

# A Complete Look at Mental Health and Obesity: Before, During and after Treatment

## The Changing Images of Your Body after Weight-Loss

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# Conflicts of Interest

No relevant financial disclosures

# Overview

- You lost weight, now what?
- So many changes!
- Body-Image defined
- Mind-Body Connection
- Practical Tips
- Questions

# You lost weight...now what?





Life is a journey,  
not a destination.

Ralph Waldo Emerson

quoteancy

# So Many Changes!



Those you expected, those you didn't and those that are yet to come!

# Body Changes Following Weight Loss:

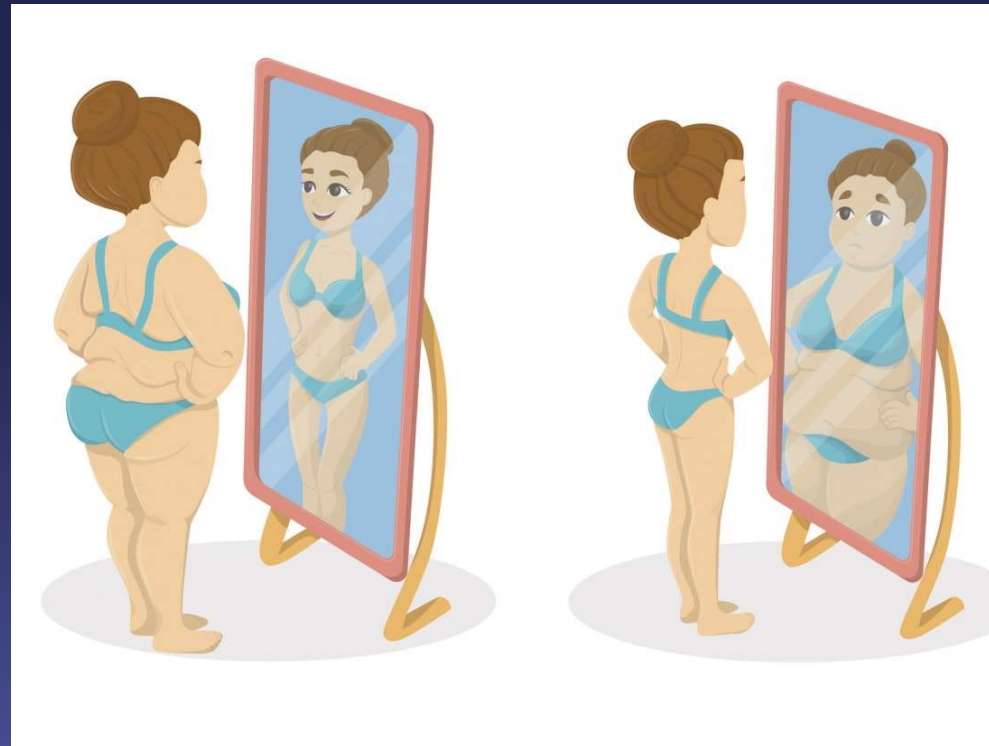
## *The Good and The Bad*

- If had WLS- there could be rapid changes that are happening with your body
- Excess skin
- New sizes/clothes
- Personal space becomes smaller (planes, roller coasters)
- How you perceive yourself and your body (self-image and body-image)

# Body Image- Defined

According to the National Eating Disorders Association

- Body image is how you see yourself when you look in the mirror or when you picture yourself in your mind.





# Body Image- Defined Cont'd

According to the National Eating Disorders Association

It encompasses:

- What you believe about your own appearance (including your memories, assumptions, and generalizations)

**TO REMEMBER:**

**Body image depends on perception,  
NOT numbers**

- How you feel about your appearance (including height, shape, and weight)

- How you physically experience or feel in your body

# Body Image- Cont'd

- Many of us internalize messages starting at a young age that can lead to either positive or negative body image (*if you are a parent— remember this!*)
- Our body image can be affected by family, friends, social pressure and the media (including social media!)
- Having a healthy body image is an important part of mental wellbeing
- Many individuals struggle to achieve positive body image, regardless of body size, weight and health.



# Body Image Statistics

- Approximately 91% of women are unhappy with their bodies and resort to dieting to achieve their ideal body shape.

*(Palmer, Mario. "5 Facts About Body Image." Amplify.*

*<http://amplifyyourvoice.org/u/marioapalmer/2013/05/21/byob-be-your-own-beautiful>)*

- An informal survey in Glamour magazine in 2011 found that 97% of women reported at least one "I hate my body" thought a day.
- Another survey found that approximately 80% of U.S. women don't like how they look and 34% of men are dissatisfied with their body.

**\*\*This is a problem AND negative body image and low self-esteem can lead to depression, social anxiety and eating disorders**

# Before Weight Loss you may have...

- Identified yourself according to your weight (you may have seen body image as equal to self-image)
- Accepted years of attacks from others and/or yourself
- Had a distorted image of yourself
- Thought losing weight would make it all better and you would feel great in your own skin AFTER weight loss

**These could have been false perceptions but it also may have been a coping strategy to protect yourself.**

# Now What?

- You lost weight
- You reached your weight loss goal

BUT

- Do you feel the way you wanted to feel about your body and yourself?
- Is it what you expected?

# FACT



Unfortunately many people who have had WLS OR have lost a considerable amount of weight, find that they do NOT feel as good about themselves or their body as they thought they would

**You are NOT alone!**



# The Reality

- Changing your opinion about yourself and the person you see in the mirror often requires more than just losing weight.
- Obesity treatments often focus on the physical rather than the emotional markers of health.
- With significant weight loss, you may have improved physical health, however the challenges and changes with your body may be a surprise

# Examples

- One woman down several sizes

*“I feel fat daily. I never felt this way at 250 lbs- I saw a thinner person in the mirror than I see now. I don’t feel as attractive as I did when I was heavy.”*

- *“Everyone says how great I look, but I don’t see any changes. I still see the fat me- the 300 lb me.”*

- *“Before weight loss, I can’t say my body was perfect- in fact it was far from it. But I dressed in a way that made me feel good and polished. I carried myself with confidence. Now, after weight loss, I am actually having a harder time with my body image than I ever had in my life.”*

Although these statements are how these individuals feel, where does this negative self-talk and these negative thoughts get us?

⋮



# Identity After Significant Weight Loss

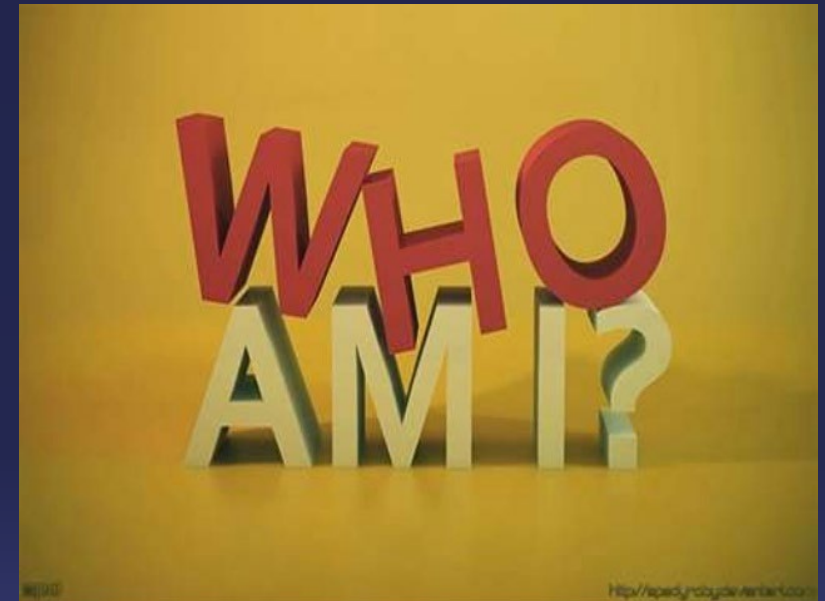


- With you get who you

- Unclear even worse

- Tend to reverse

- After the the this of their body they become. (“phantom fat”)



