MENTAL AND BEHAVIORAL HEALTH CONSIDERATIONS FOR ADULTS WITH OBESITY TAKING ANTI-OBESITY MEDICATIONS:

THE SCIENCE, THE PRACTICE & THE SO WHAT

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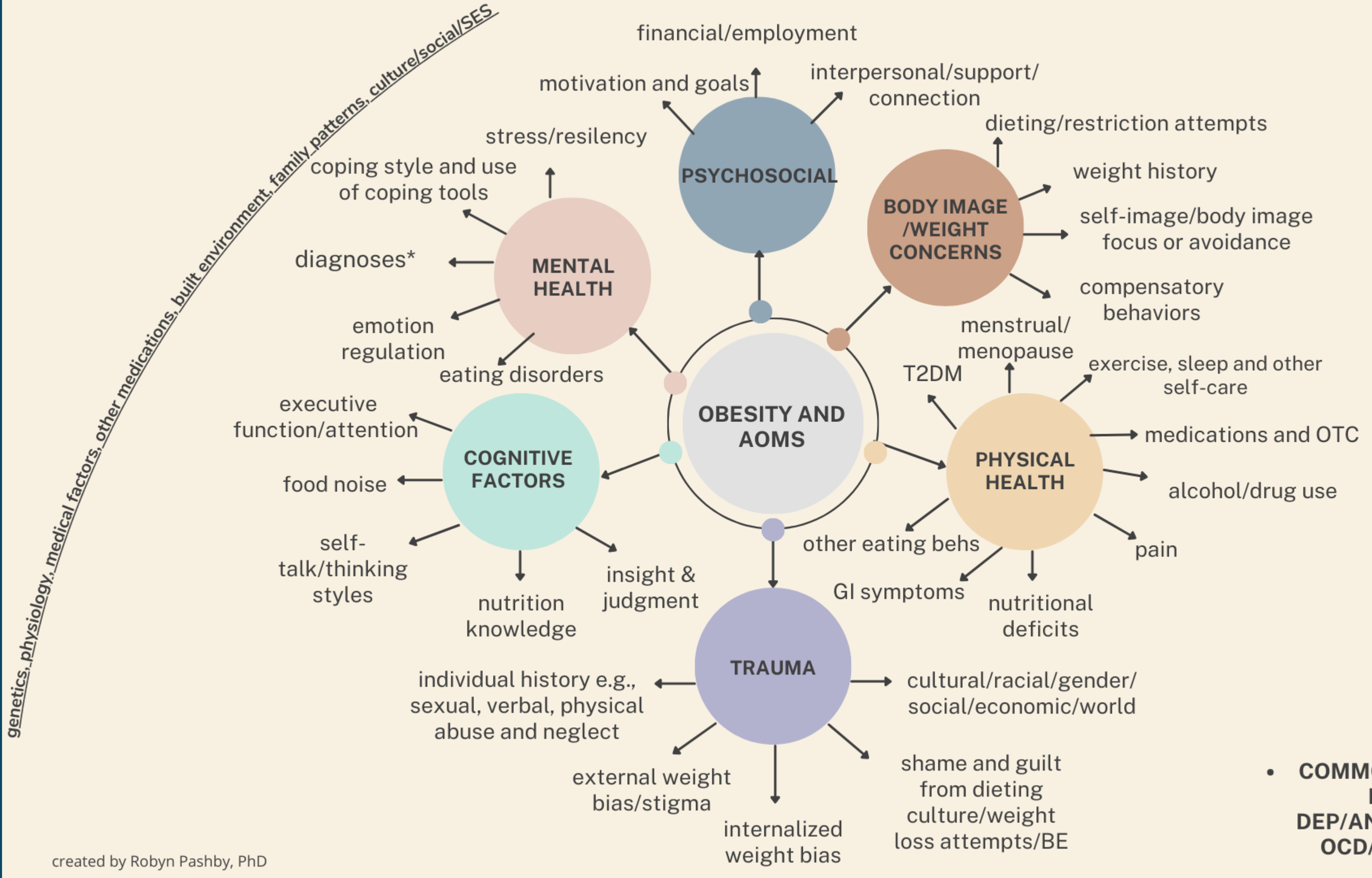
no
disclosures

What does an obesity-trained psychologist think about when working with a patient with obesity on an AOM?



