Obesity is a “multisystemic disease in disguise” that has risen to epidemic proportion in the last few decades. Malaysia is rated the highest in obesity among the Asian countries with a rate of 45.3%. Nevertheless, many physicians disregard it as a disease but rather a risk factor or complication. This perception risks failure to manage obesity effectively in a holistic manner and by a multidisciplinary team, ideally consisting of physicians, dieticians, physiotherapists, bariatric surgeons, and mental health professionals. Volkow and O’Brien (2007) proposed to consider that obesity a brain disorder. This underscores the idea that psychiatrists may have greater role in tackling obesity than currently perceived.

Interestingly, psychiatric disorders particularly depression, together with obesity are common non communicable diseases with complex interaction. Substantial psychopathology may exist in obese individuals; particularly mood and anxiety disorders, eating disorders like binge-eating and addiction problems. The risk of weight gain and obesity in those with major psychiatric disorders is high and vice versa; as observed locally as well. Often the cause and consequence among these disorders become indistinct but they intermingled. Regardless, underlying psychological factors influencing obesity need to be addressed as these posed obstacles to successful weight management.

Moreover, the use of psychotropics that contribute to weight gain have to be identified and minimized.

Psychiatric assessment of an obese patient is aimed at identifying and assessing the severity of psychopathology, psychological traits, psychosocial issues and maladaptive coping mechanisms that promotes eating behaviour and subsequent weight gain. These ranged from underlying low self esteem, to clinical depression or specific eating disorders like binge eating disorder and night eating syndrome. In some cases, underlying psychosis can be the drive of abnormal eating behaviour. Identification of these factors would lead to administration of appropriate treatment. Treatment of a comorbid psychiatric disorders including administration of psychotropic medications and/or in other cases, tackling the weight related psychological issues could be a significant part of the management of obesity beside lifestyle modifications and antiobesity drug when indicated.

In Malaysia, bariatric surgery has become available in more centres and may be the treatment of choice in some, particularly those diagnosed with morbid obesity and weight related comorbidities. In these cases, the importance of psychiatric evaluation pre- and post-surgery has been widely recognized. These aimed to 1) assess the presence and severity of psychopathology in patients for obesity surgery 2) evaluate the
change in psychopathology after surgery 3) identify factors that may be important for predicting outcome results 4) provide additional postoperative support/ facilitate if needed and 5) make appropriate recommendations regarding the patient’s suitability to undergo surgery.

A comprehensive psychiatric evaluation of patients presenting with obesity include 1) clinical interview 2) mental state examination 3) psychological tests (includes symptom inventories, e.g. for depression and eating disorders including binge eating assessment, objective personality and cognitive tests as deemed necessary by the psychiatrists). This is important to provide an objective measure of the presenting complaints, psychological adjustments and the patients’ preparedness for surgery and its long term commitment required post surgery. The outcome of a psychiatric assessment can be concluded in the form of several recommendations that include the need for pharmacotherapy, psychoeducation, psychotherapy to address any potential postsurgical barriers, close monitoring and the need for psychosocial support.

In conclusions, the need for multidisciplinary team which includes mental health professionals in treating obesity cannot be overemphasized. This has become an important rationale for an integrated approach and the call for “under one roof” treatment centre where all the team players have equally important roles and the same aims for their patients i.e. to achieve weight loss, maintain lower body weight, prevent weight gain and treat the underlying or related comorbidities.

References


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