# What options do we have?



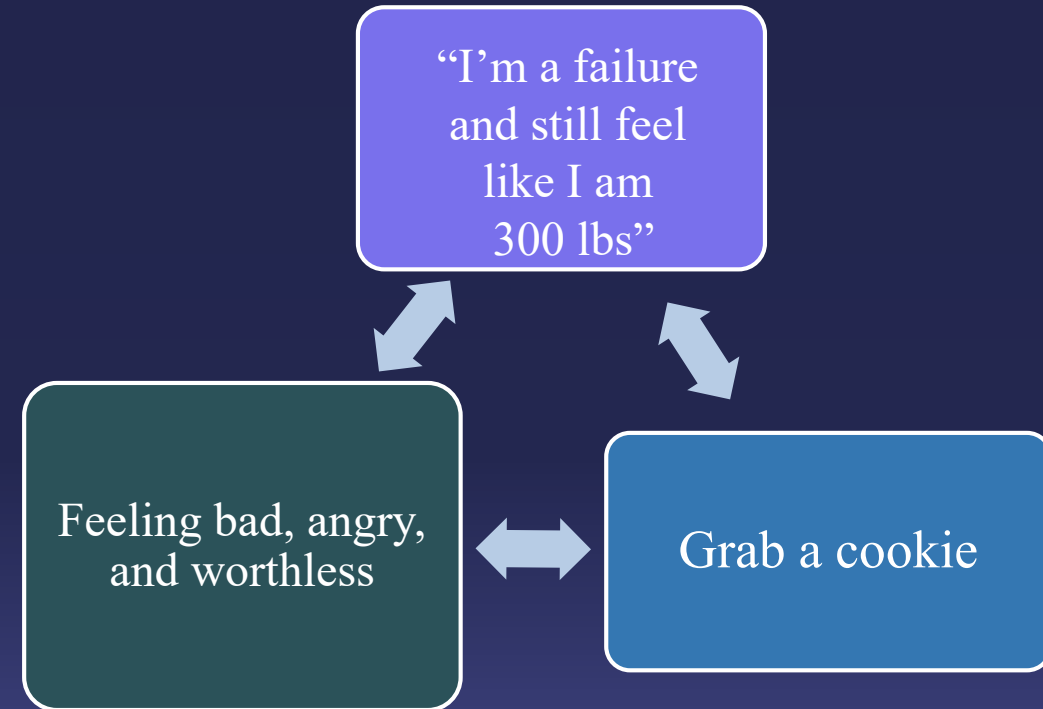
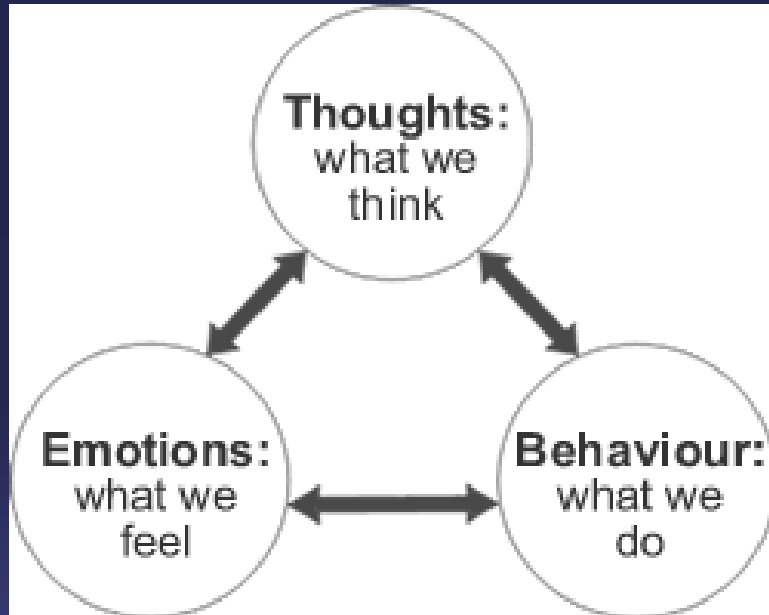
VS



# Understanding The Brain vs. The Body

- For how many years have you.....  
been seeing the image you are used to seeing, have you struggled with your weight and that is all you know, have you spoken negative words to yourself about your weight, body-image and self worth?
- Those image are now stamped on your brain
- Our brain can not catch up to our body that quickly
- Give yourself time
- Get to know your “new body”

# Mind-Body Connection: The Power of Our Thoughts



# Challenging Thoughts & Examining the Evidence

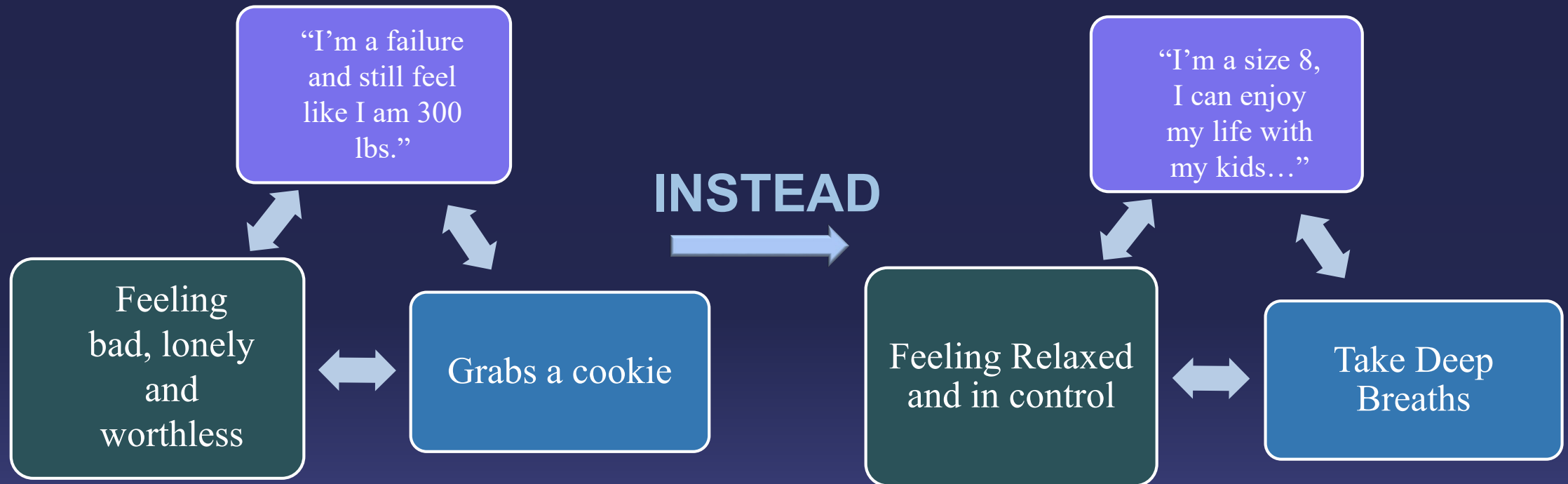
Thought: *“I’m a failure and still feel like I am 300 lbs”*

- What is the evidence that you are a failure OR that you are still 300 lbs?
- What changes have you noticed? (Make a list)

## *EXAMPLES*

- How much endurance I have climbing stairs - and not feeling out of breath
- Not needing a seatbelt extender on an airplane
- Being able to ride rollercoasters
- Pant/Dress Size

# Thoughts- Emotions- Behaviors: Challenging Thoughts





WHETHER YOU  
**THINK YOU CAN,**  
OR THINK YOU CAN'T,  
**YOU'RE RIGHT.**

(HENRY FORD)

**"The happiness  
of your life  
depends upon  
the quality of  
your thoughts."**

**Marcus Aurelius**

# Positive Self-Talk- Be Kind to Yourself

- The voice inside our head has a huge impact on how we feel, who we are and how we live our life
- Our self-talk creates our reality
- With practice, we can change how we think and the words we speak to ourselves
- Be aware of the words you speak to yourself
- If you catch yourself speaking negatively, say STOP, take a moment and challenge that thought



# Functional Identity vs Appearance Identity

- What does our body do for us?

