

## Baromania: A contrarian epidemic

Sanjay Kalra,<sup>1</sup> Manish Bathla,<sup>2</sup> Nitin Kapoor<sup>3,4</sup>

### Abstract

As the world grapples with a rapidly increasing prevalence of obesity, epidemiologists, health care professionals and policy makers are working together to increase awareness about its prevention and management. However, what is also increasingly visible in a subset of not very obese individuals, is an undue concern about their weight, a condition we call Baromania. Akin to orthorexia nervosa, anorexia and bulimia. we define baromania as "a state of extreme attention towards one's own weight, accompanied by elation and excitement regarding weight loss and maintenance". This paper describes the different clinical presentations, diagnosis and management of persons with Baromania.

**Keywords:** Obesity, South Asian phenotype. Baromania, Barophenotype, Orthorexia Nervosa, Eating disorders, Body image.

**DOI:** <https://doi.org/10.47391/JPMA.22-118>

### Introduction

As the pandemic of obesity continues to grow,<sup>1</sup> creating multiple other epidemics in its wake, we are now confronted by a contrarian epidemic, or contrademic. This is the phenomenon of baromania.

Mania is defined, by the dictionary, as "a great enthusiasm for something."<sup>2</sup> The word is also used to refer to a psychiatric disorder characterized by extremely elevated and excitable mood.<sup>2</sup> We define baromania as "a state of extreme attention towards one's own weight, accompanied by elation and excitement regarding weight loss and maintenance". Just as mania can have varied clinical presentations, so can baromania. Baromania, too, can vary in style and severity, from time to time, and from person to person.

.....  
<sup>1</sup>Department of Endocrinology, Bharti Hospital, Karnal, India, <sup>2</sup>Department of Psychiatry, MM Medical college, Ambala, India, <sup>3</sup>Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India, <sup>4</sup>Non communicable disease unit, The Nossal Institute for Global Health, Melbourne School of Population and global health, University of Melbourne, Victoria, Australia.

**Correspondence:** Sanjay Kalra. Email: [brideknl@gmail.com](mailto:brideknl@gmail.com)

### Scope and Spectrum

Baromania includes, but is not limited to, the clinical condition of orthorexia nervosa<sup>3</sup> and other eating disorders. Eating disorders<sup>4</sup> are defined by alteration in eating habits and behaviours, while baromania includes a broad spectrum of weight-related thoughts, beliefs, words and actions (Table). Baromania has not been termed as a specific disease condition, but its various facets are obvious to the metabolic physician.

**Table:** The baromania spectrum.

- 
- Excessive, pervasive or extreme; Thoughts, beliefs, speech and actions related to various aspects of weight and health
  - Includes self care, self-management; seeking and acceptance of behavioural, medical and surgical care
  - Involves thoughts on any one or more of the following domains
    - ideal and optimal weight
    - diet and nutrition
    - physical activity and exercise
    - behaviour and stress management
    - targets of weight loss therapy
    - techniques and therapies for weight loss
  - Associated with elation and excitement, rather than apathy
- 

Individually reported over many years, it has been known as weight consciousness and preoccupation with a slim image,<sup>5</sup> overt body self-perception<sup>6</sup> overt body consciousness and slimming behaviour<sup>7</sup> unhealthy weight control behavior<sup>8</sup> etc. These behaviours are notably more common in girls than boys.<sup>6,9</sup>

### Clinical Relevance

It is important to recognize the symptoms and signs of baromania. Presence of these red flags should prompt a focussed intervention to not only preempt and prevent possible adverse consequences, but also promote and propagate salutogenic behaviours. If identified in time, "barohypomania", a condition similar to hypomania, may be utilized to promote right health-care seeking and health care acceptance. If not addressed in a timely manner, it may progress to pathological eating disorders, with or without other psychological/psychiatric abnormalities.

This also highlights the importance of having a psychiatrist or a psychologist in the obesity management team, as the psychological burden associated with

obesity is huge<sup>10</sup> and the phenotype at times can be very subtle and may need multiple sittings of intensive behavioural therapy.

### Public Health Relevance

Baromania may be a double-edged sword. Unwarranted, and inaccurate, emphasis on weight loss may lead to unnecessary physical, emotional and monetary ill-health. The resultant ill effects on the affected individual may cascade into misinformation and may hamper, rather than promote, efforts to achieve optimal weight management.

With the widespread use of social media and rapid transfer of information through multiple portals, misinformation regarding baromania may further compound the problem.<sup>11</sup> Moreover, it adds to the already overburdened health care system in the south Asian countries. Policy makers are required to implement public health strategies for the prevention and management of healthy weight keeping in mind the increasing rates of baromania related behaviour.

### Conclusion

Though obesity prevention and weight control measures are the need of the hour, it is also important to recognize the contrarian epidemic of baromania that has ensued with the rising prevalence of obesity. Understanding its clinical spectrum, relevance and public health importance

will help in early recognition, intervention and prevention of its progression to eating disorders.

### References

1. Verma M, Das M, Sharma P, Kapoor N, Kalra S. Epidemiology of overweight and obesity in Indian adults - A secondary data analysis of the National Family Health Surveys. *Diabetes Metab Syndr.* 2021; 15:102166.
2. Dubovsky SL. Mania. *Continuum (Minneapolis, Minn). Behav Neurol Neuropsychiat.* 2015; 21:737-55.
3. Kalra S, Kapoor N, Jacob J. Orthorexia nervosa. *J Pak Med Assoc.* 2020;70:1282-4.
4. Nicula M, Pellegrini D, Grennan L, Bhatnagar N, McVey G, Couturier J. Help-seeking attitudes and behaviours among youth with eating disorders: a scoping review. *J Eat Disord.* 2022; 10:21.
5. Nowak M. The weight-conscious adolescent: body image, food intake, and weight-related behavior. *J Adolesc Health.* 1998; 23:389-98.
6. Woźniak A, Artych M, Wawrzyniak A. Nutritional behaviours and body self-perception in Polish pupils attending middle-school. *Rocz Panstw Zakl Hig.* 2014;65:331-6.
7. Moore DC. Body image and eating behavior in adolescents. *J Am Coll Nutr.* 1993; 12:505-10.
8. Balantekin KN, Birch LL, Savage JS. Patterns of weight-control behavior among 15 year old girls. *Int J Eat Disord.* 2015; 48:589-600.
9. Kapoor N, Arora S, Kalra S. Gender Disparities in People Living with Obesity - An Unchartered Territory. *J Midlife Health.* 2021; 12:103-7.
10. Jiwanmall SA, Kattula D, Nandyal MB, Devika S, Kapoor N, Joseph M, et al. Psychiatric Burden in the Morbidly Obese in Multidisciplinary Bariatric Clinic in South India. *Indian J Psychol Med.* 2018; 40:129-33.
11. Kalra S, Kumar A. Quinary prevention: Defined and conceptualized. *J Pak Med Assoc.* 2019; 69:1765-1766.