

Psychosocial Problems and Psychological Distress Therapy for over BMI Personnel's Mental Well-Being

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ABSTRACT: The psychological implications of obesity are discussed in this article. Obesity is linked to a substantial amount of psychological distress. Obese people often suffer with problems including depression, low self-esteem, poor quality of life, and negative body image. This emotional discomfort is likely to have a role in seeking therapy, but it may also have an effect on treatment success. As a result, the majority of multidisciplinary obesity treatment teams include mental health experts who can evaluate and treat patients' mental health problems as required. Weight reduction is usually linked with gains in psychological status and functioning, which is encouraging. These beneficial effects are typically most noticeable in those who have lost a significant amount of weight, as is the case after bariatric surgery. Unfortunately, some people who lose weight suffer a relapse of old psychopathology or the emergence of new psychosocial problems. Those who gain weight after losing it, regardless of how they lost it, are at risk of regaining undesirable psychiatric symptoms. The sad, all-too-common occurrence of weight return reminds all treatment providers of the need of assessing psychosocial functioning at the start of therapy, monitoring changes throughout weight loss, and being on the lookout for problems increasing with weight recovery.

Keywords: Disease, Fat Persons, Obesity, People, Therapy.

1. INTRODUCTION

Obesity has been a significant problem in recent years. Obesity is a serious disease marked by an excess of fat in the body, which may lead to a variety of other health problems such as heart attack, high blood pressure, diabetes, and mental instability. The number of people suffering from obesity, with a BMI of 30kg/m² or above, was disclosed in a research conducted by medical science. The World Health Organization (WHO) defines obesity and illustrates its different degrees and consequences on the human body in its worldwide classification (WHO 1995). Obesity is categorized into several degrees depending on a person's BMI. A person is regarded to have enormous or morbid obesity if his or her BMI is higher than or equal to 40 kg/m². Obesity is the main cause of diseases including diabetes (hypertension), hypertension, and coronary artery disease. Obesity is a serious issue for everyone, and if people are ignorant of the implications, it may lead to death.

It increases life's risk factors and shortens lifespans. The rates of obesity-related mortality differ by nation, ranging from 1% in Vietnam to 56% in Tonga. Obesity-related mortality rates are lower in other countries but greater in India, where people are ignorant of the causes, consequences, and management options. The

International Obesity Society (IASO) is a non-profit organization focused on obesity prevention and treatment (IASO, 2012). Meta-analysis in this field (obesity) involves collecting data from a variety of sources and evaluating diverse data sets of people who fall into the same category. It is critical to demonstrate the design and research in the area of obesity in this article. To understand the causes of obesity and how to treat it, it is determined that research and information from many areas are required. Obesity has a direct link on people's mental health [1]. Fig. 1 shows reason and effects of obesity.

