

The M Health Paradigm for the Chronic Care Management of Obesity: New Opportunities in Clinical Psychology and Medicine

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Abstract : Obesity is currently an important public health problem of epidemic proportions (globesity). Moreover Binge Eating Disorder (BED) is typically connected with obesity, even if not occurring exclusively in conjunction with overweight conditions. Typically obesity with BED requires a longer term treatment in comparison with simple obesity. Rehabilitation interventions that aim at improving weight-loss, reducing obesity-related complications and changing dysfunctional behaviors, should ideally be carried out in a multidisciplinary context with a clinical team composed of psychologists, dieticians, psychiatrists, endocrinologists, nutritionists, physiotherapists, etc. Long-term outpatient multidisciplinary treatments are likely to constitute an essential aspect of rehabilitation, due to the growing costs of a limited inpatient approach. Internet-based technologies can improve long-term obesity rehabilitation within a collaborative approach. The new m health (m-health, mobile health) paradigm, defined as clinical practices supported by up to date mobile communication devices, could increase compliance-engagement and contribute to a significant cost reduction in BED and obesity rehabilitation. Five psychological components need to be considered for successful m Health-based obesity rehabilitation in order to facilitate weight-loss. 1) Self-monitoring. Portable body monitors, pedometers and smartphones are mobile and, therefore, can be easily used, resulting in continuous self-monitoring. 2) Counselor feedback and communication. A functional approach is to provide online weight-loss interventions with brief weekly or monthly counselor or psychologist visits. 3) Social support. A group treatment format is typically preferred for behavioral weight-loss interventions. 4) Structured program. Technology-based weight-loss programs incorporate principles of behavior therapy and change with structured weekly protocols including nutrition, exercise, stimulus control, self-regulation strategies, goal-setting. 5) Individually tailored program. Interventions specifically designed around individual's goals typically record higher rates of adherence and weight loss. Opportunities and limitations of m health approach in clinical psychology for obesity and BED are discussed, taking into account future research directions in this promising area.

Keywords : obesity, rehabilitation, out-patient, new technologies, tele medicine, tele care, m health, clinical psychology, psychotherapy, chronic care management

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