## EXAMPLES-

- If we can learn to appreciate our bodies for what they do for us, it helps us be less critical of our bodies and less body focused
- We start to appreciate our bodies as more than a number and accept ourselves as more than a number
- We are then able to identify ourselves related to what we **ARE** capable of doing

# Positive Self-Talk and Mantras

- Constantly remind yourself of what your body CAN do for you
- Focus on the positive
- Be kind to yourself
- Have a mantra, post it everywhere, and repeat it to yourself
- Be your own cheerleader



# Dealing with Negative Body Image

- Dress to impress!
  - Get rid of clothes that don't fit you or don't make you feel good
- Take monthly pictures to document the change
- Avoid people and things that tell you how you *should* look.
- Try to look at yourself in the mirror as if you were your best friend.
- Remember, YOU are more than the number on the scale and more than your external appearance.
- Exercise
  - Helps develop a healthier body image
  - Is associated with improved self-image and a sense of mastery

# Summary: Practical Tips

- Remember you are NOT alone!
  - Stay in contact with your Bariatric team
  - Support groups
  - Online forums and social media/ Buddy programs
- Remember this is a journey and it takes time!
- Change what you can't accept and accept what you can't change
- Have Realistic Expectations
- Be kind to yourself and use positive self-talk
- Seek help when you need it
  - Friends, Family
  - Bariatric Team, Support Groups
  - Referral to psychological treatment



don't expect  
to be a  
CHANGE  
if you don't  
MAKE ONE



WHAT YOU DO  
TODAY  
CAN IMPROVE ALL  
YOUR TOMORROWS

*Thank you*

**The Changing Images of Your Body after  
Weight-Loss**

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The background features a stylized illustration of several palm trees in shades of light blue and green, set against a backdrop of a large, glowing sun with radiating lines. The scene is presented in a soft, semi-transparent style.

# Mood and Suicide Risk

Jason Lillis, Ph.D.  
Brown Medical School  
The Miriam Hospital

# Disclosures

- No relevant financial disclosures



# Who perpetrates body shape stigma?

**Family members**

Healthcare workers

Romantic partners

Strangers

**Individual with overweight or obesity**

Co-workers

Educators

**Friends**

**The Media**

# Body Shape Stigma: Prevalence

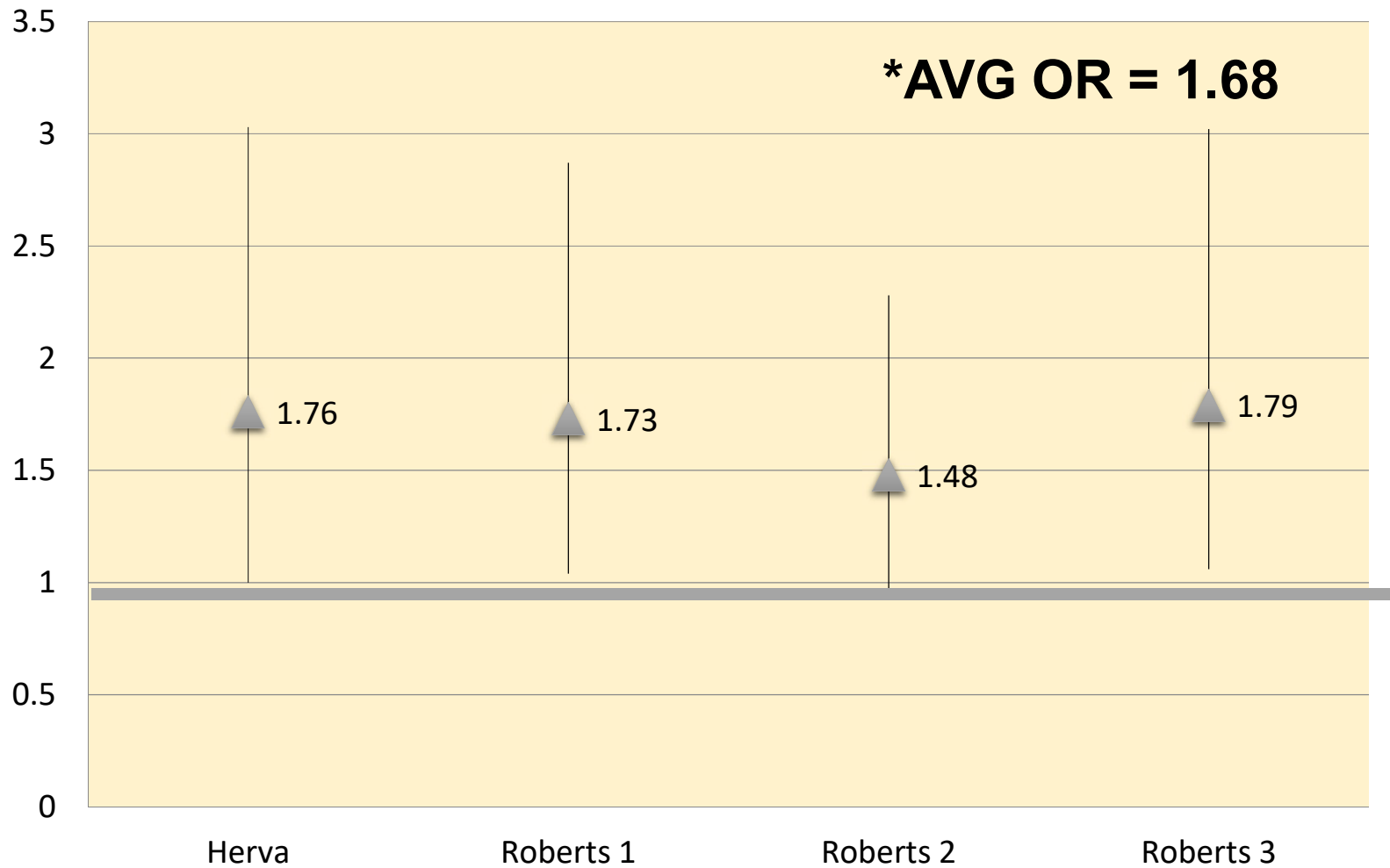
- About 75% with overweight or obesity report multiple forms of stigma<sup>1</sup>
  - Disparaging remarks
  - Being avoided, excluded, ignored
  - Experiencing physical barriers
  - Discrimination at work, in education, health care
- Individuals with obesity are 40-50% more likely to experience discrimination<sup>2</sup>
- Mental health consequences<sup>3</sup>

<sup>1</sup> Carr & Friedman, 2005   <sup>2</sup> Friedman et al, 2005   <sup>3</sup> Puhl & Heuer, 2010