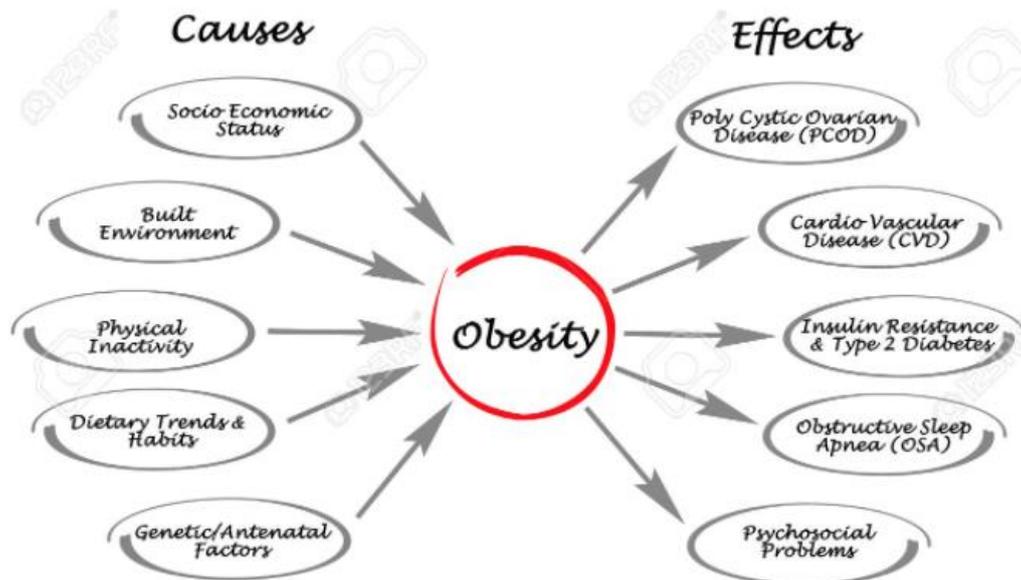


Fig. 1: Reason and Effects of Obesity

Fig. 1 depicts the causes and consequences of obesity, which reveals all of the causes of obesity as well as their impacts on the human body. Obesity is mostly caused by insufficient exercise and excessive food intake, but it may also be general and caused by hereditary issues. Obesity affects 135 million individuals in India. Obesity causes a variety of problems, including:

- Hypertension
- Liver Disease
- Reproductive Disorders
- Heart disease
- Mood Disorders
- Cancer Risk
- Dyslipidemia
- Type 2 Diabetes

Overall 650 million adults are suffering from obesity worldwide, in 2016, almost 39% of adults of age 18 and above (39% men and 40% women) were overweight. Overall about 13% of world's population of adults (11% men and 15% women) are overweight or obese in 2016. The rate of obese people increasing day by day and it became very big problem worldwide, obesity rate increased almost three times since 1975 to 2016 [2].

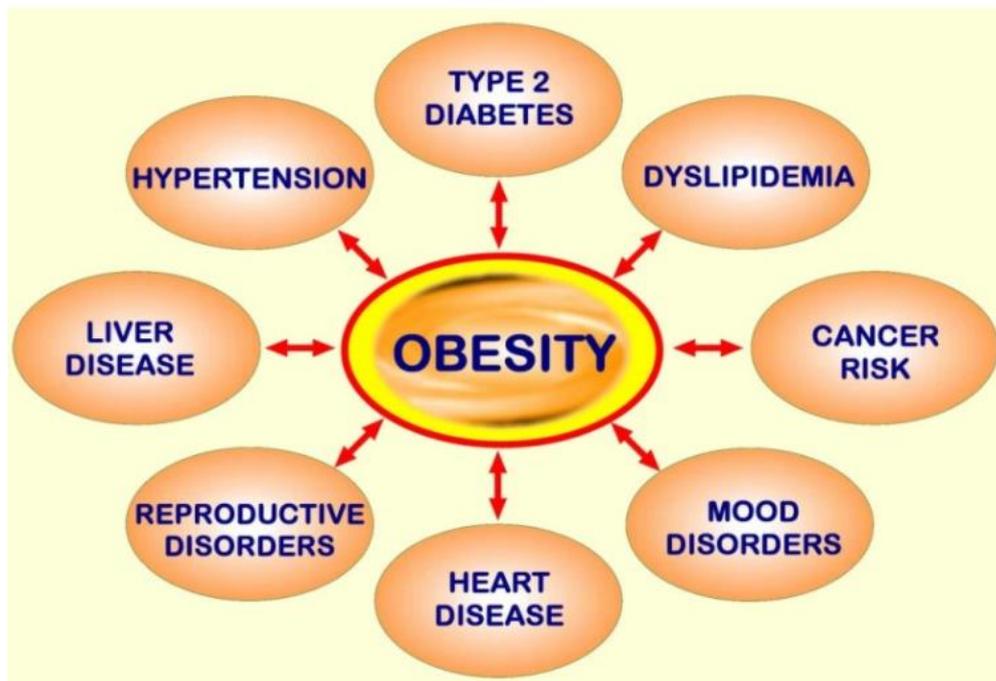


Fig. 2: Clinical problem caused by obesity

Fig. 2 shows the flow chart in which discloses flow wise clinical cause by obesity. There is some reason behind obesity among those reasons some of which are related to our daily intake like fast food burgers, pizza chips etc, and lazy schedules like lack of body movement which is happening in child due to television and video games. Obese people sleep very much which makes their life style lazy [3]. Some of the reasons that contribute to our poor habits are linked to our environment, such as