- **COMMON DIAGNOSES INCLUDE: DEP/ANX/ADHD/PTSD/ OCD/SUD, ETC.**

created by Robyn Pashby, PhD

1 Non-specific mental health concerns (“other”)

2 Eating disorders/ body image

3 “Food noise”

4 Mood/suicidal ideation

1

NON-SPECIFIC MENTAL HEALTH "OTHER"

Science, practice, so-what?

non-specific mental health
THE SCIENCE

12,136 comments on Reddit

14,515 YouTube videos

17,059 TikTok videos
#GLP (name) has been viewed
1.4 billion times

Arillotta D, Floresta G, Guirguis A, Corkery JM, Catalani V, Martinotti G, Sensi SL, Schifano F. GLP-1 Receptor Agonists and Related Mental Health Issues; Insights from a Range of Social Media Platforms Using a Mixed-Methods Approach. Brain Sci. 2023 Oct 24;13(11):1503.

NON-SPECIFIC MENTAL HEALTH
THE PRACTICE

“Other”

NON-SPECIFIC MENTAL HEALTH

THE PRACTICE

getting the medication

NON-SPECIFIC MENTAL HEALTH

THE PRACTICE

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logistics of the medication (travel, missed/messed up dose)

NON-SPECIFIC MENTAL HEALTH

THE PRACTICE

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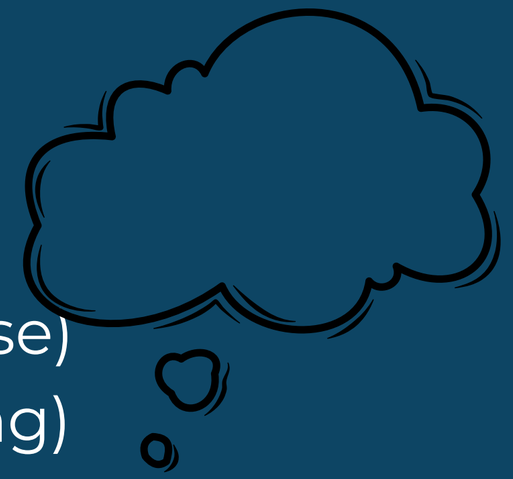
side effects of the medication (managing and/or enduring)



NON-SPECIFIC MENTAL HEALTH

THE PRACTICE

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side effects of the medication (managing and/or enduring)

not losing weight on the medication

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feeling pressure to take meds for wt loss since it is ‘available’

feeling like a ‘cheater’ or ‘stealing’ meds from others (T2DM)

navigating other medical issues (surgery)


breathe

NON-SPECIFIC MENTAL HEALTH
THE SO WHAT?

1

more research on non-specific/”other” mental health

non-specific mental health
THE SO WHAT?

2

more research on non-specific/”other” mental health

broader psychological discussions with patients

non-specific mental health
THE SO WHAT?

3

more research on non-specific/"other" mental health

broader psychological discussions with patients

more obesity trained MH professionals/integration of MH into primary and specialty care settings

non-specific mental health
THE SO WHAT?

4

more research on non-specific/”other” mental health
broader psychological discussions with patients
more obesity trained MH professionals/integration of MH into primary and specialty care settings
understand that patient continuation/discontinuation of medications likely hinge on these ‘other‘ factors

TAKE AWAY

Numerous non-specific factors impact patient QOL, mental health, and patients' use and management of AOMs *beyond diagnosable psychiatric conditions*

2

EATING DISORDERS/BODY IMAGE

Science, practice, so-what?

