

Obese individuals are frequently stigmatized in multiple domains of living including places of employment, educational institutions, medical facilities, interpersonal relationships and the mass media. This study tested the hypothesis that, contrary to intuitive expectations, exposing obese inpatients to a weight stigmatizing stimulus increases their hunger and food palatability through the elicitation of a stress response. Twenty-one obese inpatients were randomly assigned to an active or control condition. In the first one (n=11), participants read an ostensible news article about stigma faced by overweight individuals in employment settings, while participants assigned to the second condition (n=10) read a control article about discrimination faced by smokers in the same settings. Upon arrival, participants were told that the goal of the study was to examine their reactions to food images. After reading the news articles, participants were exposed to a sequence of food pictures. Then they completed assessment questionnaires evaluating the perception of hunger and food palatability. Results showed that exposure to a weight stigmatizing stimulus caused higher levels of perceived hunger and food palatability in obese inpatients. These findings underline the negative and counterintuitive effect that weight stigma may have on eating and ultimately on weight loss in obese subjects.

## **EMOTIONAL PROFILES AND PSYCHOPATHOLOGY IN SEVERELY OBESE PATIENTS:**

### **A PSYCHOLOGICAL PREOPERATIVE EVALUATION IN BARIATRIC SURGERY**

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Current international guidelines suggest that the candidates for bariatric surgery should undergo a preoperative mental state evaluation, to identify contraindications for achieving a satisfactory postoperative outcome. Evidence from literature shows that the relationship between obesity and mental disorders is stronger among those with more severe obesity (BMI  $\geq 40$  kg/m<sup>2</sup>), who are the individuals assessed for bariatric surgery. Obese patients with comorbid Binge eating disorders (BED) have significantly higher rates of psychiatric disorders compared to obese patients without BED. The present study provides an investigation of personality traits and emotional expressions in

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obese patients evaluated during the bariatric preoperative assessment. The sample was formed by 87 obese subjects consecutively recruited from March 2014 to February 2016 from the outpatients who requested an evaluation for bariatric surgery at the University Hospital of Messina. Participants were divided in two groups according to the presence of BED according to clinical interview and Binge Scale Questionnaire (BSQ) total score. Each subject was individually assessed using the following psychometric instruments: Eating Disorder Inventory (EDI), Profile of Mood States (POMS), State-Trait Anxiety Inventory (STAI) and Beck Depression Inventory (BDI). BED group showed higher scores on the EDI subscales Drive for Thinness, Body Dissatisfaction, Inadequacy, Interoceptive awareness. Furthermore, examining emotional features, BED subjects resulted more prone than non-BED controls to experience aversive emotional states such as Anger, Depression, as documented by an increase in somatic and cognitive components at the POMS and BDI, high levels of Trait- and State-Anxiety. Our results showed a significant alteration of the affective and emotional components in BED obese patients, possibly supporting a potential role of dysfunctional emotional states in the pathophysiology and clinical expression of such eating disorder. The present findings highlight the importance of an accurate psychological, clinical, and psychometric assessment in the preoperative phase of bariatric surgery with the aim of identifying potential signs and symptoms of personality and affective psychopathology.