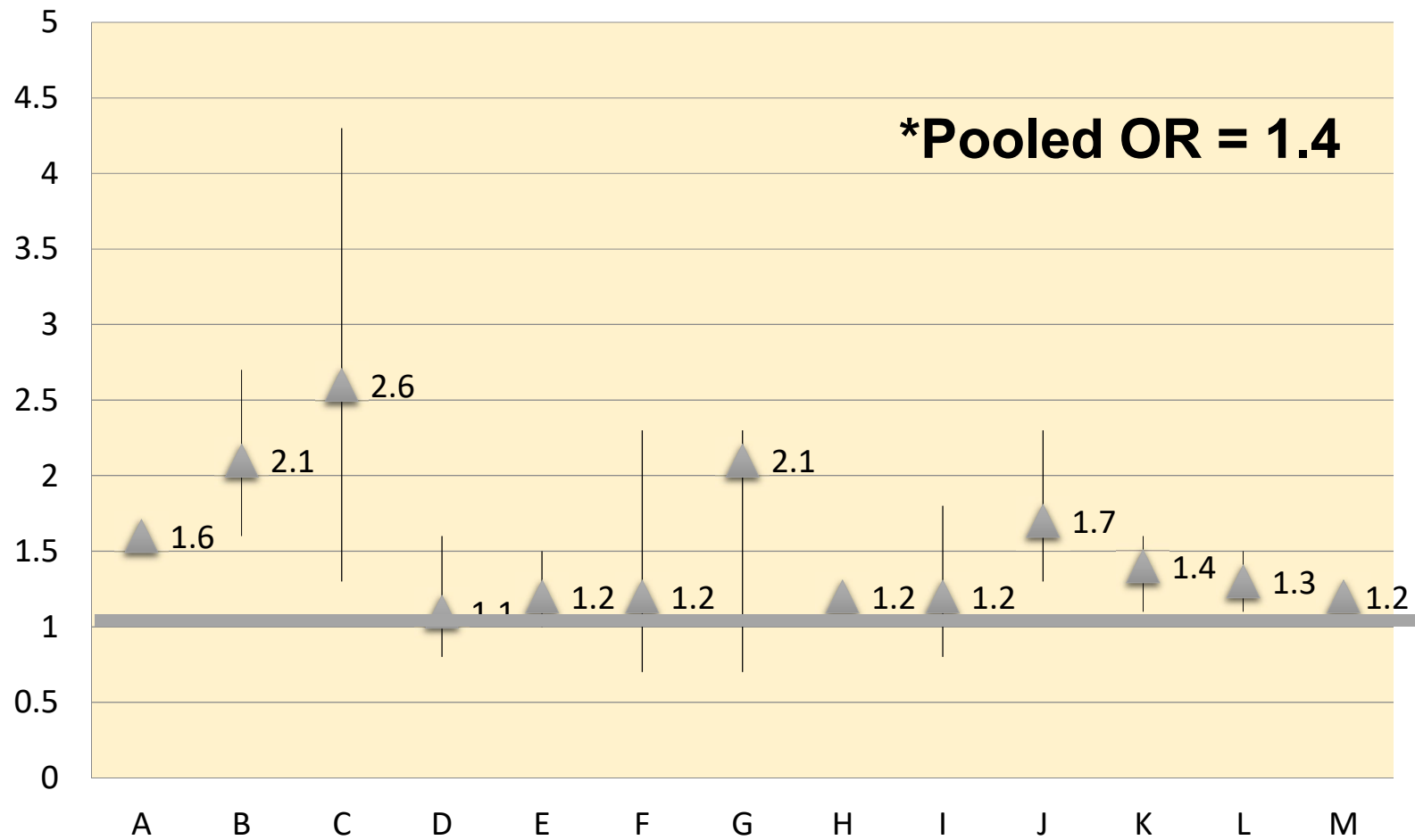
# Mood

## Odds Ratios for Longitudinal Studies on new Depression cases and BMI >30 (1, 5, 17 yr)



# Odds Ratios for Cross-Sectional Studies on Anxiety Symptoms and BMI >30

(Gariepy, Nitka, & Schmitz, 2010)



# Summary

- About 1.25-2 times more likely to experience clinical levels of depression and anxiety with much variation
- Weight surgery candidates have higher rate of mood disorders prior to surgery<sup>1</sup>

<sup>1</sup>McMahon, Sarr, Clark, et al. (2006)

<sup>2</sup>Fabricatore, Wadden, Higginbotham, Faulconbridge, Nguyen, Heymsfield, & Faith (2011)

# Outcomes

- Evidence is mixed on symptom changes as the result of weight change
  - Reviews find weight loss associated with reductions in depression, but...
  - ...depression is reduced by participating in treatment, weight loss or not<sup>1</sup>
  - Lifestyle intervention (diet, exercise, behavioral strategies) superior when compared to components on their own
  - Losing weight on own: unknown
- Post-surgery data is mixed
  - Depression and symptoms improve for first 1-2 years following surgery but may revert to preoperative levels by 3 years despite sustained weight loss<sup>2</sup>
  - Anxiety does not seem to improve after surgery regardless of weight<sup>3</sup>

<sup>1</sup>Fabricatore, Wadden, Higginbotham, et al. (2011) <sup>2</sup>Sarwer, Wadden, & Fabricatore (2005)

<sup>3</sup>Karlsson, Taft, Ryden, Sjostrom, & Sullivan (2007)



# Signs of Depression

- Depressed mood
- Loss of pleasure in activities
- Insomnia/hypersomnia
- Feeling worthless
- Fatigue
- Concentration difficulties
- Suicidal ideation



# Signs of Anxiety

- Panic attacks (racing heart, shaking, choking, chest pain, distress, dizziness/fainting, derealization, fear of losing control, fear of dying)
- Chronic, excessive worry causing distress
- Fear, excessive avoidance of social situations
- Isolation due to fear of anxiety attacks

# Mental Health Treatment

- If you are experiencing these symptoms, make an appointment with a mental health professional for an evaluation
  - Psychologist
  - MFT
  - Psychiatrist
- Interventions
  - Therapy: Cognitive Behavioral Therapy (CBT) is most broadly effective
  - Medications: Many choices, requires professional consultation

# Self-Help Tips

- Mindfulness Practice
  - Spend time each day in contemplative practice (even 5 mins helps)
  - Focus on non-judgmental awareness, description of experience, compassion
- Control what you can, accept what you can't
  - Focus on action: what you can do in your life
  - Recognition that thoughts/emotions can't be erased/prevented
- Taking care physically
  - Healthful food, eating, exercise have **major** impact on mental health



# Suicide

# Obesity and suicide risk

- **Inverse** relationship between completed suicide and BMI<sup>1</sup>
  - Higher BMI = lower completed suicide rate
- However **increased risk** for ideation and attempts for some groups
  - BMI > 40<sup>2</sup>: More suicidal ideation, more attempts in some samples
  - Adolescents<sup>3</sup>: BMI >30 = much higher rate of ideation, but not attempts

<sup>1</sup>Klinitzke, Steinig, Bluher, Kersting, Wagner (2013) <sup>2</sup>Wagner, Klinitzke, Kersting (2013) <sup>3</sup>Zeller, Reiter-Purtill, Jenkins, Ratcliff (2013)



# Obesity surgery and suicide risk

- **Surgery** = increased risk for completed suicide<sup>1, 2</sup>
  - 1.5-6 times more likely; highest risk in the first 2-3 years
- Mechanisms are unclear
  - Pre-existing mental health
  - High rates in period associated with regain and reduced monitoring

