

Obesity effect on outpatient mental health

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Executive summary

- ▶ An analysis of a survey done by <2018 National Survey on Drug Use and Health> claiming ***“Obese people are more likely to have outpatient mental health.”***
- ▶ There seems to be **sufficient evidence to show effect** on the probability of being an outpatient mental health regarding BMI
- ▶ There seems to be other variables : **Internalizing problems, Substance use behaviors, Sociodemographic** which have effect on the probability of being an outpatient mental health regarding BMI

Are obese people more likely to have outpatient mental health?

According to a paper on “**Mental Illness and Obesity**”:

Obesity develops from a combination of environmental effects and genotype, both of which can present as heightened risk factors in people with mental illness...

There is a debate in some health communities whether or not obesity is associated with mental diseases

“National Survey on Drug Use and Health 2018”

(Study Design: Cross Sectional Study)

A total final sample of 67,791 interviews was obtained who answered questionnaires from a sample of each of the 50 states:

This dataset considers one of the best sources of information ***use of illicit drugs, smoking tobacco or cigarettes and mental diseases among US adults***

Main Variable Explanation

Outcome: OutPatient Mental Health treatment in past year(Yes/No)

Exposure: BMI (Body Mass Index)

Alcohol Consumption : past month use(yes/no)

Suicide Thinking: seriously thought of killing self(yes/no)

Education Level

Income: Total Family Income

Building a model

Main model: **Weighted Logistic Regression**

Weight: person-level analysis weights divided by the sum

Model 1:
Using all variables
(Concentrating on BMI)

- Internalizing problems
(how often felt hopeless...)
- Substance use behaviors
(cigarettes ... drug use)
- Sociodemographic
(age, gender, race...)

Model 2:
BMI & Main variables
(Checking interaction)

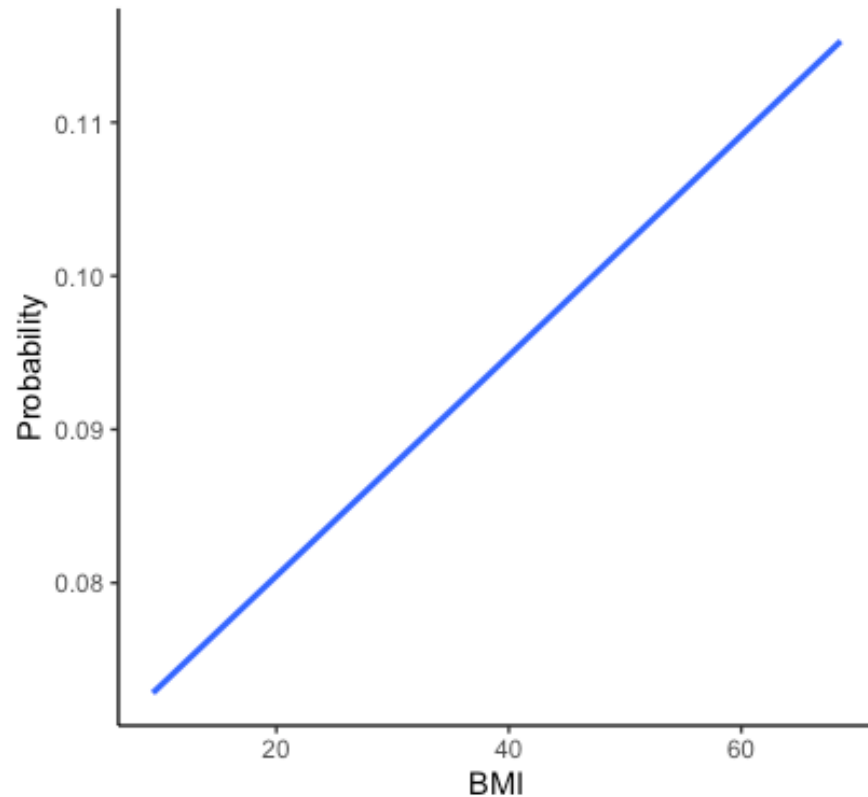
Focusing on these variables...