EATING DISORDERS/BODY IMAGE
THE SCIENCE

Those at “normal”/ higher weights less likely to seek/
be referred to ED treatment

Atypical Anorexia/AAN/higher-weight AN (new dx in DSM-5)
rarely studied in people with obesity/on AOM

Binge Eating Disorder (most common ED)
approx 36% comorbidity with obesity

Sim LA, Lebow J, Billings M. Eating disorders in adolescents with a history of obesity. Pediatrics. 2013;132(4):e1026–30.; Lebow J, Sim LA, Kransdorf LN. Prevalence of a history of overweight and obesity in adolescents with restrictive eating disorders. J Adolesc Health. 2015;56(1):19–24.

EATING DISORDERS/BODY IMAGE
THE SCIENCE

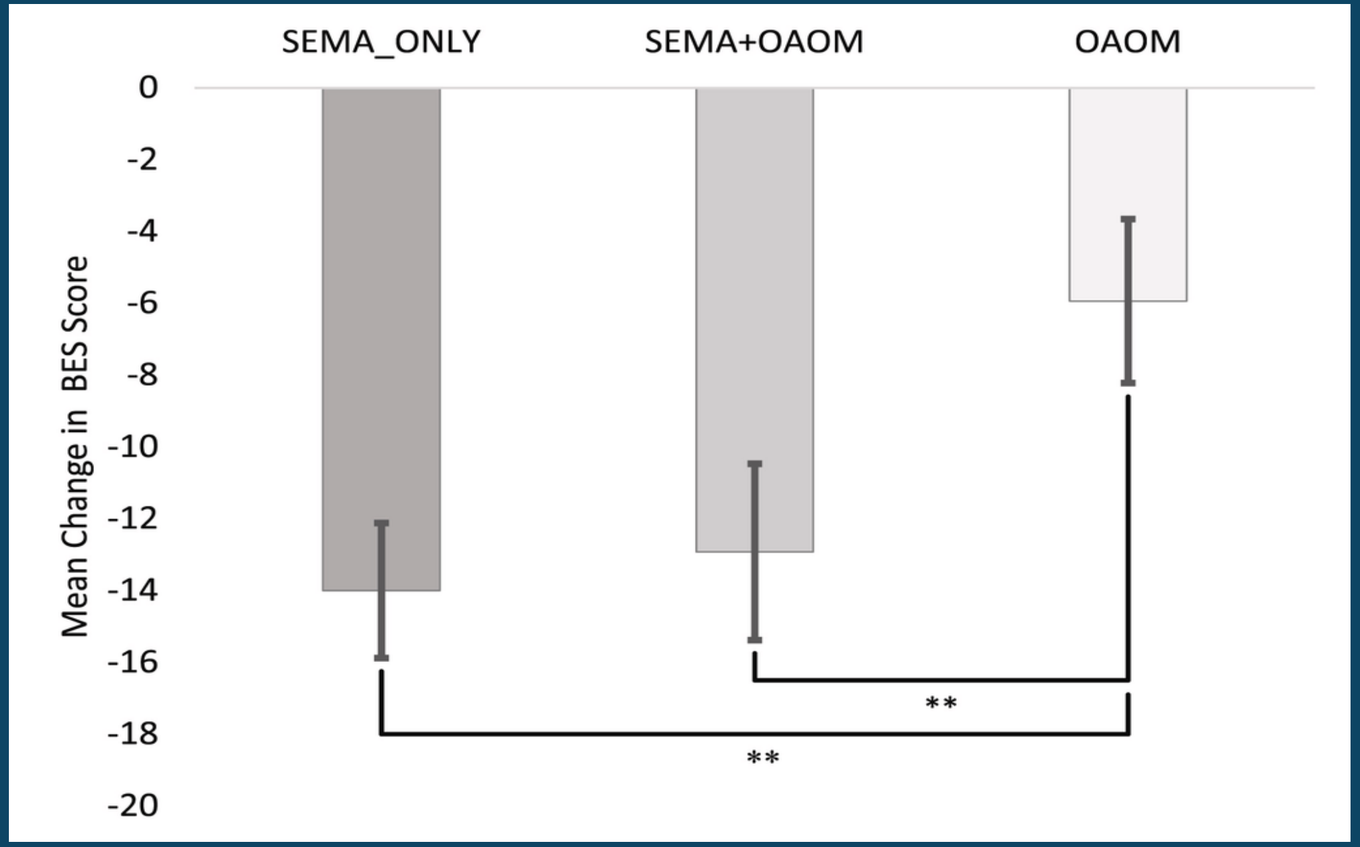
Patients with a history of high weight account for
25–45% of patients admitted for inpatient ED medical stabilization

