The obestrung personality: A clinical confounder of obesity

Sanjay Kalra[1], Komal Verma[2], Nishant Raizada[3], Nitin Kapoor[4]

Abstract

This communication defines and describes the obestrung personality trait, which can be a clinical confounder of obesity. Obestrung (based upon high-strung) personality can be defined as a trait characterized by excessive preoccupation with weight, weight loss, weight loss strategies and weight loss outcomes. Timely identification and alleviation of such attitudes and behaviour is important. This is because excessive stress, through release of cortisol and proinflammatory cytokines, can hamper efforts at weight loss. Empathic education and explanation, along with support from all stakeholders (health care team, family, friends, society) is the treatment of choice. A few persons may need referral to a mental health professional

Keywords: Barophenotype, bariatric surgery, baromania, obesity, overweight, psychology, psychosomatic disease.

DOI: https://doi.org/10.47391/JPMA.25-77

Introduction

Obesity has emerged as a major pandemic over the past few decades. Newer insights regarding its pathophysiology and presentation have lead to development of improved pharmacotherapeutic preparations as well. Modern anti-obesity medications are able to help reduce excess weight to an extent similar to that experienced with bariatric surgery.[1]

Even with these drugs, however, there is significant inter-individual variation in the degree of weight loss and weight maintenance. Intra-individual variation may be observed as well, with persons responding differently to the same drug and dose, at different times of their life with obesity. These variations are noted in efficacy as well as tolerability. Side effects of drugs, for example, may vary from person to person, and from time to time within the same individual.

[1]Department of Endocrinology, Bharti Hospital, Karnal, India; University Center for Research & Development, Chandigarh University, Mohali, India. [2]Department of Psychology, British University Bahrain, Bahrain. [3]Department of Endocrinology, University of Medical Sciences, New Delhi, India. [4]Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India; Non communicable disease unit, Baker Heart and Diabetes Institute, Melbourne, Victoria, Australia.

Correspondence: Sanjay Kalra,. **Email:** brideknl@gmail.com

ORCID ID: 0000-0003-1308-121X

The Psychological Domain

One reason for alteration in biomedical efficacy or tolerability may be psychosocial factors. Obesity is a dynamic disorder, with strong psychosomatic features. Psychosocial health, too, is a dynamic and ever-changing aspect of life. The multiple facets of psychological, psychiatric and neurocognitive dysfunction related to obesity have been discussed elsewhere.[2] The bidirectional relationship between these challenges and weight homoeostasis, influences not only clinical presentation and trajectory of the condition, but response to therapy as well.

Egocentric Classification

Earlier experts have classified obesity, using these characteristics, as egosyntonic, egodystonic and schizoid.[3] Egosyntonic obesity refers to a state where an individual is happy or accepting their adiposity. Egodystonic obesity implies a situation in which the person feels uncomfortable with their barometric status. Schizoid obesity is an extreme end of the psychosomatic spectrum of obesity, characterized by psychiatric comorbidity. It must be noted that these states are fluid, rather than compartmentalized silos, and may occur at different times in the same person.

Psychetyping

Persons living with obesity can also be classified according to their psychetype and sapiotype.[4] These descriptions utilize the psychological and health literary/intelligence status of the person. Based upon this, individuals living with obesity may be Apathic, in Avowed denial, Aware but unAccepting, Aware and Accepting, or Aware and Anxious/Afraid about their obesity status. This rubric, similar to that used in diabetes care, helps plan a pragmatic approach to weight management. It informs the style and success of behavioural therapy, and helps improve both efficiency and efficacy of all management strategies.

High Strung, Obestrung Personality

Within this framework, one challenging clinical presentation of obesity stands out. We term this the obestrung baropersonality. Modifying the word

"highstrung", we define obestrung baropersonality as a personality trait characterized by excessive preoccupation with weight, weight loss weight loss strategies, weight loss outcomes. Features include baromania, orthorexia nervosa and exertitium nervosa.[5,6] Another element of obestrung personality is a fear of obesity-related disease, which may be termed as baronosophobia.