- Alcohol consumption
- Suicide Thinking
- Education Level
- Income

Model 1: Weighted Logistic model (BMI aspect)

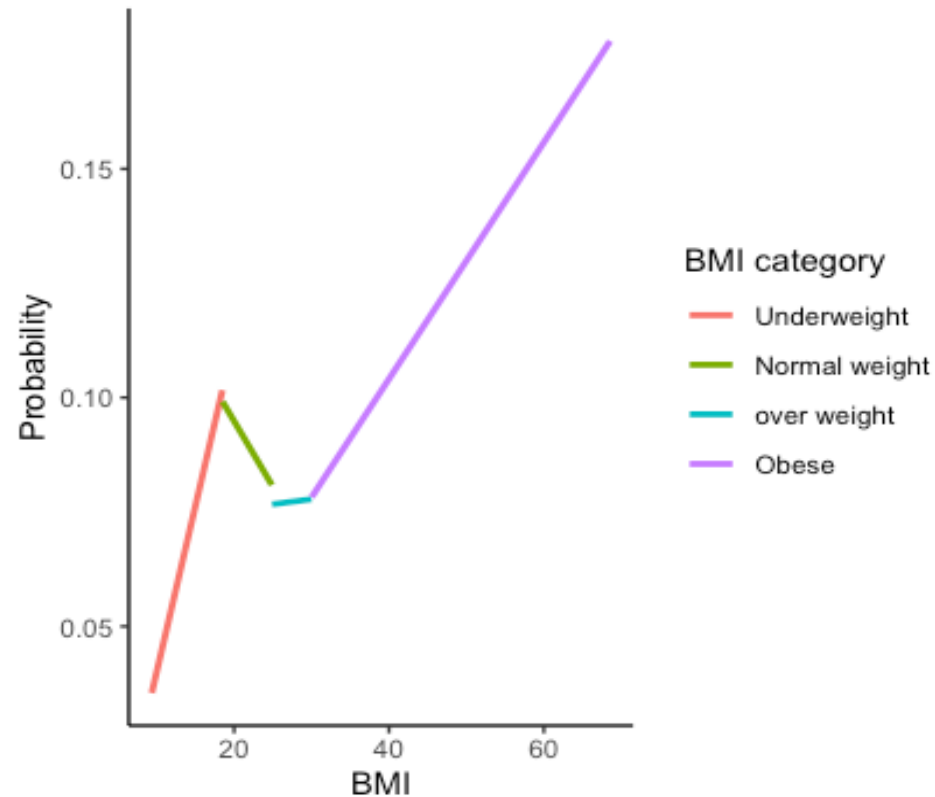
Using **LINEAR MODEL**

BMI respect to the probability of being an outpatient mental health



Using **GAM** (With Categories of BMI)

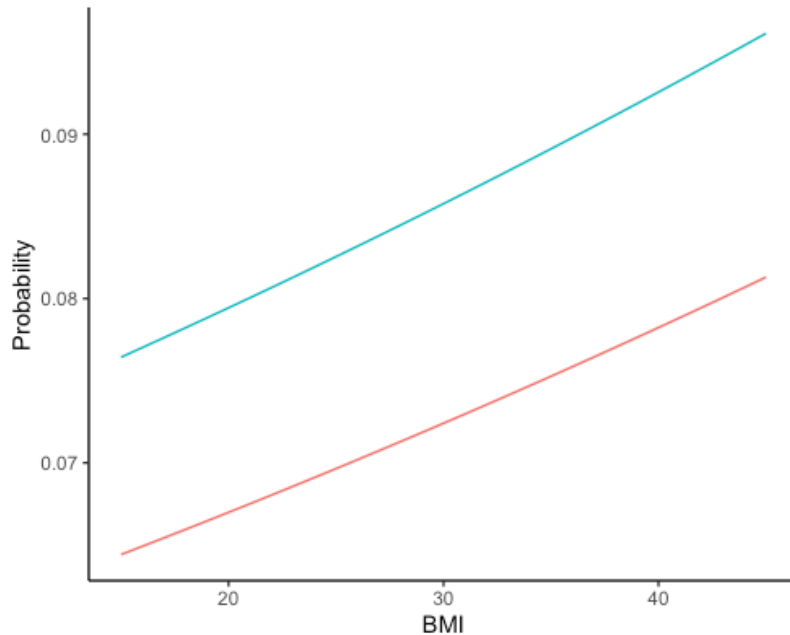
BMI respect to the probability of being an outpatient mental health



