

Eating Disorders and Obesity: The Barobehavioural Syndrome (BBS)

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Abstract

Seemingly, obesity and eating disorders seem to have nothing in common. Upon careful evaluation, they are found to exhibit many commonalities. This communication lists the similarities between obesity and eating disorders, and highlights the psychological aspects of obesity. It calls for a rephrasing of orthorexia nervosa and barometric nervosa as dysfunctional or egodystonic baro behavioural syndrome.

Keywords: Anorexia nervosa, binge eating disorder, bulimia nervosa, biopsychosocial model, obesity, orthorexia nervosa, psychosomatic disease

Introduction

Anorexia nervosa and bulimia nervosa have for long been recognized as distinct diseases.¹ Both are characterized by an extreme pre occupation with weight. Other eating disorders, such as avoidant/restrictive food intake disorder, binge eating and nocturnal eating disorder, are relatively recent entrants to the lexicon of medicine.^{2,3} Obesity, a syndrome that has been known since antiquity, has also established itself as a recognized disease.

Epidemiology

Eating Disorders (ED) are more common in affluent parts of the world, notably Australia. They are less common in regions marked by conflict or by low economic productivity. Obesity, too, has traditionally been prevalent in high income nations. This, however, is changing rapidly. It is possible that as sociocultural communication evolves and health care services improve, the incidence of ED may go up in low- and middle-income countries as well.⁴

Etiology

Both ED and obesity are neuroendocrine conditions, caused by perturbation in the hypothalamic regulation of

eating.⁵ A strong genetic influence is noted in both conditions. The endocrine etiology of these syndromes is buttressed by downstream endocrine effects, which present in an eclectic mix of complaint and concerns.

Evaluation

ED and obesity are multisystemic diseases, which may present in a myriad of clinical presentations and permutations. They can mask each other, mask other disorders and be modified by the presence of both diseases or concomitant use of drugs. The evaluation of these diseases is confounded by alterations, real as well as artefactual, in endocrine function tests. Abnormal levels of thyroid and gonadal hormones, common in both ED and obesity, may not require direct hormone supplementation.⁶

Engineered Management

The management of ED and obesity can be challenging. Although ED and obesity represent opposite ends of the nutritional spectrum, the approach to their treatment is similar. First line intervention i.e., intensive behavioural therapy usually does not suffice, and pharmacotherapy is required. This acts by changing attitudes, behaviours and choices (ABC) related to food and beverage intake.

Expanse of Barometabolic Behaviour

Both chronic conditions require long term, if not lifelong monitoring and follow-up. Both are progressive, relapsing, chronic illness which need multisectoral, multidisciplinary and multispecialty support. Social attitudes and opinions about healthy body size and body shape, psychological perceptions of self-image and self-esteem and professional practices linked to weight-related bias and stigma must be managed.¹ Thus, ED and obesity need a global rethink in policies, practices and perceptions, if they have to be managed successfully.

The term orthorexia nervosa has been used to describe an extreme obsession with rightful or correct eating.⁷ While this term reflects a modern preoccupation with healthy diet, it does not reflect other aspects of barometabolic behaviour.

Focus on repeated measurement of anthropometric indices, both clinical and investigative; counting of one's exercise, sleep and stress levels, using wearable and remote apps, and validation of one's behaviour in routine

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conversation and communication are phenomena that point to a dysfunctional baro behavioural personality. We have used the word barometric nervosa to describe such symptoms and signs.⁸

Elegant Onomastics: Barobehavioural Syndrome (BBS)

A more vivid term, however, is required for a complete and comprehensive caption. Dysfunctional barometabolic behavioural (DBMBS), or its hypocorism, baro behavioural syndrome (BBS) covers the entire spectrum of ED and obesity. It includes ABC related to not only diet and exercise, sleep and stress, substance abuse and pharmacotherapy, but also covers relevant interactions with peers, public and health care professionals.

BBS does not use the suffix nervosa, and rightfully so. Phrases such as egodystonic BBS can be used to describe the psychological impact of the syndrome, in a non-stigmatizing way. Baro behavioural nervosa may be utilized, however, to convey a sense of severity, or encourage urgency in management of the condition.

Encapsulation

Through this opinion piece, we call for concerted, and continuous, discussion and deliberation regarding the neuropsychiatric and neuroendocrine aspects of both ED and obesity. We hope that this will create clarity and confidence in the health care community, thus enhancing the outcomes of our weight –optimizing interventions.

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