<sup>1</sup>Adams, Gress, Smith, Halverson, et al. (2007) <sup>2</sup>Adams, Tindle, Omalu, Courcoulas, Marcus, et al. (2010)

# Suicide Prevention

- If you are experiencing ideation tell someone, seek assistance
- If you think someone is at risk, talk to them and ensure they're getting needed support
  - Talking to someone is *not* likely to place them at greater risk or “plant the idea”
  - In contrast, the risk of *not* providing support to someone in need is huge

# Phone Numbers for Help

**SUICIDE SUPPORT LINE:**

**1-800-273-TALK**

**(1-800-273-8255)**





**A Complete Look at Mental Health and Obesity:  
Before, During and after Treatment**

# **Understanding disordered eating**

Allison Grupski, PhD

National Center for Weight and Wellness

WW International



# Disclosure

I am employed by WW international  
(Weight Watchers Reimagined)

# Outline

- Common factors that cut across most eating disorders and disordered eating.
- Highlight symptoms of binge eating disorder
- Distinguish between BED and more common challenging eating patterns
- Seeking help and treatment

# What is normal eating anyway?

*Normal eating is going to the table hungry and **eating until you are satisfied**. It is choosing food you like and eat it and truly get enough of it—**not just stop eating because you think you should**. Normal eating is being able to **give thought to your food selection** so you get nutritious food, but not being so wary and restrictive that you miss out on enjoyable food. Normal eating is **giving yourself permission** to eat sometimes because you are happy, sad or bored, or just because it feels good. Normal eating is mostly three meals a day, or four or five, or it can be choosing to munch along the way. **It is leaving some cookies on the plate** because you know you can have some again tomorrow, or it is eating more now because they taste so wonderful. Normal eating is **overeating at times**, feeling stuffed and uncomfortable. And it can be **undereating at times** and wishing you had more. Normal eating is trusting your body to make up for your mistakes in eating. Normal eating **takes up some of your time and attention, but keeps its place as only one important area of your life**. In short, normal eating is **flexible**. It varies in response to your hunger, your schedule, and your proximity to food.*

Bulimia Nervosa

Binge Eating Disorder

Anorexia Nervosa

Other Specified Feeding or Eating Disorder

Avoidant/  
Restrictive Food Intake Disorder

Excessive exercise

Pica

Orthorexia

Rumination disorder

Mindless eating  
Overeating  
Emotional eating  
Habitual eating

Disordered eating:  
characterized by significant  
**distress & negative impact**  
on one's life.

# (a few) Factors that maintain disordered eating

**Distorted  
thinking  
patterns**



**Restraint  
mindset**



**Negative  
affect/mood**



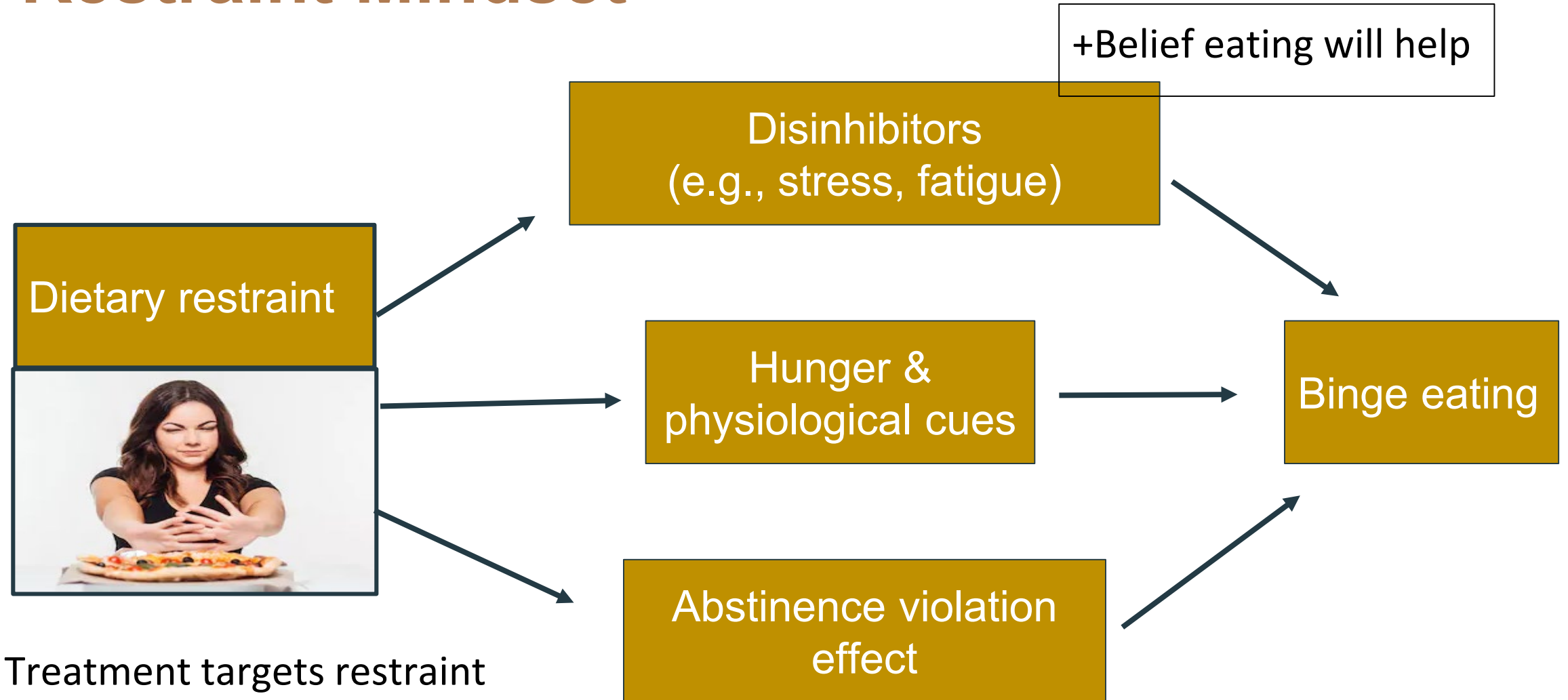
# Distorted Cognitive Patterns

- Thoughts -> feelings -> behaviors
- Rigid thinking style (All-or-nothing)
  - “Good” and “bad” foods
  - Can’t get to gym for an hour - not worth going
  - “I’ve blow it already, might as well keep going”
- Significant impact on maintaining healthy patterns of eating over time
- Treatment targets thinking styles





# Restraint Mindset



# Negative affect/mood

- Escape from self-awareness
- Avoidant coping reduces negative feelings
- Treatment targets mood regulation and cognitive avoidance





# Binge Eating Disorder



# Binge Eating Disorder

- Eating large amounts of food in short period of time & feeling a **loss of control**
- Frantic or frenzied feelings around food
- Typically occurs in secret
- Feelings of disgust, frustration or shame
- Distressed by loss of control



Source: National Eating Disorders Association & Obesity Action Coalition

# Binge Eating Disorder is not ...



**Emotional  
eating**

**Habitual  
eating**



**Mindless  
eating**

**Overeating**



# Emotional eating

- ▶ Eating in response to emotions – stress, sadness, frustration, anger, boredom
- ▶ Self-soothing; feel-good neurotransmitters (works in the moment)



# Emotional eating interventions

- ▶ Emotion regulation
- ▶ Distress tolerance – sitting with temporary discomfort without trying to change it
- ▶ Build & practice self-compassion
  - ▶ Why am I having this urge to eat?
  - ▶ What else might help soothe me?



