Gestione psichiatrica per la terapia farmacologica e chirurgica

FAUSTA MICANTI
PSICHIATRA E PSICOTERAPEUTA
SCUOLA DI MEDICINA
UNIVERSITÀ FEDERICO II NAPOLI

Terapia farmacologica dell'obesità ed impatto sui circuiti cerebrali e circuito fame sazietà

FAUSTA MICANTI
PSICHIATRA PSICOTERAPEUTA
SCUOLA DI MEDICINA
UNIVERSITÀ FEDERICO II NAPOLI

LINEE GUIDA DELLA SICOB SOCIETÀ ITALIANA DI CHIRURGIA DELL'OBESITÀ E DELLE MALATTIE METABOLICHE

La terapia chirurgica dell'obesità e delle complicanze associate

Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity (2023) 28:5
https://doi.org/10.1007/s40519-023-01537-4

ORIGINAL ARTICLE

Check for updates

SICOB-endorsed national Delphi consensus on obesity treatment optimization: focus on diagnosis, pre-operative management, and weight regain/insufficient weight loss approach

Marco Antonio Zappa[1] · Angelo Iossa[2] · Luca Busetto[3] · Sonja Chiappetta[4] · Francesco Greco[5] · Marcello Lucchese[6] · Fausta Micanti[7] · Geltrude Mingrone[8,9,10] · Giuseppe Navarra[11] · Marco Raffaelli[12] · Delphi Expert Panel · Maurizio De Luca[13]

S.I.C.OB.

LINEE GUIDA

Interazione tra psicofarmaci e farmaci anti obesità

Interazione tra psicofarmaci e chirurgia bariatrica

Comportamenti alimentari come sintomo

Diagnosi

Procedure

Gli studi più recenti hanno dimostrato la potenziale efficacia dell'impiego dei GLP-1 agonist (semaglutide,liraglutide) o dei dual agonist (tirzepatide) nei disturbi dell'umore e nel disturbo bipolare. I meccanismio d'azione sono complessi e relativi all'attivazione dei circuiti dopaminergici e alla riduzione del processo infiammatorio nei soggetti obesi

Pharmacological Research 222 (2025) 108036

Contents lists available at ScienceDirect

Pharmacological Research

journal homepage: www.elsevier.com/locate/yphrs

Psychotropic effects of GLP-1R agonists☆

Loredana Bucciarelli [a,b], Vincenzo Cimino [b,c], Bernardo Dell'Osso [d,e,f], Paolo Fiorina [b,c,g,*]

GLP-1RAs modulate dopaminergic, serotonergic, and noradrenergic signaling, reduce neuroinflammation and oxidative stress, and enhance neuroplasticity, mechanisms relevant to psychiatric and substance use disorders [30]. Improved insulin sensitivity and reduced mitochondrial ROS may enhance serotonin signaling, contributing to antidepressant effects, in db/db mice treated with exendin-4

In antipsychotic-treated rats, liraglutide reversed depressive behaviors [24] and improved depressive and cognitive symptoms in high-fat diet models by enhancing hippocampal BDNF and reducing autophagy and inflammatory markers (TNF α , IL-6) [25]. Benefits in schizophrenia and bipolar disorder may involve synaptic plasticity and oxidative stress reduction [26]. In addiction models, GLP-1R agonists attenuate meso limbic dopamine release, drug-seeking, and relapse for cocaine, amphetamines, opioids, nicotine, and alcohol

Psychotropic effects of GLP-1RAs: clinical studies GLP-1RAs may influence psychiatric conditions through several mechanisms, including enhanced neurogenesis and synaptic plasticity in mood-related regions such as the hippocampus [45] along with anti-inflammatory and antioxidant effects that may reduceneurodegenerative changes [22,46]. These actions are likely linked to the presence of GLP-1RAs in brain areas implicated in mood regulation -–hypothalamus, prefrontal cortex, hindbrain and amygdala–, where they modulate serotonin, dopamine and glutamate [24,47].

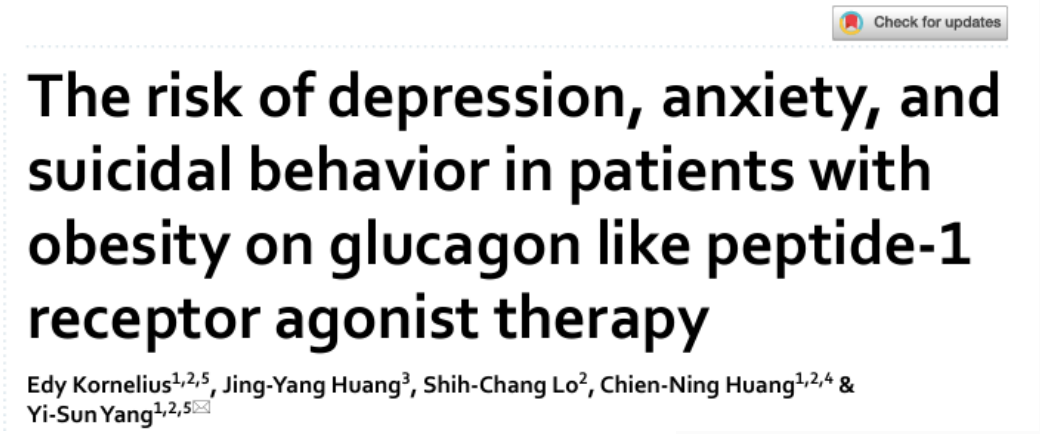
However, a small randomized clinical trial in obese patients affected with schizophrenia found no cognitive benefit with exenatide [50] highlighting the need for larger trials

Table 4
Randomized clinical trials of GLP-1RA in depression or mood outcomes.