70% of adolescents with AAN had hx of overweight or obesity

13.6% of women/5% men US military veterans ave age 41, ave BMI = 28
met criteria for AAN

Harrop, E.N., Mensinger, J.L., Moore, M. & Lindhorst, T. (2021). Restrictive eating disorders in higher weight persons: A systematic review of atypical anorexia nervosa prevalence and consecutive admission literature. International Journal of Eating Disorders: 54(8); 1328-1; Neumark-Sztainer D.R., Wall M.M., Haines J.I., Story M.T., Sherwood N.E., & van den Berg P.A. (2007). Shared risk and protective factors for overweight and disordered eating in adolescents. American Journal of Preventive Medicine, 33(5), 359–369. Moskowitz L, Weiselberg E. Anorexia nervosa/atypical anorexia nervosa. Curr Probl Pediatr Adolesc Health Care. 2017;47(4):70–84. Sawyer S.M., Whitelaw M., Le Grange D., Yeo M., & Hughes E.K. (2016). Physical and psychological morbidity in adolescents with atypical anorexia nervosa. Pediatrics, 137(4), 4080 10.1542/peds. 2015-4080.;Robin M. Masheb, Christine M. Ramsey, Alison G. Marsh, Jennifer L. Snow, Cynthia A. Brandt, Sally G. Haskell, Atypical Anorexia Nervosa, not so atypical after all: Prevalence, correlates, and clinical severity among United States military Veterans, Eating Behaviors, Volume 41, 2021,101496,

EATING DISORDERS/BODY IMAGE
THE SCIENCE



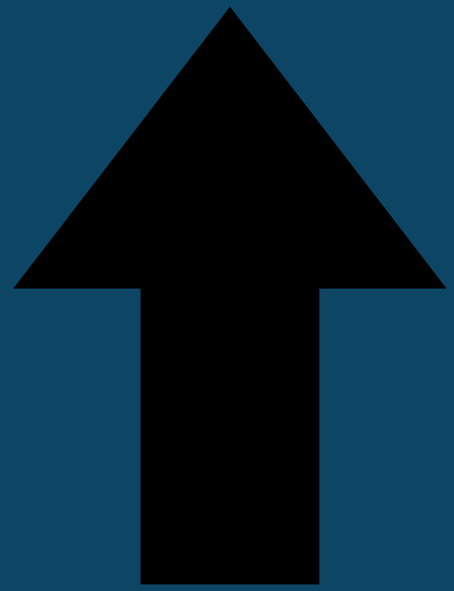
Mean change in BES score for patients with moderate or severe initial BES scores treated with semaglutide only (SEMA_ONLY, n = 19), a combination of semaglutide and other anti-obesity medications (SEMA + OAOM, n = 13), and other anti-obesity medications only (OAOM, n = 16). (Vyv & top)