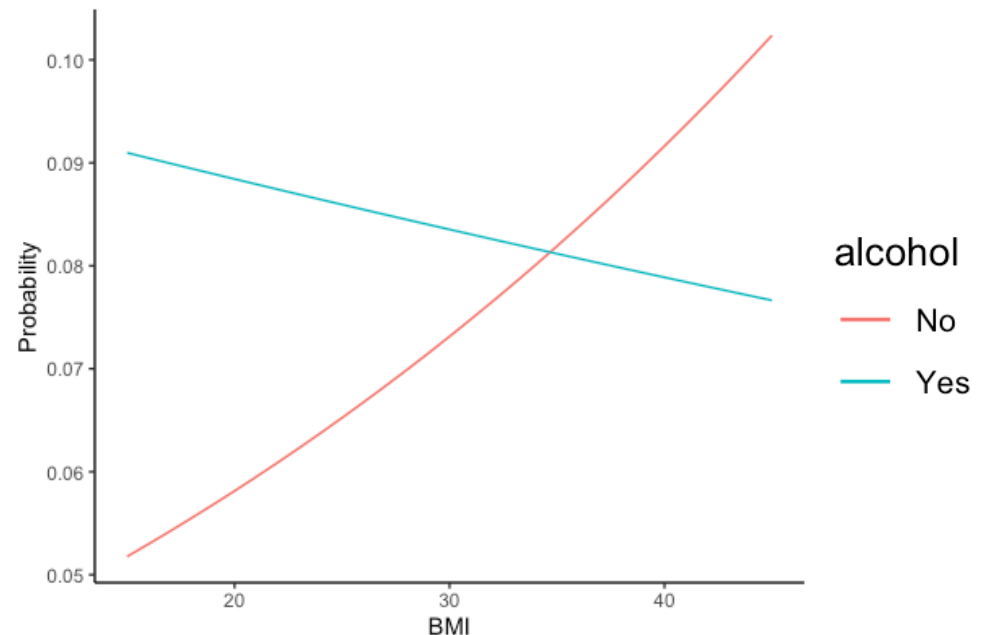
Obesity Paradox

Model 2: (1) BMI and Alcohol Consumption

Additive Model with BMI & alcohol consumption



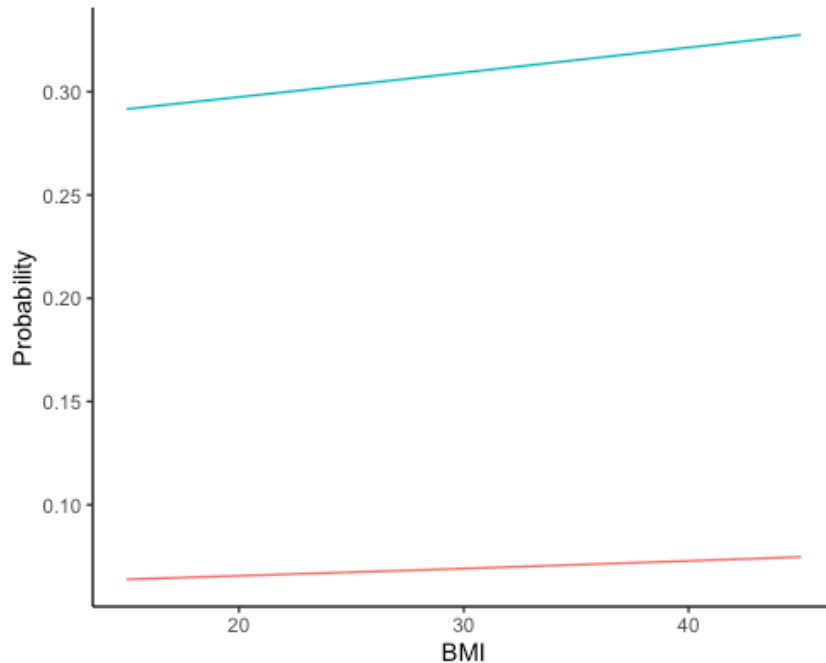
Interaction Model with BMI & alcohol consumption



