ASSOCIATIONS OF OBESITY AND PSYCHIATRIC DISORDERS AND SUICIDAL BEHAVIOURS IN A REPRESENTATIVE CANADIAN SAMPLE

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Background

- Obesity has a high prevalence in Canada
- The obesity-depression link is well-known
- Evidence is emerging for other psychiatric disorders and suicidality as well
- Existing research has several limitations:
  - Inconsistencies between the few extant population-based studies
  - Paucity of research around non-mood psychiatric disorders
  - Physical health is rarely accounted for

Simon et al, 2006; Carpenter et al., 2000; Hach et al., 2007; Jorm et al., 2003

Objectives

- To determine if obesity is associated with a greater likelihood of psychiatric disorders in a representative Canadian sample
- To examine whether these associations are still present after adjusting for possible confounding factors (such as physical health)

Methods

- Canadian Community Health Survey—Mental Health and Wellbeing (CCHS 1.2)
- Cross-sectional, nationally-representative survey
- N = 36 984 (response rate: 77%)

Methods

- Obesity: BMI (body mass index) ≥ 30
- DSM-IV psychiatric diagnoses based on WMH-CIDI
- Alcohol dependence: CIDI-SF
- Physical health: Charlson Comorbidity Index
  - Takes into account seriousness of conditions and comorbidity
- Logistic regressions
  - Psychiatric diagnosis as dependent
Results

Prevalence of diagnosis of at least one disorder in the given category among those who are or are not obese.

Reported Ns are for the sample, whereas percentages are weighted to be representative of the Canadian population.

AOR: Adjusted OR for age, education, other psychiatric disorder categories, and Charlson Comorbidity Index.

Results

Results

Results

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Results

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Limitations

- Cross-sectional sample precludes causal inferences
- Self-reported height and weight
- Trained lay interviewers
- Psychotropic medications not assessed
- Other psychiatric disorders not assessed

Discussion

- Numerous past-year and lifetime disorders associated with obesity
  - This is true even after adjusting for physical health conditions
- Potential mechanisms:
  - Symptoms/treatments for preexisting psychiatric disorders may increase body weight
  - Stigma due to obesity may lead to psychiatric disorders
- Suicidality increased in obesity
  - May be due to stigmatization

Discussion

- Greater psychopathology in obese women
  - Higher rates of stigmatization in obese women than men
  - Greater propensity of women to internalize others’ negative attitudes

Conclusions

- Obesity and mental health are linked, independent of comorbid physical health
- Associations between obesity and past-year disorders suggests an impact of obesity on current psychological functioning
  - Physicians treating any patients who are obese may consider screening for mental disorders