R.C. Kessler, P.A. Berglund, W.T. Chiu, A.C. Deitz, J.I. Hudson, ..., M. Xavier The prevalence and correlates of binge eating disorder in the world Health organization world mental Health surveys Biol Psychiatr, 73 (9) (2013), pp. 904-914; Robert, S. A., Rohana, A. G., Shah, S. A., Chinna, K., Mohamud, W. N. W., & Kamaruddin, N. A. (2015). Improvement in binge eating in non-diabetic obese individuals after 3 months of treatment with liraglutide–a pilot study. Obesity Research & Clinical Practice, 9(3), 301–304.; ;Jesse Richards, Neha Bang, Erin L. Ratliff, Maria A. Paszkowiak, Zhamak Khorgami, Sahib S. Khalsa, W. Kyle Simmons,
Successful treatment of binge eating disorder with the GLP-1 agonist semaglutide: A retrospective cohort study, Obesity Pillars, Volume 7, 2023,; Chao, A.M., Wadden, T.A., Walsh, O.A., Gruber, K.A., Alamuddin, N., Berkowitz, R.I. and Tronieri, J.S. (2019), Effects of Liraglutide and Behavioral Weight Loss on Food Cravings, Eating Behaviors, and Eating Disorder Psychopathology. Obesity, 27: 2005-2010

EATING DISORDERS/BODY IMAGE THE PRACTICE

Reduced binge eating/food cravings/loc eating

Reduced body image/shape concerns while losing weight



Increased confusion about hunger and fullness signals

Increased restriction: ‘I have waited my whole life to not *want* to eat.’

EATING DISORDERS/BODY IMAGE
THE SO WHAT?

1

screen and monitor disordered eating and disordered body image cognitions or behaviors

Richards JR, Khalsa SS. Highway to the danger zone? A cautionary account that GLP-1 receptor agonists may be too effective for unmonitored weight loss. Obesity Reviews. 2024;e13709

EATING DISORDERS/BODY IMAGE
THE SO WHAT?

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screen and monitor disordered eating and disordered body image cognitions or behaviors

monitor rate of weight loss and restriction

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EATING DISORDERS/BODY IMAGE
THE SO WHAT?

3

screen and monitor disordered eating and disordered body image cognitions or behaviors

monitor rate of weight loss and restriction

differentiate ‘pathological’ vs ‘non-pathological’ dietary restriction

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EATING DISORDERS/BODY IMAGE
THE SO WHAT?

4

screen and monitor disordered eating and disordered body image cognitions or behaviors

monitor rate of weight loss and restriction

differentiate ‘pathological’ vs ‘non-pathological’ dietary restriction

watch over time, as medication effects attenuate/discontinuation

Richards JR, Khalsa SS. Highway to the danger zone? A cautionary account that GLP-1 receptor agonists may be too effective for unmonitored weight loss. Obesity Reviews. 2024;e13709

TAKE AWAY

all AOMs should be prescribed in conjunction with psychological, dietary, and behavioral support to navigate the relationship of disordered eating and obesity care

AOMs may be misused (intentionally and unintentionally) by those with history of restrictive eating disorders (not just AN) or with strong drive for thinness

3

FOOD NOISE
Science, practice, so-what?

FOOD NOISE
THE SCIENCE

“Constant and persistent thoughts about food/eating that are difficult to suppress, to the point of feeling as if their lives revolved around food”

; Ain H.U. Food Related Intrusive Thoughts: A Pilot Study. University of Richmond; Richmond, VA, USA: 2023. [Sim LA, Lebow J, Billings M. Eating disorders in adolescents with a history of obesity. Pediatrics. 2013;132(4):e1026–30.; Lebow J, Sim LA, Kransdorf LN. Prevalence of a history of overweight and obesity in adolescents with restrictive eating disorders. J Adolesc Health. 2015;56(1):19–24.

FOOD NOISE
THE SCIENCE

"Constant and persistent thoughts about food/eating that are difficult to suppress, to the point of feeling as if their lives revolved around food"

"Heightened and/or persistent manifestations of food cue reactivity, often leading to food-related intrusive thoughts (FRITs) and maladaptive eating behaviors."

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"Heightened and/or persistent manifestations of food cue reactivity, often leading to food-related intrusive thoughts (FRITs) and maladaptive eating behaviors."

"FRITs are experienced by people with and without clinically diagnosed eating disorders."

