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LOOKING BEYOND THE SCALES TO CHRONIC DISEASE MANAGEMENT: Mental Health

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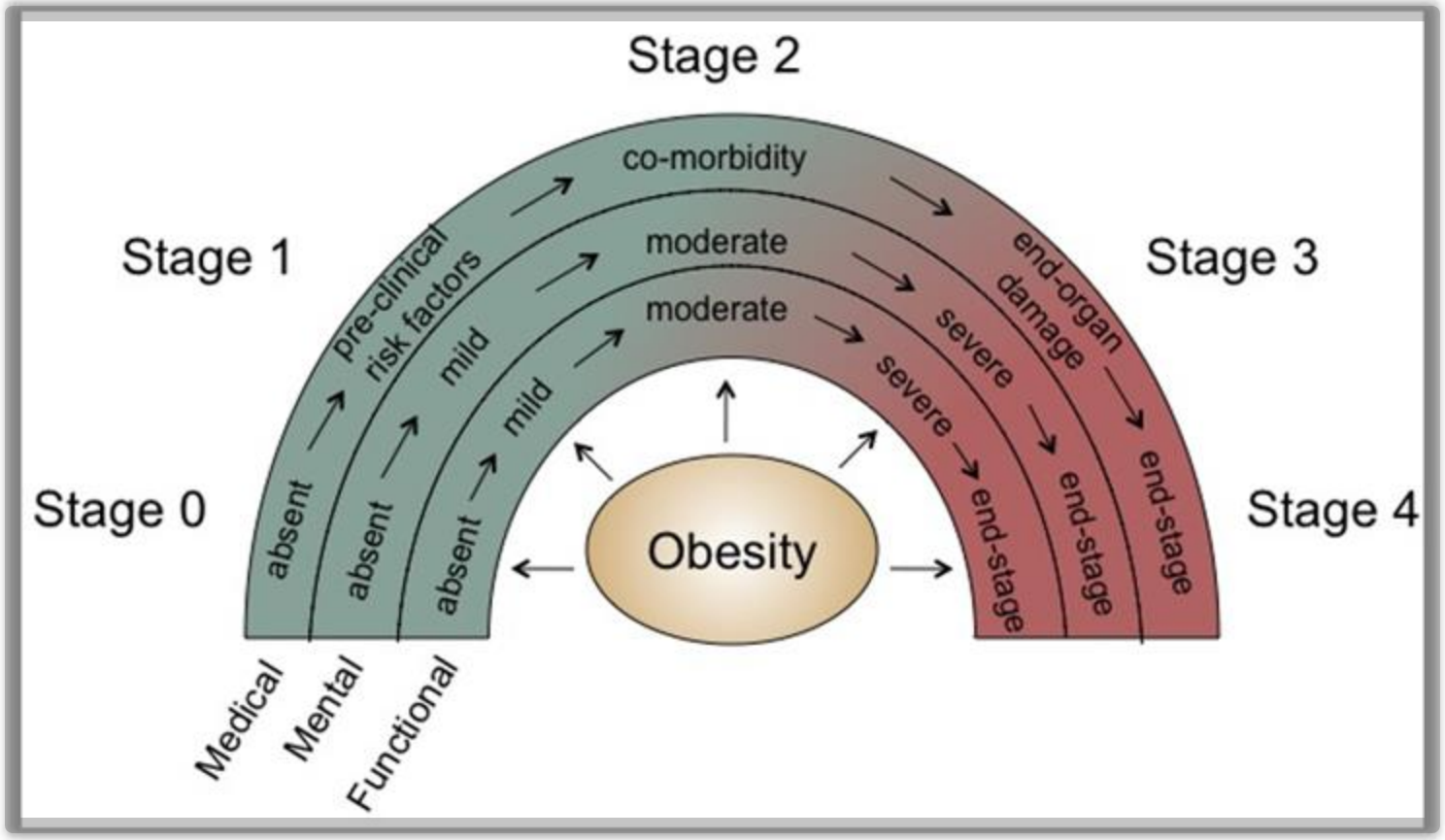
Outline and Key Messages

