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Frequency and persistence of psychiatric disorders among severely obese patients: Co-morbidity between affective, anxiety and eating disorders

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Background: Non-standardized assessment and small size of the sample hamper conclusions of the investigations on relationship between severe obesity and psychiatric disorders.

Methods: 393 treatment-seeking patients (79.1% women; mean age 43.0 years, mean BMI: 47.8 kg/m2) were consecutively recruited from a bariatric center and trained clinicians ascertained the psychiatric diagnosis of the participants through SCID-I. We determined the frequency, persistence and co-morbidity pattern of psychiatric disorders in the sample.

Results: The rate of current psychiatric disorders was 57.8%, being anxiety disorders the most frequent diagnosis (46.3%). The rate of lifetime disorders was 80.9%, being affective disorders the most frequent diagnosis (64.9%). Psychiatric disorders showed to be a persistent feature (SR 71.4). Anxiety disorders were significantly the most persistent class (SR 84.7). Subsequently, eating disorders (SR 57.2) stood out as a salient class of disorders. Affective disorders and substance use disorders appeared to be unstable across lifetime, being 33.3 and 17.4 respectively. Bipolar disorders were significantly correlated with all classes of disorders ($p<0.0001$). Worth noting, depressive disorders did not correlated with eating disorders in this sample of severe obese patients and anxiety was not correlated with substance use.

Conclusions: Psychiatric disorders are frequent and persistent conditions among obese patients before bariatric surgery. Anxiety, mood, and eating disorders stand out as the most related with severe obesity. Implications of recognition and treatment of psychiatric disorders on surgery outcome should be demonstrated in follow-up and intervention studies.

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Evaluation of the effect of moderate intensity physical activity on glycemic variability in sedentary individuals with normal weight or obesity without alterations in the oral glucose tolerance

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It is recognized that physical activity has influence on plasma glucose concentrations, mainly due to increased insulin sensitivity and described the effect can persist for up to 48 hours after performing the physical activity; however, so far its effect is not known on glycemic variability. A quasi-experimental study was carry out in 23 sedentary subjects of 30 to 40 years with a normal or obesity body mass index with normal glucose tolerance was. After signing the written informed consent, we perform a continuous ambulatory monitoring of glucose every 5 minutes for 96 hours using a monitor iPro2 (Medtronic , Northridge , CA). The first two days of the study all participants were instructed to follow the normal sedentary life style and for the next two days to perform 30 minutes of moderate intensity physical activity (60 to 70% of maximum heart rate). The glycemic variability was calculated by the mean amplitude of glycemic excursions (MAGE), mean of daily differences (MODD) and area under the curve of glucose (AUCG). Statistical significance: $p<0.05$. Ethics committee approval: CEI/172/2015. Clinical trials registration: NCT02620670. All participants signed the informed consent. Preliminary results: the mean for age of normal and obesity group was 32.5±3.1 and 34.4±3.4 years respectively. The AUC of glucose for the first day in the normal group was 7468.80±806.54 and 8097.19±722.82 mmol*h/l for obesity group; the AUC in the second day of physical activity was 7047.18±2304.47 and 7215.24±2036.60 mmol*h/l respectively. We observed differences between groups, and comparing before and after activity.

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