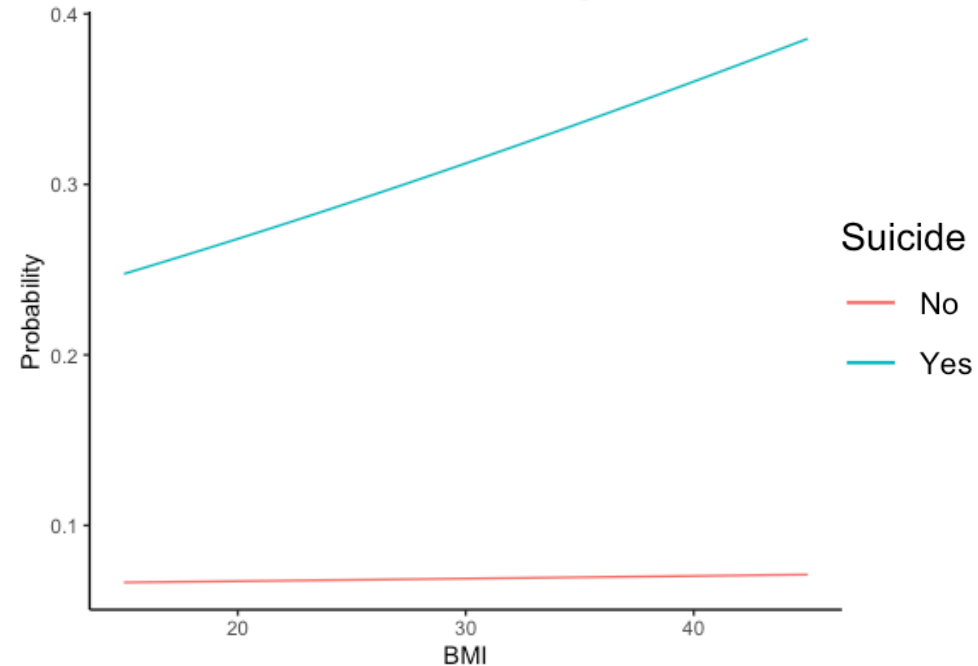
Can't ignore interaction with Alcohol Consumption

Model 2: (2) BMI and Suicide Thinking

Additive Model with BMI & Suicide Thinking



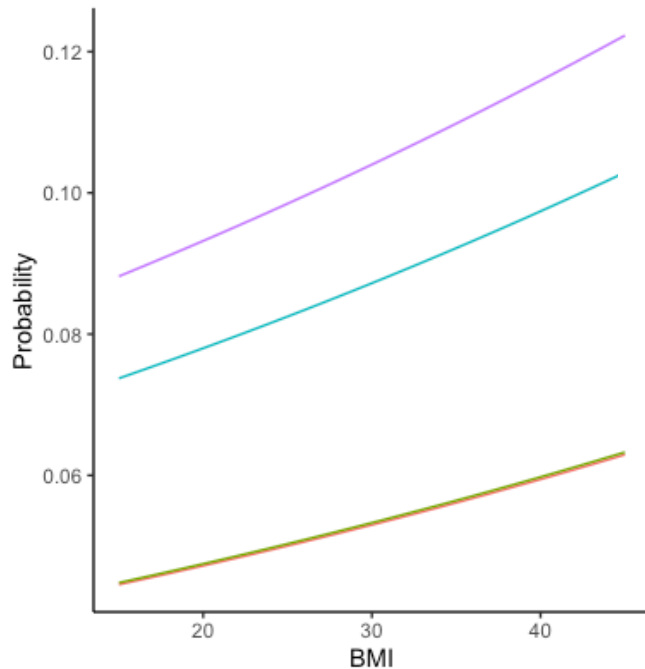
Interaction Model with BMI & Suicide Thinking