- Confusing food labels
- Unavoidable Unhealthy Meals Adverts
- 2 for 1 Deal
- Less activity
- More Fat, Sugar, and Salt in food
- Fast food on the run
- Bigger portion
- Tempting Checkout discounts.

Overweight and a loss of self may be induced by a cycle of hectic schedules. For the new generation and others, fast food and television advertisements that draw people's attention to food are appealing. Obesity is caused by a variety of factors, including video games, relaxing at home, unhealthy beverages, snack foods, and sweets. Consuming these items on a regular basis raises the risk of obesity.

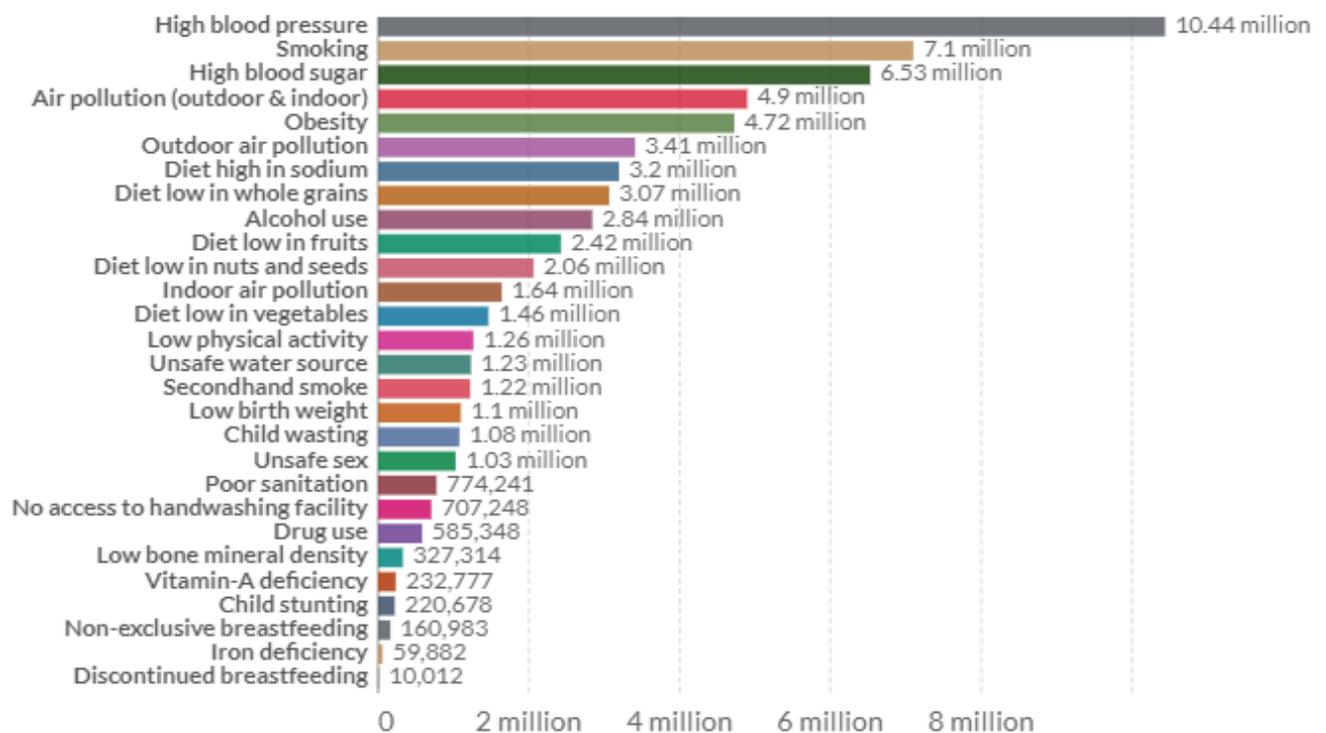


Fig. 3: Death Due to Obesity in different Countries

Obesity-related deaths in men and women are shown in Fig. 3. China is the most well-known and popular country for mortality rates, with over 140,000 women and roughly 80,000 men dying each year. With over 105,000 men and nearly 70,000 women dying as a result of obesity, India ranks second in the world [4]. People with the power to affect change at a high level should plan or devise a strategy for addressing the obesity problem. Among the many solutions in favor of obese people, one solution is to provide a class in which they are taught what they should do and eat after being discharged from the hospital (for admitting obese patients). Taking into account the patient's situation, the clinic, doctors, and nurses may educate obese patients the advantages of eating well and exercising regularly. Obese individuals may benefit greatly from a balanced diet and regular exercise. There are also limitations and requirements for eating nourishment in the body; too much food and nutrients may lead to obesity.

Nutritionists and social services are beneficial in the lives of both obese and non-obese individuals. These play a significant part in the lives of patients such as obese and physically disabled individuals. Social activists educate fat people about the dangers of fast food and encourage them to exercise. Doctors can also assist obese patients by advising them on healthy eating habits [5]. However, some patients are unable to purchase healthy foods, and others are unable to continue eating healthy foods because they are costly, so doctors should encourage those patients as much as possible so that they begin to avoid unhealthy foods and begin exercising. However, patients should be more conscientious about their health. Doctors, nurses, and social workers will be unable to help if patients do not prepare themselves for a happy and healthy life. Doctors and social workers may encourage patients by offering them incentives and gift offers, such as free or low-cost hair spas, body massages, or anything else that would entice fat individuals to engage in physical activity.

