

## From Obesity to Vigorexia: A Darkened Path to Avoid

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Most understand the role that obesity plays as a risk factor for many diseases, including heart disease, stroke, type 2 diabetes, certain types of cancer, sarcopenia and osteoporosis.

The Centers for Disease Control and Prevention (CDC) reports that in 2016, the prevalence of obesity was at 39.8% in the United States [1]. Another report for populations 20 years and older, mentioned that the prevalence of obesity was 31.4% [2].

Vigorexia, also found as biorexia, megarexia, reverse anorexia or muscle dysmorphia. It is usually taken as subtype of an obsessive mental disorder usually linked to eating disorders [3,13]. Vigorexia is being mentioned since the late 90's [4]. People with this "Adonis" quirk become obsessed with their bodies and the way their image is being processed inside their brains is illed. Unrealistic insight [10].

It is well known the risk factor for suffering from obesity but not many know the ones for vigorexia. These are as follows [4-8]:

- Sociopsychological traits.
- Trauma and bullying.
- Media exposure.
- Athletic involvement.

I have to say that the most common in my private practice are "media exposure" and "athletic involvement", more in fitness with the latter.

There are signs and symptoms [4,9,10,13]:

- Over self judgement in terms of image and physical condition.
- Over involvement in activities such as: dietary restriction, medications and exercise.
- I have to say that most of the time this happens to individuals who never consulted an adequate health provider.
- They tend to look themselves in the mirror constantly and their outfits are chosen either enhance or hide specific part of their bodies.
- The fact that other may watch and/or judged their bodies generates stress and discomfort.
- Dysfunctionality from the occupational to the social point of view.

There is a questionnaire developed in Spain in 2015, called the "Adonis complex questionnaire" that may help physician in diagnosing vigorexia [12].

It is all well related with body dissatisfaction (BI), regarding this a Brazilian study amongst adolescents in 2012 found a BI prevalence of 60.4%, being 54.5% for males and 65.7% for females with a  $p < 0.05$ ; one particular feature they found is that boys want to enhance their body size in a prevalence of 26.4% and girls decrease it with a prevalence of 52.4% [13].

Nowadays with the access to social media and social networking, the latter has become a double edge knife situation. People are being promised permanent treatment based on self needs of obese people and overall the ones they want to hear from us in order to be accepted, we may find many advertisings with neuro linguistic techniques to capture these people through their marketing from all points View in order to get the money from them.

I always explain to my patients that they have been mistreating their bodies for so long, for so many years with bad foods. We cannot expect to have an immediate fast resolving treatment and everlasting. I would love to have that kind of treatment for all my patients but we do not have that; what we do have and should tell our patients to keep in mind what I call the 3Ps rules, Patience, Persistence, and Perseverance. Actually, it is a hashtag #3Ps.

What we cannot accept and I just mentioned it at the at the Colombian Symposium of Obesity is that we cannot go from one side towards the other, by this I mean from obesity to vigorexia: INDEED, A DARKEND PATH.

We have to help patients in order to accept themselves and when they begin to lose fat eventually, they will get healthier and with more stamina. Given the scenario and an adequate physical condition; perhaps, they would love to go and adventure into high performance sports, what I find unacceptable is when these patients that have been obese and in risk for chronic diseases, now develop an addiction to exercise; what I mean, is that we cannot change an addiction to food towards addiction to exercise. There are many of these patients putting in danger their jobs, their companies, their homes, their marriage. I really think for all of us who work with these patients, we have to see the patients not only as a muscle, bone, and adipose tissue. More overall as a whole complexed human being not only to lose fat but to become a better person, for this we need to work in a multidisciplinary team; in order to help this kind of patients, selfishness has no place amongst us. Medical specialties and general practitioners should be involved in management of a patient with obesity including other health workers such as social worker and psychologist.

Helping them the right way will no only keep them happier and healthier but would impact in longevity [11]. The latter was published in 2018 where they showed that having healthy lifestyles may add up to 14 years to their own life expectancies.

Let us fight against Obesity and vigorexia; however, let us do it well as a multidisciplinary and ethical team.

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