# Mindless eating

- ▶ Eating with little awareness - automatic pilot
- ▶ Might start due to hunger but continue past point of satisfaction (because food is there)
- ▶ Might not fully taste/enjoy food or remember it the experience





# Mindless eating interventions

- ▶ Bring awareness to the behavior
- ▶ Slow down thoughts behaviors and thoughts to increase intentionality
- ▶ Modify environment



# Overeating

- ▶ Eating past point of fullness
- ▶ Difficulty recognizing hunger & satiety
- ▶ Often accompanied by faster eating pace
- ▶ Might feel compelled to eat until food is gone



# Overeating interventions

- ▶ Tune into the body to recognize signs of hunger and satiety
- ▶ Appetite awareness exercises
- ▶ Slow pace of eating
- ▶ Portion out meals and put away before eating
- ▶ Identify, challenge, & modify thoughts that maintain behavior



- I'm focused on food - I'm trying to lose weight
- Sometimes I overeat/feel really stuffed
- I had weight loss surgery and sometimes I throw up/eat very few calories
- I feel like I lose control when I have a small amount of food
- And more ...

**Do I have  
disordered eating?**

**IMPACT  
&  
DISTRESS**

# Treatment works!

## Treatment environments

- Outpatient
- Partial hospitalization/IOP
- Residential
- Inpatient

## Types of therapy

- Cognitive behavioral Therapy (CBT)
- Interpersonal Therapy (IPT)
- Acceptance and Commitment Therapy (ACT)
- Dialectical Behavior Therapy (DBT)
- Family Based Treatment (Maudsley Approach)
- Psychodynamic Therapy
- Nutrition counseling
- Medication

# Barriers to treatment

- Lack of “awareness”
- Minimization
- Shame
- Cost



# Seeking treatment

- Talk to someone you trust
- National Eating Disorder Association
  - Online self-assessment
  - Provider network
  - Questions to ask providers
  - Tips for treatment coverage



[nationaleatingdisorders.org](http://nationaleatingdisorders.org)

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# The Substance Abuse Spiral

Paul Davidson, PhD

Brigham and Women's Hospital  
Harvard Medical School



Proudly Brought to You by:



# Disclosures

- Institute for Natural Resources – lecturer
- Bariatric Advantage - speaker

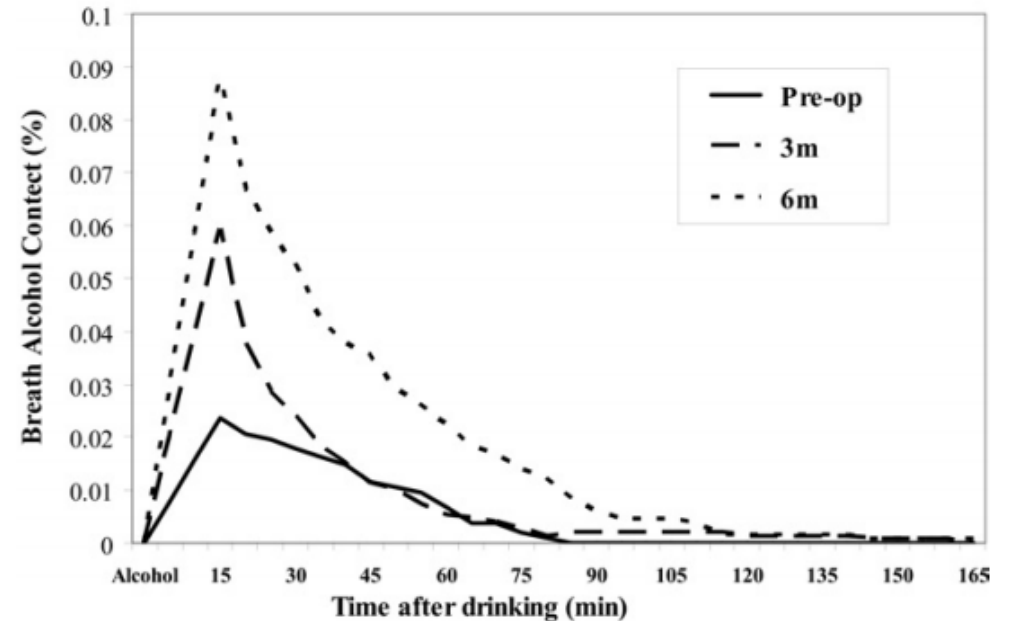
# Alcohol Use Disorders after Surgery

- Minimal attention was paid to substance use following bariatric surgery before 2010
- Most studies are small, <100 subjects
- Evidence of 3% of RYGB patients developing ETOH use disorders
  - Ertelt et al. Alcohol abuse and dependence before and after bariatric surgery: a review of the literature and report of a new data set. SOARD. 2008.
- Rate of alcohol use increases 2 years post-surgery
  - King et al. Prevalence of alcohol use disorders before and after bariatric surgery. JAMA. 2012.



# Alcohol Pharmacokinetics

- Post RYGB, rapid  $\uparrow$  BAC within 15 mins.
- Longer clearance time
- Higher peaks over time



**Figure 1.** Breath alcohol content after gastric bypass, weight-corrected.

Woodard et al. Impaired Alcohol Metabolism after Gastric Bypass Surgery: A Case-Crossover Trial. *Journal of the American College of Surgery*. 2011: 209-214.

# Alcohol Use Disorders after Surgery

- LABS– 2, 7 year follow-up, RYGB, LAGB

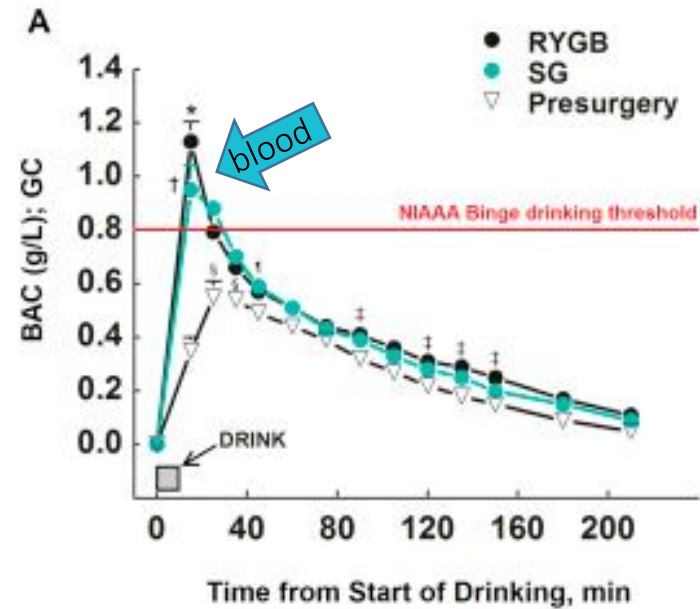
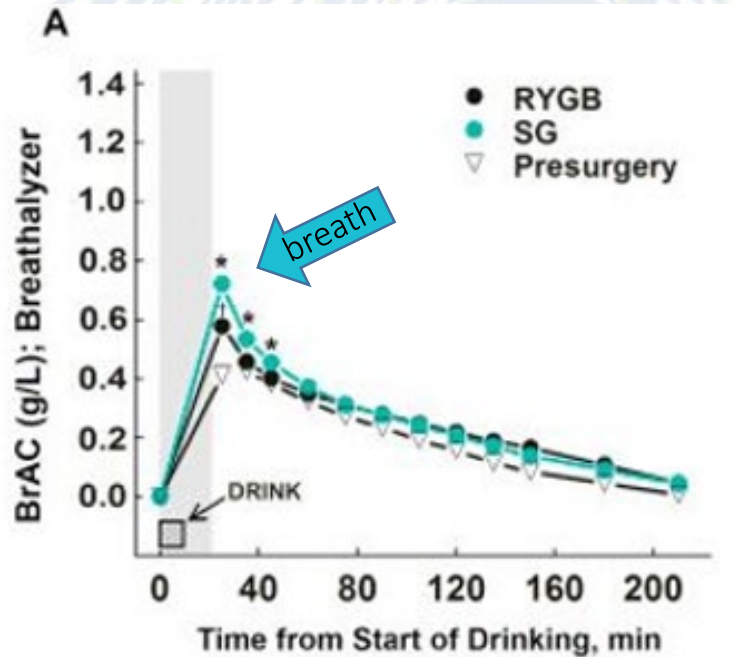
Surgery	AUD Pre	AUD 7 yrs
RYGB	6.6%	16.4%
LAGB	6%	8%