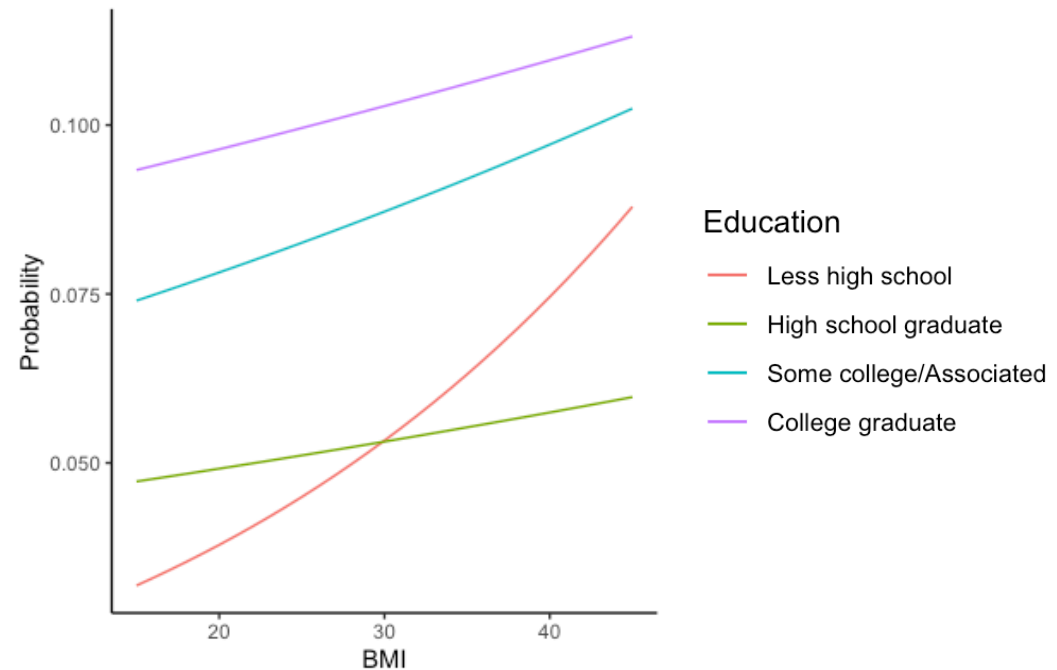
Can't ignore interaction with Suicide Thinking

Model 2: (3) BMI and Education Level

Additive Model with BMI & Education Level



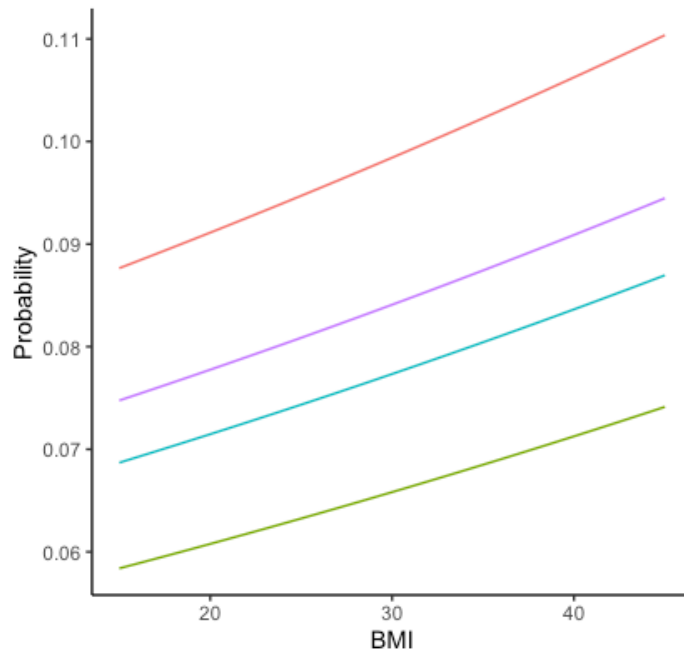
Interaction Model with BMI & Education Level



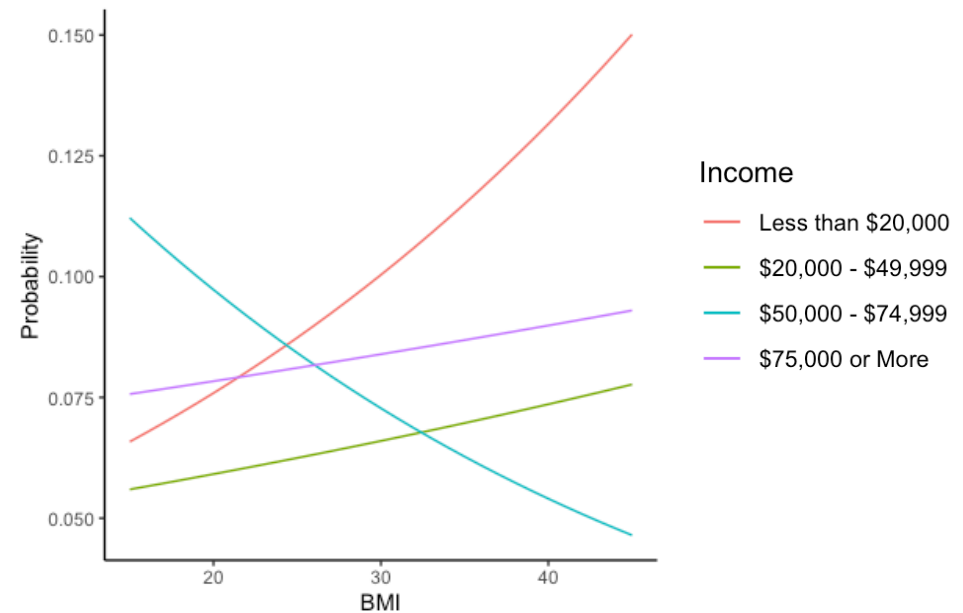
Can't ignore interaction with Education Level