- Mental health conditions are highly comorbid with obesity with shared pathways
- People living with obesity identify mental health as key outcome for obesity management
- Weight bias and stigma is a key factor in mental health comorbidity in obesity care
- Psychological treatment is an important pillar to obesity management and supporting mental health

Mental Health in Obesity: Comorbidity & Outcome

- Edmonton Obesity Staging System (EOSS) or King's Criteria
- Focus on health and complication-based conditions of obesity
  - **Includes mental health**
  - Beyond weight loss as an outcome



Padwal RS, Pajewski NM, Allison DB, Sharma AM. CMAJ 2011;183(14): E1059-66

Assess for Obesity Drivers, Complications, and Barriers

- Use the **4Ms framework** to assess Mental, Mechanical, Metabolic, and Monetary drivers, complications, and barriers to weight management

Mental:

- Cognition
- Depression
- Attention Deficit
- Addiction
- Psychosis
- Eating Disorder
- Trauma
- Insomnia

Mechanical:

- Sleep Apnea
- Osteoarthritis
- Chronic Pain
- Reflux Disease
- Incontinence
- Thrombosis
- Intertrigo
- Plantar Fasciitis

Metabolic:

- Type 2 Diabetes
- Dyslipidemia
- Hypertension
- Gout
- Fatty Liver
- Gallstones
- PCOS
- Cancer

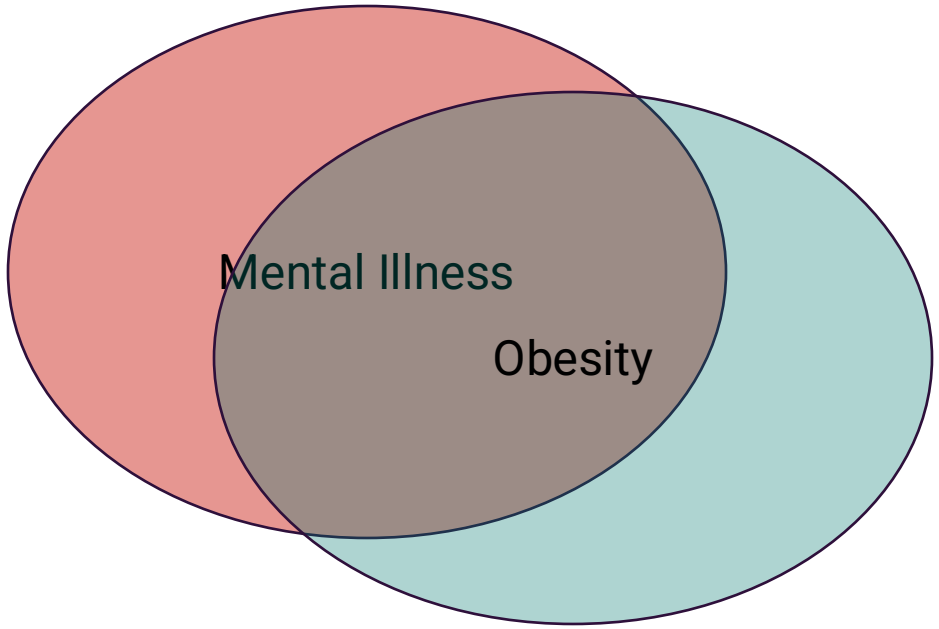
Monetary/Mileu:

- Education
- Employment
- Income
- Disability
- Insurance
- Benefits
- Bariatric Supplies
- Weight Loss Programs

5A's of Obesity Management © 2012 Canadian Obesity Network

Sharma & Padwal, Obes Rev 2010

Obesity and Mental Health: Closely Linked



People living with obesity who are seeking metabolic and bariatric surgery

- About 50%–66% had a lifetime psychiatric illness

Most common psychiatric disorders in people living with obesity

- Depression (~30%)
- Anxiety (25–30%)
- Binge eating disorder (20%)

