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WHAT SHOULD WE KNOW ABOUT EATING DISORDERS BEFORE STARTING THE TREATMENT OF OBESITY?

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espite the consensus among experts that emotional processes playing an important role in the development of pathological eating habits that contribute to the aetiology of obesity, until present day, there isn't an efficient psychological treatment that can reverse obesity once it occurs. In 1968 the 2nd edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) obesity firstly was defined as mental illness and it was grouped together with other psychophysiological disorders. Later on, in the 3rd edition of the DSM it was abolished. As a consequence, over the years, treatment protocol for obesity generally ignored the emotional component and focused on the pharmacological and surgical procedures. Today, bariatric surgery has become the leading successful procedure to reverse obesity. While this solution is very helpful for selected population group of obese patients, it might be harmful to other. Night Eating Syndrome (NES) and Binge Eating Disorder (BED) were first characterized in 1955 and 1959 respectively by Dr. Albert

Stunkard. Only half a century later, after extensive research that supported its clinical utility and validity, they were eventually defined as distinct disorders in the 5th edition of the DSM (2013). The relevance of these diagnosis in the treatment algorithm of obesity should not be underestimated since it is estimated that BED is present in a third of the obese patients and in one study, as many as 28% of individuals seeking gastric bypass surgery, were found to suffer from NES. Treating this sub group of obese patients according to general protocol without considering pre-treatment for their eating disorder can yield negative results and deterioration in their physical and mental condition. Therefore, any expert treating obese patients should be trained to diagnose these disorders, and to learn to combine specific treatment procedures suitable for them in the general treatment plan.

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