Model 2: (4) BMI and Income

Additive Model with BMI & Income



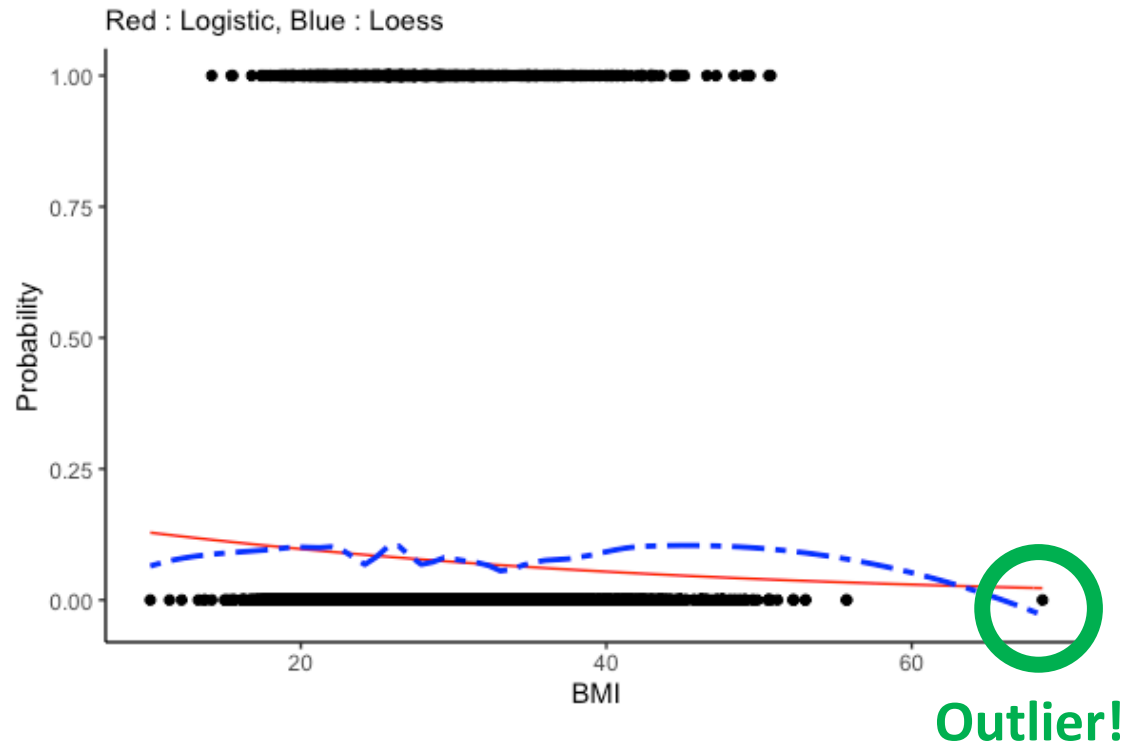
Interaction Model with BMI & Income



Can't ignore interaction with Income

Why does \$50,000 - \$74,999 have a negative slope ?

Comparison between logistic and Loess among those earning \$50,000 - \$74,999



Preliminary Conclusions

- ▶ Those who are **underweight and obese have higher risk of being a mental patient** compare to those being overweight and normal weight.
- ▶ **Alcohol Consumption:** Has an interaction in the association of BMI and the probability of being outpatient mental health
- ▶ **Suicide Thinking:** Those who have suicide thinking increases their risk of being outpatient mental health as the BMI increases
- ▶ **Education Level:** All education levels have the same pattern: Higher the BMI higher the risk of being a mental health patient.
- ▶ **Income:** There is a tendency that lower the income higher the risk of being a mental patient (higher the BMI higher the risk). However, group 50K-74.99K have a different behavior, perhaps to unmeasured confounding.

Next steps:

Interpretation of Odds Ratio

Seeing impacts of other variables

Try other models: Loess, gam