People living with mental illness have higher rates of obesity

- Depression: 20–50%
- Bipolar disorder: 25–60%
- Schizophrenia: 30–70%

2020 Canadian Obesity Guidelines; Sockalingam S et al. Curr Psychiatry Rev 2011

Factors Contributing to the Relationship Between Obesity & Mental Illness

Biological Factors

- Chronic inflammation affecting the brain
- Abnormal hypothalamic-pituitary-adrenal axis and cortisol levels
- Change in gut microbiota
- Shared genetic variations

Psychological Factors

- Weight related stigma and discrimination
- Psychological trauma (adverse childhood experiences)

Behavioural Factors

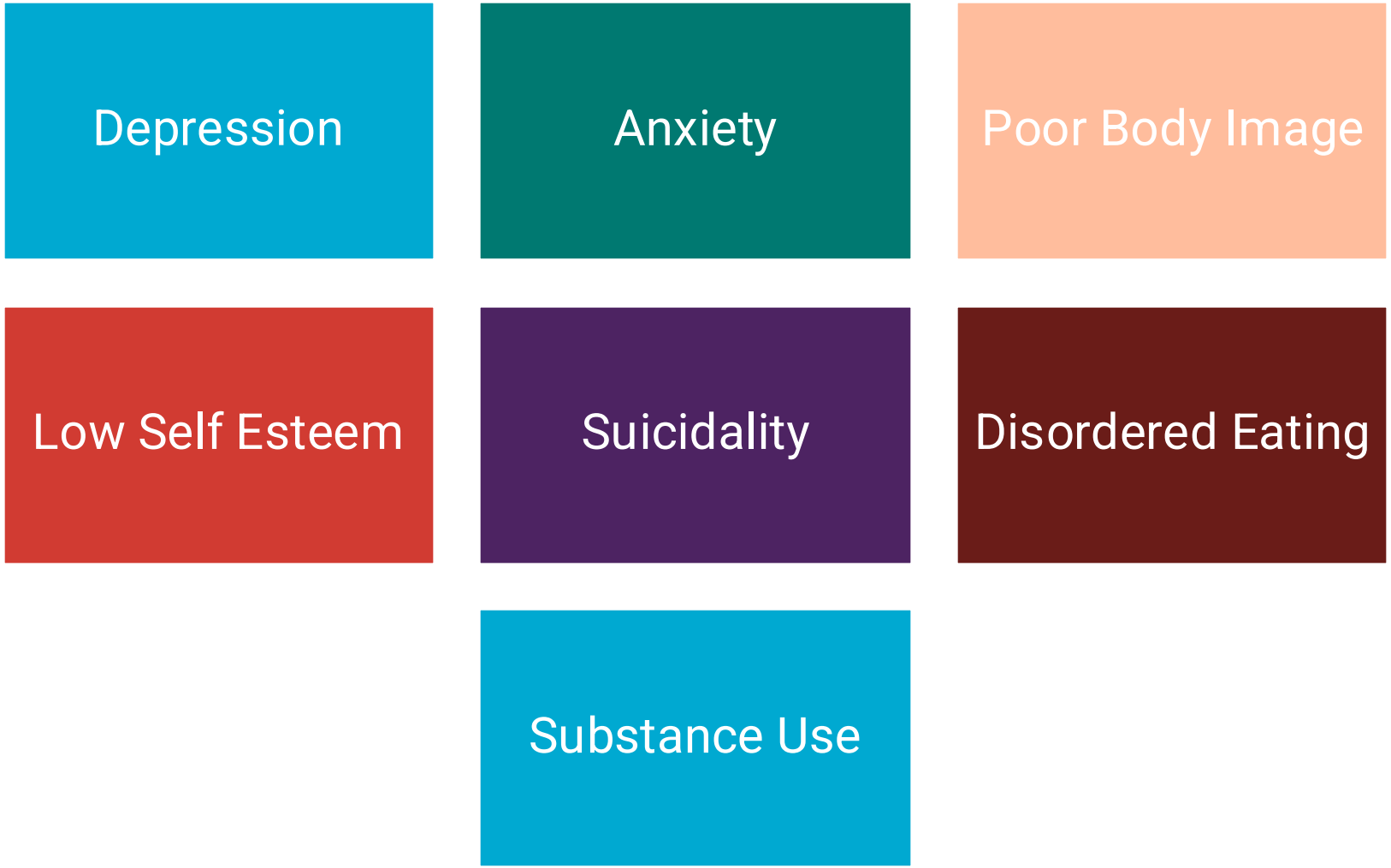
- Sleep abnormalities
- Difficulty with physical activity

Social Factors

- Socioeconomic challenges limiting access to healthier foods
- Limited access to healthcare—primary and preventative care

Failure to treat obesity can limit response to mental health treatment!