Another idea that doctors, nurses, and physicians could use to solve the obesity problem and get obese people fit or at least motivated to get fit is to hold a weekly free seminar for obese people to teach them how to stay fit is good for their health, how obesity affects normal life, what diseases can be caused by obesity, and what diet and exercise plan they should follow. A weekly lecture on weight reduction and diet program, led by a physician, nurse, and nutritionist, is another solution to the issue. This has a good chance of succeeding. Including a second advantage to a fitness program may help it succeed even more. By providing programs like diet programs and self-help programs, many managers have seen their patient census rise and their hospital's image improve. The administrator may be certain of success with the introduction of a physician-led program [6].

The power of such programs or events is such that they can improve the health and well-being of patients admitted to hospitals or suffering from obesity; this program can lower the cost of health while increasing the value of life; this program cares for obese patients, lowering the risk of obesity-related chronic diseases and death from obesity. Patients must be driven to change, yet not all patients are motivated to change, which is one of the flaws. Obesity behaviors are hard to change, and eating habits are much harder. Transitioning from unhealthy to healthy eating may be challenging, and without ongoing assistance, some patients may abandon the program. There are possibilities for ongoing growth and development [7].

2. LITERATURE REVIEW

Many papers on obesity have been published in India and other countries. Among all the research papers, a research paper addresses the causes of obesity and the variables that contribute to obesity, as well as a comparison of a normal and obese person. It reveals the S-36 technique for determining obesity. This article describes the many materials and techniques used to determine the severity of obesity. It explains the papers that were chosen for the meta-analysis (in order of publication year) and provides a graphical depiction of obesity levels in women, men, and children of various ages. Discuss how to calculate the impact size index and body mass index for various age groups. This study also looked at men's body mass index and the effects of obesity on men, women's body mass index and the effects of obesity on women's health, and child's body mass index and the effects of obesity on children [8].