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FOOD NOISE
THE PRACTICE

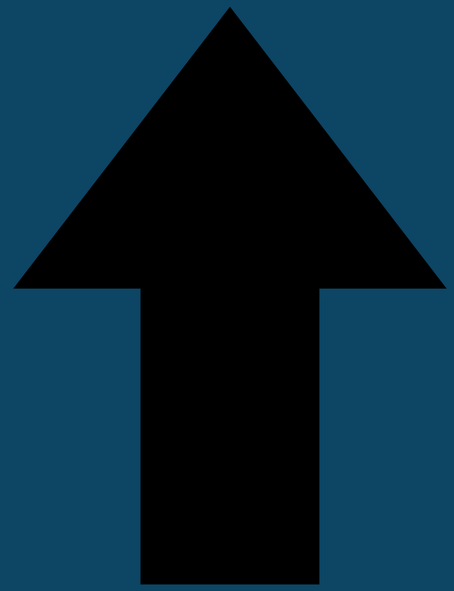
“I would stay on this medication for the rest of my life, even if I never lost a pound… just because of the freedom I have in my head.”

- patient

FOOD NOISE
the practice

Reduced food noise

Reduced snacking, grazing, kitchen surfing previously triggered by food noise



Increased awareness of previous FRITs/ /portions/snacking

Increased thinking about “other” issues

FOOD NOISE
the so what?

1

everyone thinks about food to some extent- not all food noise is bad

FOOD NOISE
the so what?

2

everyone thinks about food to some extent- not all food noise is bad

food noise can be maladaptive and many people have suffered for years being preoccupied by food

FOOD NOISE
the so what?

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everyone thinks about food to some extent- not all food noise is bad

food noise can be maladaptive and many people have suffered for years being preoccupied by food

more research is needed on food noise & how it relates to addiction

FOOD NOISE
the so what?

4

everyone thinks about food to some extent- not all food noise is bad

food noise can be maladaptive and many people have suffered for years being preoccupied by food

more research is needed on food noise & how it relates to addiction

“food noise” is a popular topic, NOT just among people with obesity (1.8 billion views of “food noise” on TikTok)

TAKE AWAY

food noise is a significant psychological burden for many people with obesity or eating disorders & for some without

silencing food noise is an *independent reason* (beyond physical health/weight loss) people may want to start/stay on AOMs

4

MOOD/SUICIDAL IDEATION
Science, practice, so-what?

MOOD/SUICIDAL IDEATION
THE SCIENCE

Jan 2024 US FDA concluded that there was not “a clear relationship with the use of GLP-1 RAs” and suicidal ideation (SI)

R.C. Kessler, P.A. Berglund, W.T. Chiu, A.C. Deitz, J.I. Hudson, ..., M. Xavier The prevalence and correlates of binge eating disorder in the world Health organization world mental Health surveys Biol Psychiatr, 73 (9) (2013), pp. 904-914

MOOD/SUICIDAL IDEATION
THE SCIENCE

Jan 2024 US FDA concluded that there was not “a clear relationship with the use of GLP-1 RAs” and suicidal ideation (SI)

EMR review of 240,618 patients w OW/OB on semaglutide had 49–73% lower risk of 1st time SI compared to other meds for obesity or T2DM consistent across sex, age and ethnicity stratification

R.C. Kessler, P.A. Berglund, W.T. Chiu, A.C. Deitz, J.I. Hudson, ..., M. Xavier The prevalence and correlates of binge eating disorder in the world Health organization world mental Health surveys Biol Psychiatr, 73 (9) (2013), pp. 904-914; Wang, W., Volkow, N.D., Berger, N.A. et al. Association of semaglutide with risk of suicidal ideation in a real-world cohort. Nat Med 30, 168–176 (2024).