Weight Bias & Stigma: Mental Health Complications



Puhl R. Gastroenterol Clin North Amer 2023

Assessment of Mental Health

- Clinical Implementation of EOSS Assessment
  - Psychosocial assessment includes quality of life (SF-36, WHOQOL-BREF), depression/anxiety (PHQ4, K10), disordered eating (EDE-Q) and sleep assessment (PSQI)

- ICHOM Adult Obesity Patient Centered Outcome Measure
  - Moves beyond weight alone and includes assessment of quality of life, psychological functioning (including depression and anxiety), eating behaviours, body image and sleep

ICHOM
International Consortium for Health Outcomes Measurement
ADULT OBESITY
Version 1.0.0
Revised: July 3rd, 2024

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Philipp A, Moll C, Sharma AM, Joisten C. **The Edmonton Obesity Staging System Clinical Support Tool: A Structured EOSS-Domain-Based Tool for Primary Care. Clin Obesity 2026; 16(4): e70088**
Mekonnen T et al. EClinicalMedicine 2025;87:103422.

Medical Nutrition Therapy (MNT)

MNT is used in managing chronic diseases and focuses on nutrition assessment, diagnostics, therapy and counselling. MNT should:

a. be personalized and meet individual values, preferences and treatment goals to promote long term adherence
b. be administered by a registered dietitian to improve weight-related and health outcomes

Physical Activity

30-60 mins of aerobic activity on most days of the week, at moderate to vigorous intensity, can result in:

a. small amount of weight and fat loss
b. improvements in cardiometabolic parameters
c. weight maintenance after weight loss

ⓘ **Remember nutrition and physical activity recommendations are important for all Canadians regardless of body size or composition.**

The Three Pillars of Obesity Management that Support Nutrition and Activity

Psychological Intervention

a. Implement multicomponent behaviour modification
b. Manage sleep, time, and stress
c. Cognitive behavioural therapy and/ or acceptance and commitment therapy should be provided for patients if appropriate

Pharmacological Therapy

a. semaglutide
b. liraglutide
c. naltrexone/bupropion
(in a combination tablet)
d. orlistat
e) Tirzepatide

criteria
BMI ≥30kg/m2 or
BMI ≥27 kg/m2 with obesity (adiposity) related complications

Bariatric Surgery

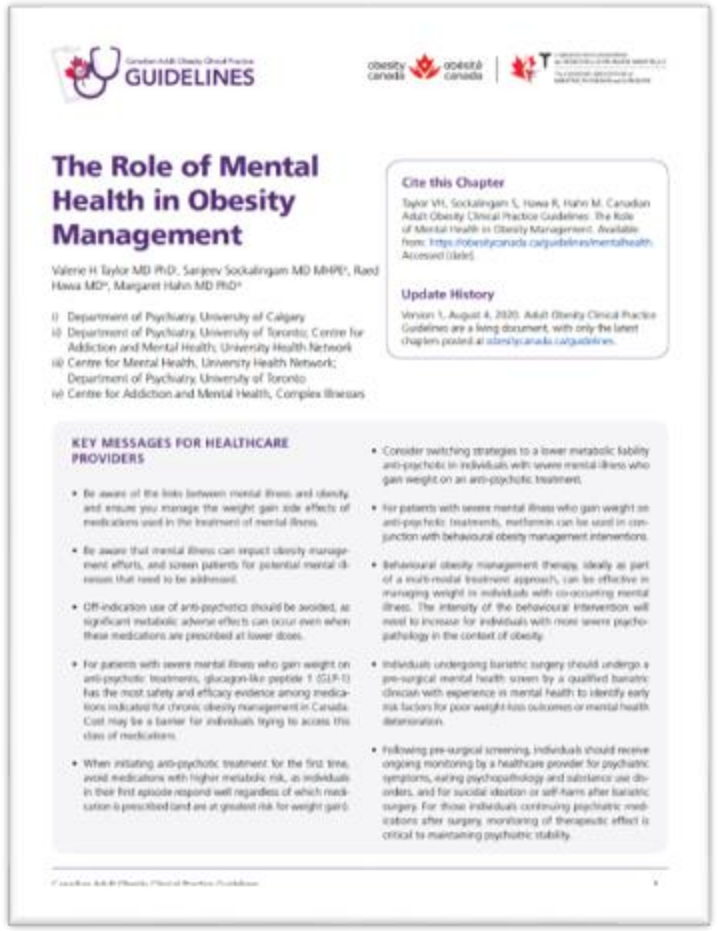
ⓘ Procedure should be decided by surgeon in discussion with the patient.

