

**PSYCHIATRIC
COMPLICATIONS
RELATED TO OBESITY: A
SYSTEMATIC REVIEW**

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INTRODUCTION

Obesity is a highly prevalent condition around the world. In Brazil, in 2019, 8 million adults treated at Basic Health Units were diagnosed with overweight and more than 3 million with obesity. Obesity, in addition to being a disease, is also one of the most important risk factors for other chronic non-communicable diseases, being strongly associated with deaths and disabilities in Brazil¹.

Psychiatric disorders, also quite frequent disorders for years, show an increase in incidence and prevalence in the population today. According to data from the World Health Organization, in 2019 there were 970 million people living with a psychiatric disorder. Of these, 301 million lived with anxiety disorders and 280 million with depressive disorders².

In this context, in recent decades, evidence has been gradually accumulating and translates an association between various psychiatric disorders and obesity, although there are still gaps in knowledge regarding this topic³.

OBJECTIVES

To analyze and describe the main psychiatric complications related to obesity.

METHODS

This is a narrative review, in which the main aspects of the main psychiatric complications related to obesity were analyzed. The beginning of the study was carried out with theoretical training using the following databases: PubMed, sciELO and Medline, using as descriptors: " AND "psychiatric complications" AND "food disorders" AND "organ transplant" AND "depression" over the past 10 years. Because it is a narrative review, the present study does not have risks.

RESULTS AND DISCUSSION

Depression is one of the most common psychiatric disorders in the general population and its relationship with obesity, due to the fact that both represent an increased risk for cardiovascular diseases, its possible association was tested and analyzed⁴. Both conditions appear to have some mechanisms in common, such as the involvement of hypothalamic-pituitary-adrenal dysregulation, inflammation, oxidative stress, as well as endocrine dysfunction⁵

Some cross-sectional studies carried out with the adult population show an odds ratio of 1.33 for depression in obesity⁵. In relation to patients being treated for depression, overweight/obese patients using tricyclic antidepressants showed less weight gain after treatment with ADT or mirtazapine, compared to patients with normal weight. While patients using selective serotonin inhibitors showed weight loss after starting treatment. As for symptom improvement, studies have confirmed the importance of body weight/BMI in the treatment of major depressive disorder⁵.

Obesity is also associated with an increased risk of developing anxiety disorders, in addition to compulsive behavior characterized by consumption of abnormal amounts of food⁶. In a meta-analysis, whose sample consisted of 130 individuals, with a mean BMI of $33.71 \text{ kg/m}^2 \pm 5.72$, with 34.6% of individuals classified as overweight, 29.2% as the grade I obesity, 20.8% grade II obesity and 15.4% grade III obesity, a positive correlation was identified between anxiety scores, sleep quality and binge eating in the general sample and in young adults, with ninety-six percent of the participants had at least moderate anxiety according to the state-STAI score⁶. Other studies, in turn, reveal a prevalence of anxiety in these individuals ranging between 54% and 71%. The relationship between anxiety

disorders and weight gain is often explained by a belief that dysfunctions of the hypothalamic-pituitary-adrenal axis contribute to unbalanced appetite and subsequent weight gain in individuals previously characterized as stressed, and may also increase cravings for high-fat and high-sugar foods⁶.

With regard to age group, adolescents with psychiatric disorders constitute a vulnerable population for the development of obesity. In a meta-analysis of 18 observational studies, it was found that young people with obesity had a 1.3 times chance of having depression compared to those without obesity⁷. Another meta-analysis comprising 13 longitudinal studies showed that adolescents with depression had a 70% greater risk of being obese compared to adolescents without depression. These results lead us to conclude that depression and obesity probably have a bidirectional relationship. As for anxiety and obesity in adolescents, a study with cross-sectional analyzes showed that the presence of an anxiety disorder is related to a 46% increase in the chances of developing obesity⁷.

Bipolar disorders have an increased mortality rate due to an increased risk of cardiovascular diseases, for example⁸. Thus, its association with obesity is a relevant topic to be analyzed⁸. Case-control studies point to a positive association between the two comorbidities, with the risk of obesity being almost twice the rate reported in patients with bipolar disorder compared to controls⁹. Regarding personality disorders, their incidence is also increased among obese people, in addition to being linked to a relationship directly proportional to the severity of obesity in these individuals¹⁰.

CONCLUSION

Obesity, a public health problem, constitutes a risk factor and coexists with several comorbidities. All over the world,

psychiatric disorders are studied, with increasing incidence and prevalence, seeking to understand their pathophysiology as well as the factors involved in their genesis and maintenance. In this context, an association between obesity and psychiatric disorders is increasingly being seen, presenting a bidirectional relationship that must be analyzed in detail, aiming to understand the mechanisms involved in their relationship in order to be able to establish effective measures in the management of these conditions, aiming at the improvement of the quality of life of these people and, thus, avoiding the bad conduction of therapy.

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