MOOD/SUICIDAL IDEATION
THE SCIENCE

Higher rates of depression, anxiety, stress and suicidality across the board since 2020

WHO
2022

MOOD/SUICIDAL IDEATION
THE SCIENCE

Higher rates of depression, anxiety, stress and suicidality across the board since 2020

Suicide rate reached the highest level ever recorded in US in 2022 [CDC]

MOOD/SUICIDAL IDEATION
THE SCIENCE

Higher rates of depression, anxiety, stress and suicidality across the board since 2020

Suicide rate reached the highest level ever recorded in US in 2022

Weight stigma is associated with higher suicidality (Douglas et al. 2021; Hunger et al. 2020)

Douglas VJ, Kwan MY, Gordon K. The roles of weight stigma, emotion dysregulation, and eating pathology in suicide risk. Body Image. 2021 Sep;38:162-170. doi: 10.1016/j.bodyim.2021.04.005. Epub 2021 Apr 21.

MOOD/SUICIDAL IDEATION
THE SCIENCE

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Weight stigma is associated with higher suicidality

Eating disorders are associated with high rates of depression, anxiety, suicidality

Smith AR, Zuromski KL, Dodd DR. 2018

Izquierdo, A.M., Nelson, J.D., Daza, A. et al. Predictors of current suicidal ideation in a multi-diagnostic sample of individuals with eating disorders. J Eat Disord 11, 94 (2023).

MOOD/SUICIDAL IDEATION
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Weight stigma is associated with higher suicidality

Eating disorders are associated with high rates of depression, anxiety, suicidality

Psychotropics may cause weight gain, which increases risk of weight stigma, anxiety, shame, etc.

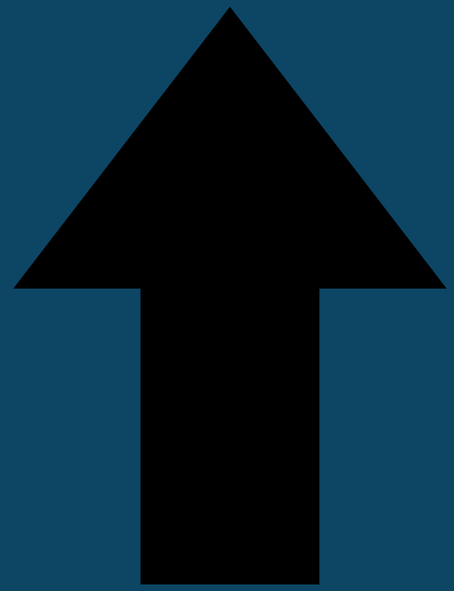
Shrivastava A, Johnston ME. Weight-gain in psychiatric treatment: risks, implications, and strategies for prevention and management. Mens Sana Monogr. 2010 Jan;8(1):53-68.

MOOD/SUICIDAL IDEATION
the practice

Worsening mood and anxiety

Worsening insomnia and fatigue

“Other” factors and s/e negatively affect mood



Improved mood, lower anxiety

More energy, less fatigue

Increased hope in managing weight & weight gain from psychotropics

MOOD/SUICIDAL IDEATION
THE SO-WHAT?

1

reducing weight bias should be a prominent aim of all interventions

MOOD/SUICIDAL IDEATION
THE SO-WHAT?

2

reducing weight bias should be a prominent aim of all interventions

monitoring mental health is imperative

MOOD/SUICIDAL IDEATION
THE SO-WHAT?

3

reducing weight bias should be a prominent aim of all interventions

monitoring mental health is imperative

mental health stigma has improved, but remains important target to improve access to care

MOOD/SUICIDAL IDEATION
THE SO-WHAT?

4

reducing weight bias should be a prominent aim of all interventions

monitoring mental health is imperative

mental health stigma has improved, but remains important target to improve access to care

