Trauma, Severe Mental Illness, and Obesity: A Case Study

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Objectives

- Demonstrate the complex interaction between early onset schizophrenia and morbid obesity
- Recognize the role of trauma as a social determinant of health

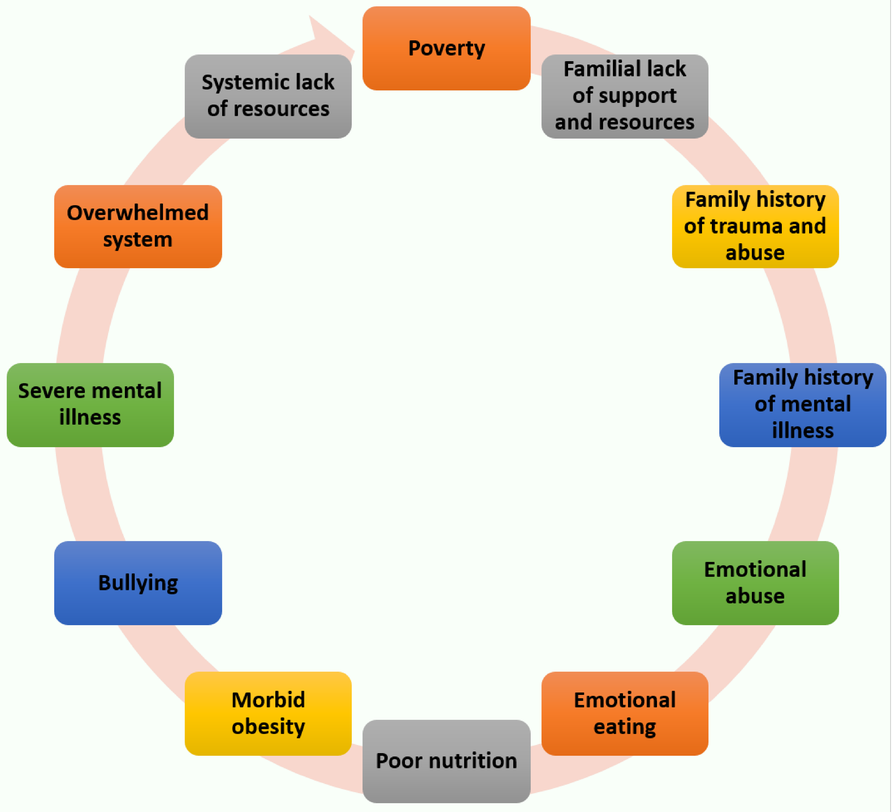
Patient Presentation

History:
- 15 year old African American female with morbid obesity
  - Lives with mother, father, 3 siblings (17 y, 8 y, 4 y)
  - Both parents have history of trauma, mother has morbid obesity, father with history of depression
  - Siblings all have obesity with cognitive/developmental and/or psychological/behavioral problems
  - Low socio-economic status (SES)
  - Family history of schizophrenia
  - Victim of bullying by peers

Course of Treatment:
- Cognitive behaviorally based treatment to address bullying and low self-esteem
  - Disclosed emotional abuse by caregiver; mandated report to Child Protective Services
  - SSRI promoted improvements to mood, anxiety, and self-esteem

Shift in Treatment Following Onset of Schizophrenia Symptoms:
- Significant familial stressor (sister's psychiatric inpatient admission)
  - Prodromal phase of schizophrenia became evident
  - As negative symptoms increased, caregiver emotional abuse increased; topic was her weight
  - Second mandated report; intensive in-home intervention through Child Protective Services implemented
  - Positive psychotic symptoms and self harm attempts began
  - Functioning rapidly worsened despite multiple psychotropic medication trials
    - Psychotic episodes every 4-6 weeks for 8 months; 7 inpatient psychiatric hospitalizations before residential treatment admission
- Discharged from residential treatment after 3 months to community mental health
- Challenge to manage this level of severity within an already stressed family system

Interactive Complexity of Illness



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Impact on Obesity

- Weight gain was consistent and rapid, even with metformin
- Easily identified when not hungry, but emotional eating was always a coping skill
- Eating large quantities of any food available, including nutritious items
- At time of residential treatment admission, gaining approximately 0.5 kg per week
- Lost weight in residential facility; immediately increased after discharge
- Currently 142.0 kg; BMI = 53.51 kg/m^2

Role of Trauma

- Intergenerational trauma and abuse
- Trauma secondary to bullying
- Trauma of poverty and insufficient resources
- Trauma within multiple systems (i.e., challenges/barriers navigating insurance, healthcare system, school district, assistance programs)
- Secondary trauma to the system (i.e., provider compassion fatigue)

Conclusions

- The interaction between chronic medical and psychological diseases creates additional barriers to treatment for both
- Multiple forms of trauma augment the interaction complexity and further challenge outcomes

References

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