a weight loss program at an obesity clinic. One group received stress management courses in addition to the weight loss program. At the end of eight weeks, the group who received stress management exhibited greater weight loss and decreased depression and anxiety. As more information is discovered about the benefits of psychological treatment for obesity, various forms of psychological treatment are being examined. In 2017, another team of researchers found Cognitive Behavior Therapy for individuals with obesity to be effective and a preferred method for obesity treatment.\(^8\)

Currently, the COVID-19 pandemic is having negative impacts on weight gain and eating disorders. Researchers are seeing that many individuals are gaining weight as a result of the COVID-19 pandemic.\(^9\) In addition to weight gain, COVID-19 has negatively impacted those with eating disorders. Studies show that those with bulimia nervosa and binge-eating disorders reported experiencing more episodes of binge eating and more compulsion to binge eat.\(^10\) We expect to see this COVID-19 increase in obesity and eating disorders proportionally higher in women compared to men. With the obesity and mental health link ever-present, we are in urgent need of obesity healthcare reform.

Call to Action

A recent review of current treatments for obesity include lifestyle changes in diet and exercise, pharmacotherapeutic interventions, and surgical interventions as the primary treatment options.\(^11\) None of these inter-
ventions explicitly address psychological barriers to care associated with obesity. Not only in the wake of COVID-19 but with the perpetrating growth of the obesity epidemic, emerging studies reflecting the importance of incorporating psychological treatments in current weight loss programs need to be implemented.

To better address the obesity epidemic, more research needs to be conducted related to understanding and treating the psychological aspects of obesity, including its comorbidity with binge eating disorder and its correlation with experiences of trauma.

References