Evaluation

While a certain amount of concern is necessary to ensure appropriate health care seeking, accepting and adhering behaviour, excessive preoccupation with weight can lead to deleterious effects. Eating disorders, depression, anxiety disorder, schizophrenia and substance abuse are related with obesity.[7] Identification of an obestrung personality should prompt detailed screening for these comorbid conditions. As there are no specific tools designed to suspect or screen this personality trait, it can easily be identified as part of barophenotypic characterization.[8] Such evaluation is also a part of the mandatory pre-operative evaluation for bariatric surgery. The degree of obestrung thoughts, words, behaviours and choices, therefore, must be evaluated in all person living with obesity. This must be done at regular intervals. There are anecdotal case reports of psychologic and psychiatric side effects with modern anti-obesity medication. While meta-analyses do not support such a relationship, due psychovigilance must be ensured in all individuals seeking and taking, therapies for chronic weight management.[9] Persons with sudden onset change in emotional status, including obestrung behaviour, must be kept under close supervision.

Management

Concomitant management of weight and stress associated with being obestrung is mandatory. This is because stress leads to the release of hormones such as cortisol, and pro-inflammatory cytokines, which promote weight gain. Excessive obestrung behaviour may interfere with social relationships, hamper bonding with fellow humans living with obesity (baro-buddies),[10] and lead to undesirable consequences at home, school or work.

An empathic explanation of the pathophysiology of obesity, highlighting the fact that one should not feel guilty of being obese, usually suffices. This knowledge sharing should be combined with support, from both the obesity care team and caregivers at home. In some cases, referral to a mental health professional may be required.[11]

Summary

The management of obesity is highly complex, and includes not only pharmacotherapy, but behavioural therapy as well. The identification, and optimization, of potentially confounding emotional factors, is the key for achieving desired outcomes in obesity treatment. The obestrung personality is one such factor, further exploration and elucidation of this integral part of baropsychobiology is required to ensure successful and sustainable weight loss.

Disclaimer: None.

Conflict of Interest: None.

Source of Funding: None.

References

1. Sidrak WR, Kalra S, Kalhan A. Approved and emerging hormone-based anti-obesity medications: A review article. Indian J Endocrinol Metab. 2024;28:445-60.
2. Asharaf H, Thimothy G, George S, Jose J, Paily R, Josey J, et al. Psychological impact of obesity: A comprehensive analysis of health-related quality of life and weight-related symptoms. Obesity Medicine. 2024;45:100530.
3. Van der Merwe MT. Psychological correlates of obesity in women. Int J Obes. 2007;31:S14-8.
4. Kalra S, Dhingra A, Kapoor N. 3D Sapiotyping: A Three Dimensional Definition. J Pak Med Assoc. 2024;74:1711-3.
5. Kalra S, Bathla M, Kapoor N. Baromania: A contrarian epidemic. J Pak Med Assoc. 2022;72:2567-8.
6. Donini LM, Barrada JR, Barthels F, Dunn TM, Babeau C, Brytek-Matera A, et al. A consensus document on definition and diagnostic criteria for orthorexia nervosa. Eat Weight Disord-Studies on Anorexia, Bulimia and Obesity. 2023;28:3695-711. https://doi.org/10.1007/s40519-023-01599-4
7. Perry C, Guillory TS, Dilks SS. Obesity and psychiatric disorders. Nursing Clinics. 2021;56:553-63.
8. Kalra S, Das S, Kota S, Anne B, Kumar A, Punyani H, et al. Barophenotypic characterization–The key to person centric management of obesity. Ind J Endocrinol Metab 2021;25:295-8.
9. Wadden TA, Brown GK, Egebjerg C, Frenkel O, Goldman B, Kushner RF, et al. Psychiatric safety of semaglutide for weight management in people without known major psychopathology: post hoc analysis of the STEP 1, 2, 3, and 5 trials. JAMA Internal Medicine. 2024;184:1290-300.
10. Kalra S, Arora S, Kapoor N. Baro-buddies: Supporting the fight against obesity. J Pak Med Assoc. 2022;72:183-4.
11. Dandgey S, Patten E. Psychological considerations for the holistic management of obesity. Clin Med. 2023;23:318-22.