- Risk factors: male, younger, less social support, divorce, smoking, poor mental QOL, regular drinking post-surgery

King et al., Alcohol and other substance use after bariatric surgery: a prospective evidence from a U.S. multicenter cohort study. SOARD. 2017.

# Alcohol Pharmacokinetics

- Recent human LSG study, ETOH curve similar to RYGB



Acevedo et al. Sleeve gastrectomy surgery: When 2 alcoholic drinks are converted to 4. SOARD. 2018, March; 14 (3), 277-283.

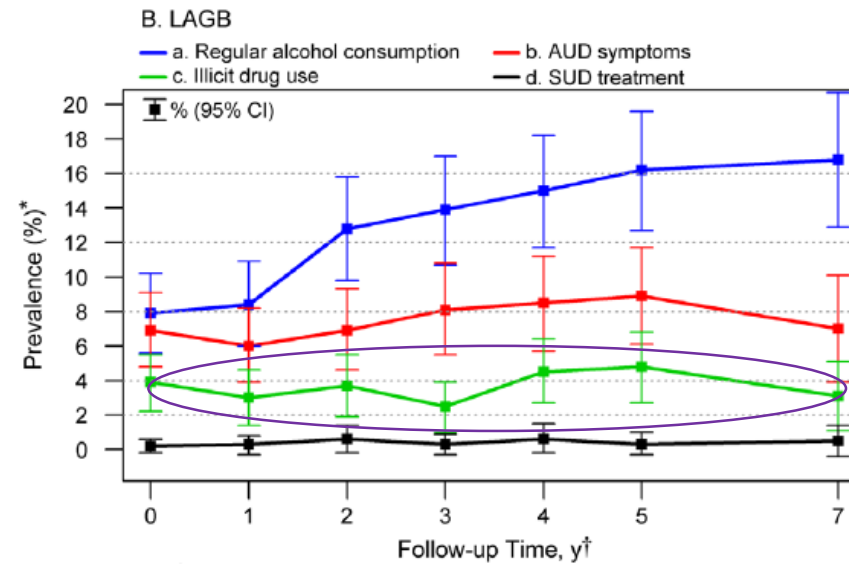
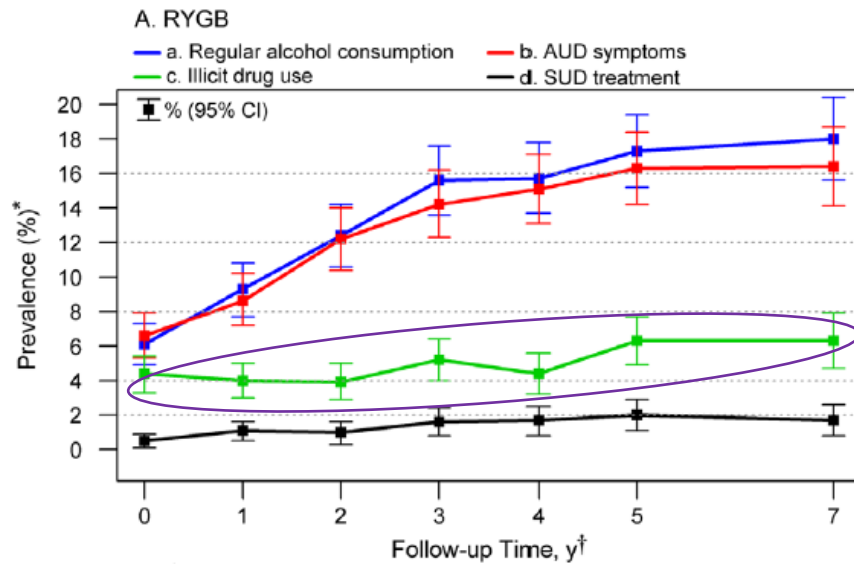


# Characteristics of Problematic Alcohol Use

- Small study (N=26) examined traits with alcohol use disorder
- 1/3 had new alcohol use disorder
- Most started drinking at 5 months, got heaviest by 18 months
- Many were intoxicated when having first drink post-surgery
- 1/4 had issues with prior substance use in addition to alcohol
- Levels of drinking were similar to pre-surgery but effects stronger
- Drinks required to feel the effects: 2-4 prior,  $\leq 1$  post surgery

Smith et al., Problematic Alcohol Use and Associated Characteristics. Obesity Surgery. 2018. 28:1248-1254.

# Alcohol and Substance Use Trends



King et al., Alcohol and other substance use after bariatric surgery: a prospective evidence from a U.S. multicenter cohort study. SOARD. 2017.



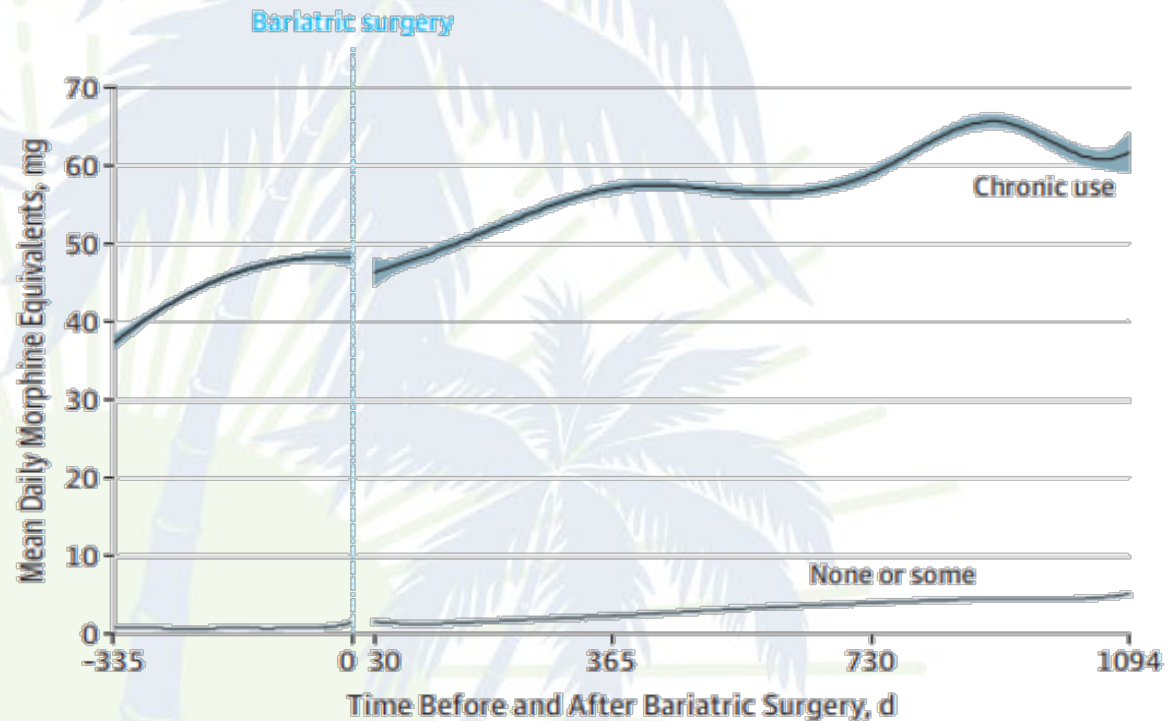
# Review Article of Alcohol and Substance Use

