



## Multidimensional Preventive Intervention on Eating Disorders and Obesity in the Life Cycle-How to Guarantee an Adequate Quality of Life

Cuzzocrea F\* and Costa S

Department of Clinical and Experimental Medicine, University of Messina, Italy

\*Corresponding author: Cuzzocrea F Department of Clinical and Experimental Medicine, University of Messina, Italy, Tel & Fax: +090-6766082; E-mail: [fcuzzocrea@unime.it](mailto:fcuzzocrea@unime.it)

Received date: March 16, 2017; Accepted date: March 24, 2017; Published date: March 31, 2017

Copyright: © 2017 Cuzzocrea F, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Editorial

According to World Health Organization estimates, overeating has now reached epidemic proportions globally: projections to 2015 provide 2.3 billion people overweight and more than 700 million obese people in the world. It is a chronic disease, which increases the risk for the health and even the survival, with serious impact on life expectancy, quality of life and public health spending.

There is general consensus that it is not a single disorder but a heterogeneous group of conditions with multiple origins (genetic, behavioral and environmental) acting simultaneously determining excess weight [1].

It's seemed useful to investigate, in addition to genetic, behavioral and environmental, some specific psychological characteristics that could be particularly useful in the definition of populations at risk.

Cuzzocrea et al. [2] analyzed the correlation between personality characteristics, anxiety and dysfunctional eating behaviors. The results highlighted specific differences in these relations (eating behaviors and personality traits) comparing males and females. In fact, neuroticism is a personality trait that correlates with eating habits in both genders, while psychoticism has shown more significance correlation in male, instead impulsivity has shown more correlation in female [2].

These results confirmed the opportunity to carry out research aimed to identify psychological variables involved in the development and maintenance of dysfunctional eating behavior [3]. The researchers underlined that, to prevent eating disorders, not only it is advisable to carry out a campaign based on proper nutrition, but also to investigate all aspects of the individual characteristics that may be predictive of these disorders, such as the relationship between parental psychological control and eating disorders [4].

Many researches have been conducted study in order to identify those personality traits can predict eating disorders using clinical samples. Less research has been done on personality variables in non-clinical cases in order to verify those personality characteristics could be represent a factor of risk to generate specific eating disorders (for instance binge eating). Cuzzocrea et al. [5] demonstrated that adolescents with moderate bingeing presented higher scores in anxiety, psychoticism, neuroticism and impulsivity than adolescents without binge eating. They confirmed the correlation between personality characteristics and eating behaviours, but same differences between adolescents without and moderate binge eating were found. The relationship between individual characteristics and eating behaviour and quality of life is different into these groups of adolescents [5]. The results of these studies represent a new stimulus to investigate those individual traits that may be predictive of ED symptomatology and Obesity.

The literature demonstrates a strong correlation between same eating behaviours. It is quite evident a co-presence of Bing Eating Disorder and obesity. In some cases, treatment on obesity and on Binge eating disorder did not take in adequate account this correlation. In many cases, specific clinic t was proposed and they did not take in adequate account that binge eating disorder is associated with negative health outcomes including obesity, mental disorders, suicide attempts, and impairment in professional, personal, and social domains [6,7].

Lanzarone et al. [8] compared adults with obesity and Binge Eating Disorder (BED). Some of these patients were supported by Cognitive Behavioral Therapy (CBT) and others were supported by CBT and medication (SSRIs and SNRIs) in order to help them to control their diet. Both the psychological (CBT) and the pharmacological (CBT +SSRIs/SNRIs) therapies have been found effective in reducing binge eating. However, the results showed that CBT alone seems to favor a greater reduction in depression and hypomania as well as the subject's ability to control eating behavior; whereas pharmacological treatment appears to control primarily the impulsiveness of food intake [8].

Diseases so complex require a multidisciplinary intervention strategy, which integrates the contribution of different professionals (doctors, dieticians, nutritionists and psychologists) who are able to work together to put patient at the center of an individualized treatment.

Numerous scientific studies on the evaluation and treatment of overweight and obesity in adults show a clear clinical superiority of multidisciplinary methodologies. Recently et al. [9] demonstrated the effectiveness of a combined intervention (low-calorie diet, nutrition education and incentives for physical activity), thus providing a solid basis for the implementation of combined strategies for weight control and long-term maintenance of the benefits.

In summarize, it is necessary to carry out research aimed to identify risk factors in adolescents and that it is not useful to pay attention only on clinical or non-clinical samples. It is necessary to focus the attention on all factors that can be related with Obesity and ED. In order to guarantee a better quality of life of subjects with obesity and ED, it is necessary to propose a multidisciplinary approach involving a collaborative team of psychological, nutritional and medical specialists.

The scientific interest in eating disorders has grown over the past decade in parallel with the increase of their incidence in young people. For this reason, it is necessary to reflect on the necessity of providing preventive interventions as soon as possible and to conduct well-designed trials with a larger sample size and randomized allocation.

---

## References

1. Donini LM (2010) Obesity and eating disorders. indications for the different levels of care: an italian expert consensus document. *Eating Weight Disord* 15: 1-31.
2. Cuzzocrea F, Larcán R, Lanzarone C (2012) Gender differences, personality and eating behaviors in non-clinical adolescents. *Eat Weight Disord* 17: 282-289.
3. Cuzzocrea F, Costa S, Larcán R, Rosano M (2013) Are personality and eating behaviors equally related in no clinical males and females adolescents? *Int J Adv Psychol* 2: 166-171.
4. Costa S, Hausenblas HA, Oliva P, Cuzzocrea F, Larcán R (2016) Maladaptive perfectionism as mediator among psychological control, eating disorders, and exercise dependence symptoms in habitual exerciser. *J Behavioral Addictions* 5: 77-89.
5. Cuzzocrea F, Costa S, Larcán R, Toffle ME (2015) Differences between adolescents exhibiting moderate bingeing and non-bingeing eating behaviors. *Springer Plus* 4: 1-10.
6. Hudson JL, Hiripi E, Pope HG, Kessler RC (2007) The prevalence and correlates of eating disorders in the National Comorbidity Survey replication. *Biol Psychiatry* 61: 348-358.
7. Wonderlich SA, Gordon KH, Mitchell JE, Crosby RD, Engel SG (2009) The validity and clinical utility of binge eating disorder. *Int J Eat Disord* 42: 687-705.
8. Lanzarone C, Cuzzocrea F, Larcán R, Bongiorno A, Mini V (2014) Effectiveness of cognitive behavioural psychotherapy with pharmacological support in binge eating disorder: a differential research. *Brit J Med Pract* 7: 724-731.
9. Bischoff SC, Damms-Machado A, Betz C (2012) Multicenter evaluation of an interdisciplinary 52-week weight loss program for obesity with regard to body weight, comorbidities and quality of life-a prospective study. *Int J Obesity* 36: 614-624.