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Editorial

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The Importance of a Mind-Body Perspective for the Treatment of Obesity

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It is well known that obesity rates dramatically increase worldwide, and the lack of motivation, self-efficacy as well as self-esteem, sedentary life styles and psychosocial problems complicate treatments for obesity and overweight. Given that, a comprehensive management perspective needs to be considered and adopted, and an exchange is needed between psychological and medical settings.

Mind-body medicine is a revolutionary, and at the same time an ancient, approach to health care that includes a wide range of behavioral and lifestyle interventions on an equal basis with traditional medical interventions. The patient is understood as a whole and interventions are directed at each of the aspects of the person. This approach creates a partnership among medical and mental health specialists, including physicians, psychologist, nutritionist, counselor, yoga teacher and so on. The result is an integrated team of caregivers who address mind, body and spirit of each patient. This perspective is particularly consistent with the management of obesity, and especially for those cases where dysregulated eating behaviors (DEB) are the core feature of this syndrome. Indeed, DEB often involve emotional distress translated into physical symptoms: this functioning often begins early in life with the risk of a gradual symptomatic worsening, and the tendency toward an high utilization of medical treatments in later ages.

There are a number of interventions that have reduced the tendency toward DEB, but just in a few cases obesity status and emotional distress are managed as a whole, and at the same time. Given that, many who struggle with DEB have issues with obesity and weight cycling, and healthy weight stability should be a goal of DEB interventions. Interventions that reduce DEB promote internal dietary control strategies, discourage rigid dietary restraint, and address emotional and external overeating. Internal dietary control strategies refer to the use of hunger/satiety sensations to determine what, when, and how much to eat. Programs that promote internal dietary control strategies refer to an assumption that most can accurately identify physical hunger. However, research shows many overweight and obese individuals confuse physical hunger with non metabolic urges to eat, as for the case of emotional eating and cravings. DEB interventions need to include tools to teach individuals how to recognize physical hunger and practice internal dietary control while learning and improving cognitive and emotional skills to handle with the distress.

Vicarious learning is a powerful tool for learning new adequate and functional habits. Observing those who determine what, when, and how much to eat based on internal hunger/satiety cues may help disinhibited eaters learn internal dietary control. Infants are born with an innate ability to eat in response to internal cues and tend to retain this ability until at least age three when some children begin to show signs of DEB.

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According to this perspective, there is the strong need to approach to this issue through a multidimensional setting of intervention, and an example is due by those techniques where, through the use of physiological indicators, the individual is helped to be focused on his/her actual internal cues. An attempt has been made by Ciampolini [1] which developed the *Hunger Biofeedback Technique* based on the assumption that, given the blood glucose levels and physical hunger fluctuating together, providing a portable blood glucose self-monitoring device might help to change patterns of DEB. Indeed, if individuals are informed to eat only when physical hunger is confirmed – thus when the blood glucose indicator are in the range of 60-85 mg/dl - a variation of weight statuses can be detected along with the ability to recognize physical hunger vs. emotional eating. Of course some barrier does exist in adopting this approach such as that BG self-monitoring can be experienced as uncomfortable. A similar approach, called *Biofeedback Enhanced Lifestyle Intervention* (BELI; [2]) was developed with the same goal and it is based on strategies like emphasizing internal dietary control, discouraging rigid dietary restraint, and addressing overeating in response to emotional and external signals. BELI also includes unconventional techniques like hunger biofeedback and child role modeling, both of which have questionable acceptability. Along this route, a recent study [3] has also shown preliminary results on the efficacy of an *Heart Rate Variability Biofeedback* (HRVB). This technique is based on the assumption that HRV – index of variation between heart beat intervals-is a physiological index of emotion and self regulation skills which in turn are associated to our eating attitude [4,5]. The aim of this biofeedback technique is to increase the HRV – and thus the emotion/self-regulation skills through training subjects to breath in resonance frequency. Their findings showed a significant reduction in food craving and in worries about eating and weight status.

The use of novel techniques and the adoption of a multidimensional perspective are essential to promote change behaviors as well as the need to conduct randomized controlled pilot studies to estimate the cost-effective ratio of these approaches, and their stability over time.

References

1. Ciampolini M, Lovell-Smith HD, Kenealy T, Bianchi R (2013) Hunger can be taught: Hunger recognition regulates eating and improves energy balance. *Int J Gen Med* 6: 465-478.
2. Ledoux T, Gallagher MR, Ciampolini M, Sampson McC (2014) Biofeedback Enhanced Lifestyle Intervention: Exploring the Experience of participants in a novel intervention for disinhibited eating and obesity. *Open Journal of Preventive Medicine* 4: 779-788.

3. Meule A, Fath K, Real RGL, Sütterlin S, Vögele C (2013) Quality of life, emotion regulation, and heart rate variability in individuals with intellectual disabilities and concomitant impaired vision. *Psychology of Well-Being* 3: 1.
4. de Campora G, Giromini L, Larciprete G, Li Volsi V, Zavattini GC (2014) The impact of maternal overweight and emotion regulation on early eating behaviors. *Eat Behav* 15: 403-409.
5. de Campora G, Larciprete G, Delogu AM, Meldolesi C, Giromini L (2016) A longitudinal study on emotional dysregulation and obesity risk: From pregnancy to 3 years of age of the baby. *Appetite* 96: 95-101.