A study article addresses obesity and metabolic studies linked to obesity and its impact on various age groups, as well as nutritional epidemiology to promote obesity, nutrition and local population and administrator leadership, and administration route. This article also addresses which age groups suffer from various kinds of obesity-related diseases, as well as nutrition and food poverty, both of which have an impact on individuals. Obesity management and prevention modalities are also addressed in this article. Obesity prevention starts in various categories such as children, women, and men (observation done on different age groups), as well as the management of obesity and prevention modalities. People are becoming more aware of obesity and its effects on their health, therefore this article also provides information on the role of the health care leader in avoiding obesity, as well as quality indicators for performance improvement and methods for improving obesity control action plans [9].

In a study article, researchers use national and international age- and sex-specific body mass index (BMI) statistics and cut-off points to determine the incidence of overweight and obese children and adolescents in Chennai, India. The technique for calculating BMI and the strategy for reducing the overweight or obesity issue

in children and adolescents were also addressed. Obesity reduction and knowledge of no communicable illness via group education is the subject of a three-year research involving a large number of individuals, with a focus on children, youth, and young children. In Chennai, a group of children between the ages of 6 and 17 were selected for an obesity study, with the goal of determining the cause of their obesity. Also, inform those children about the negative effects of obesity on their health and provide them with a healthy diet and exercise regimen so that obese children may recover more quickly. The technique employed in this article for the experiment on fat children consists of two major ways: one is a group of society or local area children, and the other is a group of school children. To conduct the research, you must first get approval from the Chief Education Officer of Tamil Nadu, the school administration of each school, and the Madras Diabetes Research Foundation's Institutional Ethics Committee. The experiment on children is done with their parents' consent, and after collecting the necessary data, investigate the reason and how their (fat child's) daily routine affects obesity, or how their laziness causes obesity [10].

3. DISCUSSIONS

The psychological implications of obesity are discussed in this article. Obesity is linked to a substantial amount of psychological distress. Obese people often suffer with problems including depression, low self-esteem, poor quality of life, and negative body image. This emotional discomfort is likely to have a role in seeking therapy, but it may also have an effect on treatment success. As a result, the majority of multidisciplinary obesity treatment teams include mental health experts who can evaluate and treat patients' mental health problems as required. Weight reduction is usually linked with gains in psychological status and functioning, which is encouraging. These beneficial effects are typically most noticeable in those who have lost a significant amount of weight, as is the case after bariatric surgery. Unfortunately, some people who lose weight suffer a relapse of old psychopathology or the emergence of new psychosocial problems. Those who gain weight after losing it, regardless of how they lost it, are at risk of regaining undesirable psychiatric symptoms. The sad, all-too-common occurrence of weight return reminds all treatment providers of the need of assessing psychosocial functioning at the start of therapy, monitoring changes throughout weight loss, and being on the lookout for problems increasing with weight recovery.

4. CONCLUSION

Obesity is a highly unpleasant issue that affects many individuals of all ages and genders today. Some agencies, such as the United States' various government agencies, have chosen to target and address obesity issues, and they have taken this effort to a national level in order to get excellent health care. To accomplish the objective of obesity-free people, or more precisely healthy people, all hospitals should be aware of the program and educate people about healthy eating and the benefits of exercise and physical activity in everyday life. In this paper, various methods and surveys have been used to demonstrate the effects of obesity on the human body. For example, for a healthy person, 3-4 cups of milk is sufficient to maintain a daily protein level of 1000 to 1200 mg, but excessive intake of milk causes bone breakage and can lead to death. Similarly, food and rest are necessary for human beings, but excessive food intake and excessive rest can lead to death. Obesity is caused by a high rate of food intake and a low rate of energy waste. After studying the various conditions of different individuals during obesity, several exercise and nutrition plans for obese people have been developed in this research article.

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