Baroneurosis

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Abstract

Baroneurosis is a term used to describe distressful emotions and reactions related to weight, weight management, and weight monitoring, caused by irrational attitudes, behaviours, or choices, which lead to psychological and or physical symptoms, without impacting contact with reality, and without meeting the diagnostic criteria for any established psychiatric disease.

Baroneurosis also known as weight neurosis, may concern the diagnosis, degree, and monitoring of weight-related disorders, or diet, exercise, lifestyle, and management. Various labels, including body dysmorphic traits, barometric nervosa, orthorexia nervosa, exertitium nervosa, and cyberchondria, are included under this umbrella. The concept of baroneurosis helps address the various psychosocial concerns, complaints, and challenges faced by various individuals as part of obesity management. It encourages physicians to view the person seeking weight management as a holistic person, with unique strengths and limitations, as well as opportunities for optimizing health.

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Definition

The word baroneurosis is a portmanteau derived from baros (weight) and neurosis. Neurosis is largely a historical term, and is not used as a formal diagnostic category in contemporary psychiatric classification systems (DSM 5 and ICD-11), having been removed as an organising label. The term neurosis describes mental disorders marked by chronic, distressful emotional symptoms, without a loss of contact with reality. Baroneurosis, therefore, refers to psychological as well as physical symptoms that are caused by an intense and unhealthy preoccupation with weight.[1]

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Aetiology

Baroneurosis may stem from an underlying personality trait, or may exist as part of the constellation of neuropsychiatric abnormalities associated with obesity. The increasing incidence of baroneurosis, however, is fuelled by easy access to (mis)information from various sources. This may be worsened by (well-meaning) advice given by alternative health care providers who market non-evidence-based therapies for weight management.

Presentation

Baroneurosis is related to the attitudes, behaviours, and choices (ABC) that determine body weight, as well as other features of the barophenotype. These include body image, dietary and physical activity habits, lifestyle-related issues, medication use, and self-monitoring through anthropometry and e-metrics.[2] Eating-related traits, whether linked to over-, under-, or ortho-consumption, form part of the syndrome of baroneurosis.

Baroneurosis may present at all levels of the weight spectrum, from undernourished and thin, to lean and healthy, to overweight and obese. Persons may attribute their complaints and concerns, correctly or otherwise, to their weight, weight distribution, or weight trajectory. Clinically insignificant phenomena, such as a physiological diurnal variation in weight, may cause clinically significant distress.[3,4] Health care professionals may be pressured to prescribe diagnostic and/or therapeutic modalities that are not indicated.

Investigations and Diagnosis

Baroneurosis, or more aptly, baroneurotic behaviour, may be considered an extreme style of the barometabolic behavioural syndrome. Thus, screening for baroneurosis is part of routine barophenotypic characterization.

Persons presenting with symptoms suggestive of baroneurosis must be screened for psychiatric morbidity, including anxiety and depressive disorders, eating disorders and substance abuse. Those who meet the diagnostic criteria for any psychiatric disease should be labelled and managed as such. Those who do not fulfill

Table: BARONEUROSIS

Category	Domain	Term
Established Psychiatric Diagnoses		
	Eating	Anorexia nervosa
	Eating	Bulimia nervosa
	Eating	Binge eating disorder
	Eating	Nocturnal eating disorder
	Body Image	Body dysmorphic disorder
	Substance	Alcohol dependence
	Substance	Nicotine dependence
Psychological Constructs / Trait-Level Phenomena		
	Body Image	Body image disorder
	Self-Concept	Esteem disorder
	Eating	Orthorexia nervosa
	Technology	Excessive use of social media
	Psychological Stress	FOMO
Proposed Labels (Non-diagnostic)		
	Weight Monitoring	Barometric nervosa
	Diet	Orthorexia nervosa
	Exercise	Exertitium nervosa
	Substance	Baro toxic nervosa
	Information	Cyberchondria

- Barophenotype
  - Body image disorder
  - Esteem disorder
- Weight measurement
  - Barometric nervosa
- Diet
  - Eating disorders
    - Anorexia nervosa
    - Bulimia nervosa
    - Binge eating disorder
    - Nocturnal eating disorder
    - Orthorexia nervosa
- Exercise
  - Excessive exercise
  - Exertitium nervosa

Substance abuse

- Nutraceutical
  - Protein misuse supplement
- Medications
- Anabolic androgenic steroid misuse
- Anti-obesity medication misuse
- e-abuse
- wearable apps
- monitoring apps
  - food/calories
  - exercise
  - sleep
  - stress

Information related

- FOMO
- cyberchondria

these criteria, but continue to complain of distressful issues related to their weight, may be considered as having baroneurosis.[5]

Differential Diagnosis

Baroneurosis must be differentiated from psychosis, where contact with reality may be impaired. While there may be overlap, baroneurosis is distinct from clinical states such as anxiety disorders, depressive disorders, and substance abuse, that may occur as a part of obesity. Using the label baroneurosis suggests that there are neurobehavioural abnormalities, which are not severe enough to meet the diagnostic criteria of established mental health disorders.

Treatment

The treatment of baroneurosis is psychological. An empathetic explanation of the current health status, along with the expected trajectory and targets for weight modification, helps with acceptance and adherence to prescribed anti-obesity measures/medication.[6,7]

Acknowledgement, appreciation, and addressing of the person's specific concerns is required. Rather than trivializing a complaint or challenge (e.g., the high hs-CRP value is of no value), it may be more appropriate to address it tangentially ("Yes, the hs CRP is important, we can address it through the lifestyle and medical interventions that we have just described. We will repeat the test after 3 months and reassess our strategy. In the meantime, do not worry. The elevated hs CRP will not cause any sudden disturbance in health.")

Support of caregivers and other health care professionals may be required at times. Tips for healthy cooking, fun-filled exercise, sleep hygiene and mindful monitoring can help alleviate baroneurotic behaviour.[8,9]

Summary

Baroneurosis offers a pragmatic, clinically useful construct to describe distressful yet reality-based emotions and reactions related to weight, weight management, and weight monitoring that do not meet criteria for any established psychiatric disorder. This article summarises its definition, clinical presentation, differential diagnosis, and management strategies.

As awareness of baroneurosis grows, future research should aim to refine its operational criteria, develop screening tools, and evaluate targetted interventions that can be integrated into multidisciplinary obesity care.

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