Underestimate Psychological Impact of Diet Intervention

To the Editor:

We read with interest the paper by Salaycik et al., in which depressive symptoms are an independent risk factor for incident stroke/TIA in individuals younger than age 65 years. According to NCEP ATP III, changes in eating patterns are still central to the treatment and prevention of cardiovascular and cerebrovascular risk. An aggressive dietary intervention costs significantly less than drug treatment and side effects are virtually absent.

However, what about the psychological impact of diet? It is well known that adherence to diet is usually the most difficult endpoint to obtain on the long-term because of the intense psychological endeavor in changing food habits.

To evaluate the psychological reaction to an educational and diet intervention program, 126 hyperlipidemic outpatients, with high cardiovascular risk, have been provided alimentary suggestions or diet regimen according to the model of Therapeutic Lifestyle Changes. Patients were classified, according to their BMI, in 3 groups (normal BMI, 22.58 ± 0.20; overweight BMI, 25.92 ± 0.17; obese BMI, 30.62 ± 0.42) and were evaluated by a psychologist before and after 18 weeks of diet treatment. The Minnesota Multiphasic Personality Inventory test was used to assess the effectiveness of the educational treatment (to verify compliance to diet) and its psychological risks (eg, rejection of disease condition). After 18 weeks, statistically significant weight loss was obtained in both the groups of obese patients (BMI, 30.62 ± 0.42 versus 29.31 ± 0.54; mean ± SD, P < 0.04) and overweight subjects (BMI, 25.92 ± 0.17 versus 24.87 ± 1.44; P < 0.001). No weight variation was observed in the normal BMI group. The 3 groups reached the prefixed endpoint for lipid profile. The Minnesota Multiphasic Personality Inventory test identified 4 classes of emotional disorder risk (score 1 to 2, none or partial risk; score 3 to 4, medium or high risk). In the normal and obese groups, respectively, 36% and 40% of subjects showed score 3 to 4 compared with 11% in the overweight group.

In conclusion, our data suggest that subjects with normal BMI but hyperlipidemic, as well as obese patients, are challenged by the diet therapy with a higher psychological disorder risk when compared with overweight patients, irrespectively of reaching the lipid endpoint and cardiovascular risk reduction. It is necessary to develop, besides drug prescription, simple and individualized strategies for hyperlipidemic patients, mainly for patients with normal BMI that often show severe familiar hyperlipidemia.

Disclosures

None.

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