a. Sleeve gastrectomy
b. Roux-en-Y gastric bypass
c. Biliopancreatic diversion with/without duodenal switch

criteria
BMI ≥40 kg/m² or
BMI ≥35 - 40 kg/m² with an obesity (adiposity) related complication or
BMI ≥30 kg/m² with poorly controlled type 2 diabetes

Mental health is integral component to all levels of treatment

Adult Canadian Obesity Guideline Recommendations (2020)



GUIDELINES

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The Role of Mental Health in Obesity Management

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Update History

Version 1, August 4, 2020. Adult Obesity Clinical Practice Guidelines are a living document, with only the latest chapters posted at obesitycanada.ca/guidelines.

KEY MESSAGES FOR HEALTHCARE PROVIDERS

- Be aware of the links between mental illness and obesity, and ensure you manage the weight gain side effects of medications used in the treatment of mental illness.
- Be aware that mental illness can impact obesity management efforts, and screen patients for potential mental illnesses that need to be addressed.
- Off-indication use of anti-psychotics should be avoided, as significant metabolic adverse effects can occur even when these medications are prescribed at lower doses.
- For patients with severe mental illness who gain weight on anti-psychotic treatments, glucagon-like peptide 1 (GLP-1) has the most safety and efficacy evidence among medications indicated for chronic obesity management in Canada. Cost may be a barrier for individuals trying to access this class of medications.
- When initiating anti-psychotic treatment for the first time, avoid medications with higher metabolic risk, as individuals in their first episode respond well regardless of which medication is prescribed (and are at greatest risk for weight gain).
- Consider switching strategies to a lower metabolic liability anti-psychotic in individuals with severe mental illness who gain weight on an anti-psychotic treatment.
- For patients with severe mental illness who gain weight on anti-psychotic treatments, metformin can be used in conjunction with behavioural obesity management interventions.
- Behavioural obesity management therapy, ideally as part of a multi-modal treatment approach, can be effective in managing weight in individuals with co-occurring mental illness. The intensity of the behavioural intervention will need to increase for individuals with more severe psychopathology in the context of obesity.
- Individuals undergoing bariatric surgery should undergo a pre-surgical mental health screen by a qualified bariatric clinician with experience in mental health to identify early risk factors for poor weight-loss outcomes or mental health deterioration.
- Following pre-surgical screening, individuals should receive ongoing monitoring by a healthcare provider for psychiatric symptoms, eating psychopathology and substance use disorders, and for suicidal ideation or self-harm after bariatric surgery. For those individuals continuing psychiatric medications after surgery, monitoring of therapeutic effect is critical to maintaining psychiatric stability.

- Behavioral/psychological obesity management, ideally as part of a multimodal approach, can be effective in managing obesity and co-occurring mental illness
- The intensity of the behavioral intervention may need to increase for individuals with more severe psychopathology in the context of obesity (example: depression and binge eating disorder)
- Pharmacological treatments for mental health should balance efficacy for comorbid mental health conditions and risk of metabolic health effects
- Post-metabolic and bariatric surgery psychological interventions are key tools to support mental health, improve mental health outcomes and to support maintenance of weight loss and to prevent significant weight regain may be useful.

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