more psychiatrists are and will be prescribing AOMs

TAKE AWAY

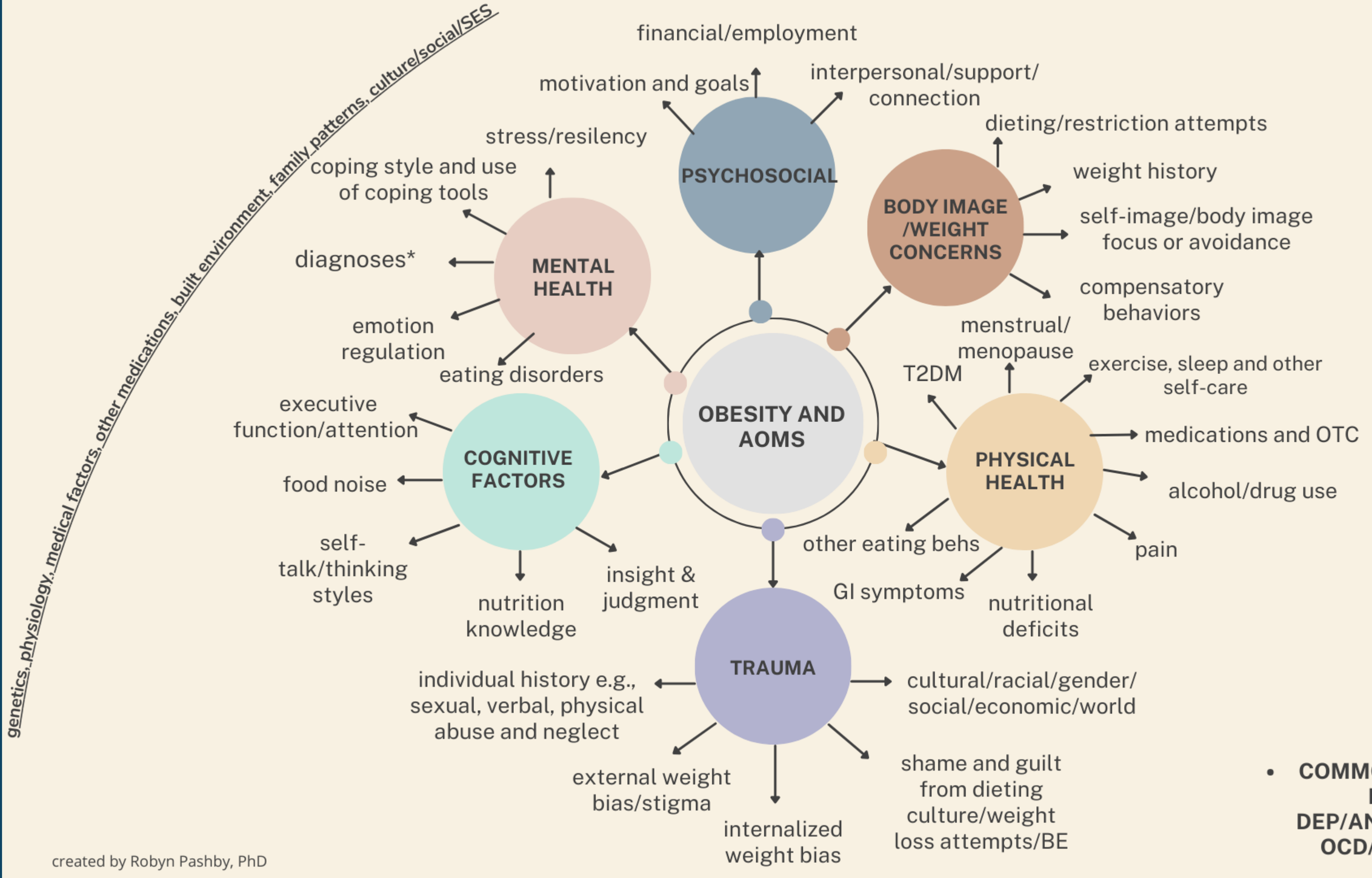
all prescribers, not just psychiatrists, have a role in *monitoring* mood/SI in patients

patients on AOMs will have varying emotional reactions

reducing weight/mental health bias and stigma (not just weight) is key to helping *manage* health, mood and SI

the big SO WHAT?

What does an obesity-trained psychologist think about when working with a patient with obesity on an AOM?



- **COMMON DIAGNOSES INCLUDE: DEP/ANX/ADHD/PTSD/ OCD/SUD, ETC.**

created by Robyn Pashby, PhD

Now you know.

Thank you.

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