Common Psychiatric and Psychological Co-morbidities in Pediatric Obesity

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Psychiatric/Psychological Co-morbidities

- Depression
- Eating Disorders and Disordered Eating Behaviors
- Self-Esteem and Body Satisfaction
- Peer Victimization/Teasing
- Stigma and Quality of Life
- Family Functioning Concerns

Lowry, 2009

Depression

- What does it look like?
  - Large weight gain in short amount of time
  - Depressed mood or irritability*
  - Declining grades
  - Limited peer interactions
  - Anhedonia
- Overweight or obese youth at are increased risk
- Likely a bi-directional association
- Beliefs about body size may be more important than actual body size as an influence on depression and suicidal ideation in teens

Eaton et al., 2005; Lowry, 2009

Depression

- How do I assess?
  - “Have you lost interest in activities that used to be enjoyable?”
  - “Do you feel tired more often or like you don’t have much energy?”
  - “How often to you spend time with friends or classmates?”
  - “Have your grades changed significantly in the past year or two?”
  - Children’s Depression Inventory (CDI; Kovacs, 1985) with children
  - Beck Depression Inventory (BDI-II; Beck et al., 1996) with older youth or adults

Lowry, 2009

Depression

- What do I do?
  - Normalize experience
  - Provide brief psychoeducation about condition and importance of treatment
  - Provide referrals if necessary
- When to Refer:
  - One the most significant barriers to treatment
  - **Depression should be treated concurrently or prior to initiating weight management**

Eating Disorders & Eating Disordered Behaviors

- What does it look like?
  - Skipping meals
  - Eating in secret
  - Binge eating
    - Eating more food in a distinct period of time than most other people would **AND** a feeling of lack of control
  - Compensatory behaviors following large intake
    - Purging, excessive exercise, laxative, OTC medications
- More common in overweight youth, particularly binge eating
  - 5% of a sample of 6-10 year olds met criteria for binge eating disorder
  - 1/3 of a sample of overweight teens reported binge eating

Berkowitz et al., 1993; Morgan et al., 2002

Eating Disorders & Eating Disordered Behaviors

- How do I assess?
  - "How do you feel when eating?"
  - "What methods have you used to change your weight?"
  - "Do you ever eat more than other kids your age in one sitting?"
  - "What diets have you tried?"
  - "How often do you eat when no one else is around or try to hide eating?"
  - "How often do you miss or skip a meal in a given week?"
  - Children's Eating Attitudes Test (ChEAT; Smolak & Levine, 1994)

Lowry, 2009

Eating Disorders & Eating Disordered Behaviors

- What do I do?
  - Provide education regarding healthy eating and exercise behaviors
  - Engage parent in modeling healthy behaviors and monitoring child behaviors
- When to Refer:
  - If initial clinical education and recommendations have failed
  - If disordered behaviors are preventing ability to participate in treatment

Self Esteem & Body Satisfaction

- What is it?
  - Self esteem: overall perception of self-worth
  - Body satisfaction: perceptions about physical body including appearance
- What does it look like?
  - Lack of confidence
  - Shame about body or body size
  - Desire to keep body hidden or covered
  - Poor coping skills or using food to cope with negative emotions
- Certain youth may be at higher risk
  - Early adolescence
  - Female gender status
  - Internal attributions about weight status
  - History of greater parental control over feeding
  - High incidence of peer victimization
  - Identification with majority cultural standards of body shape
- Body dissatisfaction may mediate relationship between weight and self-esteem

Lowry et al., 2007

Self Esteem & Body Satisfaction

- How do I assess?
  - Open-ended non-judgmental queries
  - “How do you feel about yourself?”
  - “Do you wish that you or your body were different?”
- What do I do?
  - Talk with parents about focusing on behavior, not weight
  - Engage parents in modeling healthy adjustment
  - Talk about alternative coping strategies (reading, listening to music, talking to a trusted peer or adult, journaling, taking a walk)
  - Encourage participation in activities chosen by child that will provide mastery opportunities
- When to Refer:
  - If secondary mood disorders (i.e. depression) are also present

Teasing & Peer Victimization

- What does it look like?
  - Teasing
  - Difficulty making friends
  - School refusal or anxiety in social settings
  - Preference for isolative activities
  - Unrealistic beliefs that weight loss will “solve” peer problems
- Negative stigma has increased despite increasing prevalence of obesity
- Overweight youth experience more severe teasing and are more vulnerable to negative effects
- Degree of teasing positively related to weight concerns, loneliness, lower confidence, higher preference for isolative activities independent of sex and weight status
- May be a “red flag” preceding other concerns

Hayden-Wade et al., 2005; Storch et al., 2007; Thompson et al., 2007

Teasing & Peer Victimization

- How do I assess?
  - “Is it easy or more difficult for you to make friends?”
  - “Do you think that you (or your child) are teased more than other children?”
  - Schwartz Peer Victimization Scale (SPVS; Schwartz et al., 2002)
- What do I do?
  - Encourage parent to talk with teacher and school about concerns
  - Encourage parent to work with child to find a positive source of social support
  - Support classroom- and school-wide approaches
- When to Refer:
  - If initial clinical education and recommendations have failed
  - If victimization is preventing ability to participate in treatment or function in developmentally appropriate tasks (like school)

Stigma and Quality of Life

- What does it look like?
  - Overall poor physical and mental health
  - Experiences of discrimination based on weight
- Quality of Life
  - QOL of obese children often found to be lower than non-overweight youth
  - Children 5-18 yrs had QOL comparable to children newly diagnosed with cancer
- Stigma
  - Stigma is not decreasing despite increasing prevalence of obesity
  - May have physical effects through cortisol stimulation in addition to effects of discrimination
  - Negative beliefs are held by both overweight and non-overweight individuals and children

Lowry, 2009; Puhl & Latner, 2007; Schwimmer et al., 2003; Swallen et al., 2005

Stigma and Quality of Life

- How do I assess?
  - Query about impact of health on overall lifestyle (may include but not specifically weight)
  - “How does your health impact your life?”
  - “Do you think that others treat you differently because of your weight?”
  - Pediatric Quality of Life Inventory (PedsQL; Varni et al., 2003)
- What do I do?
  - Engage patient and family to determine if they believe they can make changes to improve health
- When to refer:
  - If poor QOL of stigma is causing significant impairment in activities of daily living
  - If other psychiatric concerns are present

Lowry, 2009

Special Topics: Parents

- <10% of current cases are causes by medical or genetic conditions alone, so 90% or more are a combination of genetic-environmental or environmental influences
- Engaging the parent and use of family based approaches will be critical
- Parent functioning and mental health will be important considerations when developing treatment plan
- Presence of any of the previous concerns in parent will have significant impact on the child
- May query for parental concerns via questionnaire, but be prepared to address if concerns are noted
- Provide parent with mental health referrals

Questions?