- Alcohol and substance use increased after surgery
- No significant change in tobacco use, but less likely with older patients
- New cases of substance use ranged from 34-89% in studies
- Opiate users tended to increase morphine equivalents
- Substance use increased significantly by 24 months post-surgery
- SUD was associated with ↑ depression, ↓ quality of life
- Hx of pre-operative substance use was linked to ↑ %EWL

Li et al. Substance use after bariatric surgery: A review.  
Journal of Psychiatric Research. 2016. 76: 16-29.

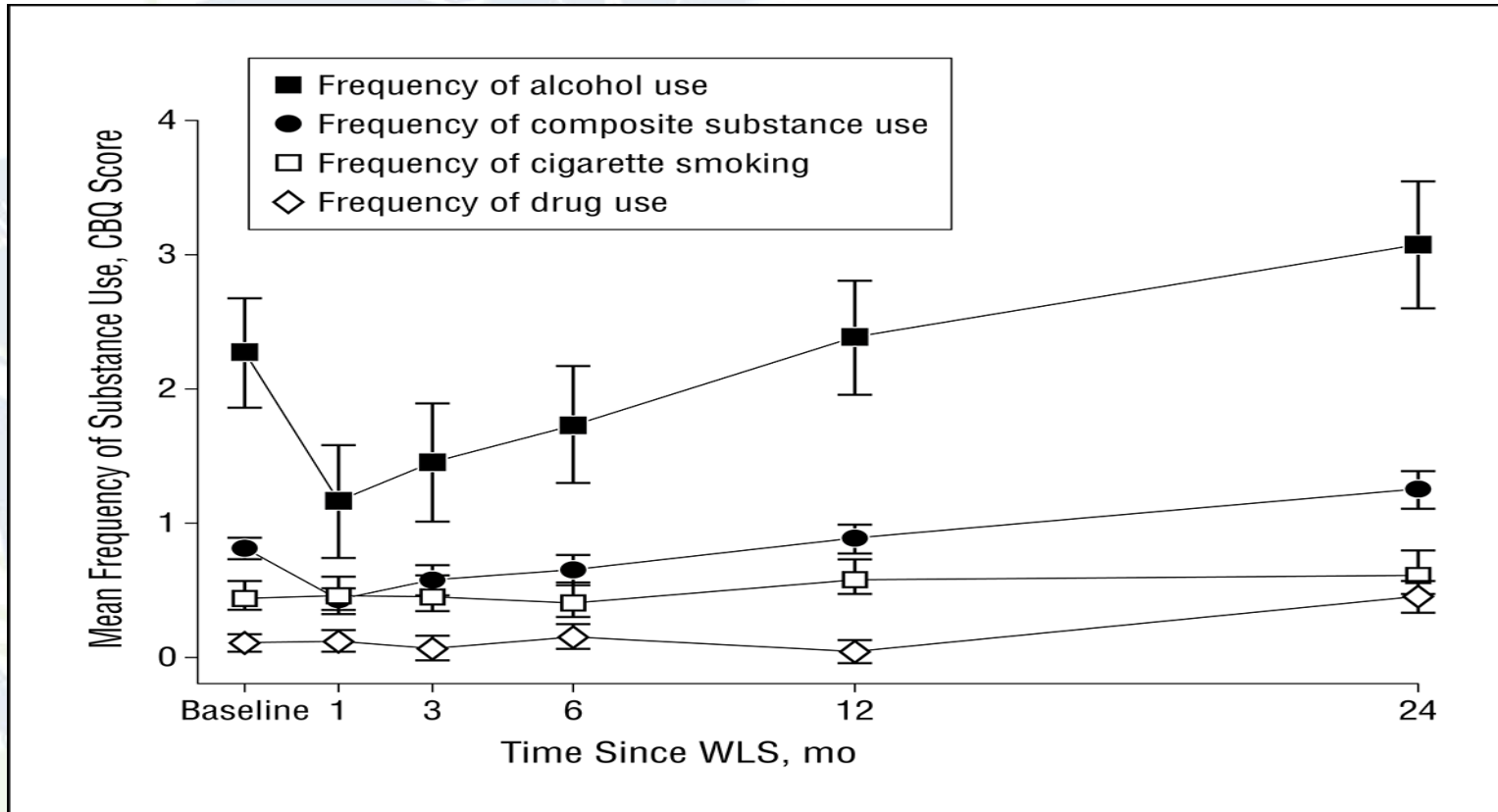
# Opioid Use

Figure. Smoothed Average Daily Morphine Equivalents Used Before and After Bariatric Surgery for Groups With Chronic, Some, or No Opioid Use Before Surgery



Raebel et al., Chronic use of opioid medications before and after bariatric surgery. JAMA. 2013

# Timing of Alcohol and Substance Use Issues



Conason et al. Substance Use Following Bariatric Weight Loss Surgery. JAMA Surgery. 2013; 148 (2) 145-150.



# Post-Operative Marijuana Use

- 68% had recent use, 20% had increased use
- Individuals smoking marijuana in the first year had highest BMI = 37
- Non-smokers had a more moderate postsurgical BMI = 35.3
- Those increasing their marijuana use had lowest BMI = 30.4
- Increased marijuana use was linked to more disordered eating
- Providers should avoid blanket statements about marijuana use as other variables may explain variance

Vidot et al., Postoperative marijuana use and disordered eating among bariatric surgery patients. SOARD. 2016.

Rummell, C. Comment on: Postoperative marijuana use and disordered eating among bariatric surgery patients. SOAD. 2016.

# Factors Associated with SUD

- Less improvement or worse mental health status
- Divorce/relational breakup
- Starting smoking cigarettes
- Starting regular drinking
- Starting illicit drug use
- Stopping smoking was linked to lower SUD

King et al., Alcohol and other substance use after bariatric surgery: a prospective evidence from a U.S. multicenter cohort study. SOARD. 2017.

# Factors Associated with SUD

- Gastric bypass was more strongly linked to SUD than bands
- Past history of SUD
- Family history of SUD
- More limited coping skills
- Increased life stressors
- Increased socializing in which alcohol was consumed more than food
- Being younger and male

Kanji et al. Exploring pre-surgery and post-surgery substance use disorder and alcohol use disorder in bariatric surgery: a qualitative scoping review. International Journal of Obesity. 2019, published online June 18 prior to publication.



# Recommendations

- Obtain thorough alcohol and substance history prior to surgery
- Utilize validated questionnaires
- Inform patients of potential alcohol and substance issues
- Encourage abstinence for as long as possible
- Provide education and long-term follow-up care and monitoring
- Continue to address any concerns regarding substance use

Kanji et al. Exploring pre-surgery and post-surgery substance use disorder and alcohol use disorder in bariatric surgery: a qualitative scoping review. International Journal of Obesity. 2019, published online June 18 prior to publication.

# Thank you for your attention!



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