Bariatric Psychiatry: A New Avtar

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There is currently enough evidence and need for active involvement of a Psychiatrist in a Bariatric clinic. Bariatric Psychiatry is a new subspecialty emerging within the field of mental health[1].

Obesity is a complex, multifactorial disease that needs addressing in a multipronged manner. Since lifestyle modification is the backbone of treatment, it can be rectified only by a change in mindset.

The multidisciplinary bariatric clinic started at Christian Medical College, Vellore, is the first one in India. The involvement of the psychiatrists has been from the very outset, and the strong team effort has resulted in the success of this venture.

There is substantial psychiatric comorbidity among the morbidly obese, and prevalence can range from 40-50%. In our clinic, around one-third of the morbidly obese had psychiatric disorders[2]. Depression and dysthymia accounted for about half of those cases. The variables that were associated with psychiatric disorders were current suicidal ideation, past self-injurious behavior, perceived poor social support, and past psychiatric history.

The clinic's strength is its multidisciplinary nature and robust referral system within the tertiary care hospital. The presence of a psychiatrist within the team prevents barriers to treatment-seeking due to stigma. A study in our clinic found an association between stigma and certain clinical variables that maintain and worsen obesity and comorbid psychiatric diagnoses[3]. This highlights the importance of an assessment of mental health and stigma in general practice when dealing with patients with obesity. Treating the underlying psychiatric comorbidities and addressing unhealthy eating behaviors can help reduce self-stigma.

The initial role of a psychiatrist in the first assessment is to screen for psychiatric and substance use disorders, which can severely impact the treatment and prognosis of those with obesity. The motivation to follow lifestyle modification is assessed, and brief sessions along with follow-up sessions during the reviews focus on stress management, rationalizing psychiatric medications, and addressing faulty cognitions.

Few patients require Bariatric surgery, and the role of a psychiatrist can be grouped into three distinct categories. First, to ascertain no psychiatric contraindications to safe bariatric surgery. Second, to diagnose and treat presurgery mental conditions that could predict poor weight loss. Third, to diagnose and treat post-surgery mental conditions associated with poor quality of life.

Finally, some of the patients require intensive psychiatric or psychological inputs, and the parent Department of Psychiatry manages these. This ensures the prevention of early setbacks in weight loss management and reduces the vicious cycle of depression and weight gain.

It is fitting to end with a quote from Dr Steve Maraboli, the inspirational speaker, "It's not just about losing the weight; it's about losing the lifestyle and mindset that got you there."

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