Study	GLP-1RA	Duration	Endpoints	Population/Design	Key findings
SCALE Program	Lira sc	160 wks	PHQ-9, C-SSRS, adverse events	Adults with obesity (with and without prediabetes), depression/anxiety safety assessed post hoc	No increase in depression or suicidal ideation
STEP trials-1/2/3/5	Sema sc	104 wks	PHQ-9, C-SSRS	Adults with obesity and /or diabetes, Psychiatric safety post hoc	No increase in depression or suicidal ideation

Abbreviations: GLP-1R agonists (GLP-1RA), subcutaneous (SC); Satiety and Clinical Adiposity-Liraglutide Evidence Trials in individuals with and without diabetes (SCALE program); Semaglutide Treatment Effect in People with Obesity trials (STEP Trials); Patients Health Questionnaire Item-9 (PHQ-9); Columbia Suicide Severity Rating Scale (C-SSRS), liraglutide (lira), semaglutide (sema), weeks (wks)

scientific reports



Check for updates

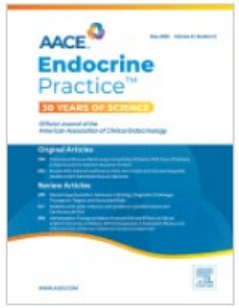
OPEN

The risk of depression, anxiety, and suicidal behavior in patients with obesity on glucagon like peptide-1 receptor agonist therapy

Edy Kornelius[1,2,5], Jing-Yang Huang[3], Shih-Chang Lo[2], Chien-Ning Huang[1,2,4] & Yi-Sun Yang[1,2,5]✉

…..**While preclinical studies, primarily in animal models suggest a potential beneficial effect of GLP-1 RAs on mood and behavior, the clinical evidence in humans remains unclear**. It is important to note that patients with a history of major depression were actually excluded from the phase 3 randomized controlled trials (RCTs) of these medications10–15,21–23. This exclusion is significant considering that patients with obesity have a higher risk of developing depression24. As a result**, there is currently no data available to assess the clinical implications of GLP-1 RA use in this patient population**

Moreover, one phase 2 study conducted by Astrup et al. investigated the effects of varying doses of liraglutide, ranging from 1.2 to 3 mg, in comparison to placebo and orlistat, expanding our understanding of the relationship between liraglutide and psychiatric outcomes. This study was inclusive of participants who had a history of psychiatric diseases. **The results revealed a slightly higher rate of psychiatric disorders, particularly insomnia, depressed mood, and nervousness, in those taking higher doses of liraglutide (2.4 mg and 3.0 mg)**). The study was later extended to a two-year follow-up period28. During this time, it was found that 17% of the participants had a history of psychiatric conditions, with insomnia being the most frequently reported issue.



Neuropsychiatric Effects of Tirzepatide: A Systematic Review and Meta-Analysis

A.B.M. Kamrul-Hasan, MBBS, MD [1] · Sanja Borozan, MD [2,3] · Deep Dutta, MBBS, MD, DM, DNB, FRCP, FACE [4] · Lakshmi Nagendra, MBBS, MRCP, MD, DM, DrNB, FRCP [5] · Dina Shrestha, MBBS, MD [6] · Joseph M. Pappachan, MD, FRCP [7,8]

…… GLP-1RAs significantly interact with different neurotransmitter systems such as dopamine, glutamate, and γ-Aminobutyric acid and affect mood along with other aspects of mental health.[4] A recent analysis of individual safety reports submitted to the EudraVigilance database revealed a low number of reported cases (1.2%); still, the potential for psychiatric events associated with the use of GLP-1RAs (semaglutide, liraglutide) and tirzepatide, pointing out the need for future targeted studies to assess the risk, particularly regarding suicidal thoughts.[2] Another study using the World Health Organization's global database of suspected adverse drug reactions also found a signal of semaglutide-associated suicidal ideation.[5] However, the other retrospective cohort study of electronic health records from the TriNetX Analytics Network does not support higher risks of suicidal ideation with semaglutide compared with non-GLP-1RA anti-obesity or anti-diabetes medications.[6] **In accordance, there is a rising concern about the neuropsychiatric effects due to GLP-1RAs and tirzepatide use, and its clinical implications and consequences are still to be fully addressed**.

Suicide and suicide attempt in users of GLP-1 receptor agonists: a nationwide case-time-control study

Julien Bezin,[a,b,h,*] Anne Bénard-Laribière,[a,h] Emilie Hucteau,[a] Marie Tournier,[a,c] François Montastruc,[d,e] Antoine Pariente,[a,b] and Jean-Luc Faillie[f,g]

www.thelancet.com Vol 80 February, 2025

Reassuring though it is, current real-life information does not entirely fill this gap. Some pharmacovigilance case reports and studies have raised concern, but the results are mostly inconsistent.7–9 Results from pharmaco-epidemiological studies are more homoge neous, at least in their direction; however none of the currently published studies clearly addresses the issue of safety in patients with preexisting mental health disorders.10–14 This appears an important gap, firstly given the increasing use of GLP-1 RA use in obese patients who are at increased risk of suicidality, and secondly given the potential of use of these drugs in patients treated with antipsychotics or antidepressants that can induce important weight gain. Recommendations from the agencies currently remained opposite. **The FDA recommends close monitoring for mood changes, emerging or worsening depression, or suicidal behavior during treatment by the GLP-1 RA liraglutide and semaglutide. Conversely, the European Medicines Agency (EMA) has concluded that evidence is insuffi cient to support a causal association.17,18 This contrasting information might lead to situations of complex**

Interazione fra psicofarmaci e chirurgia

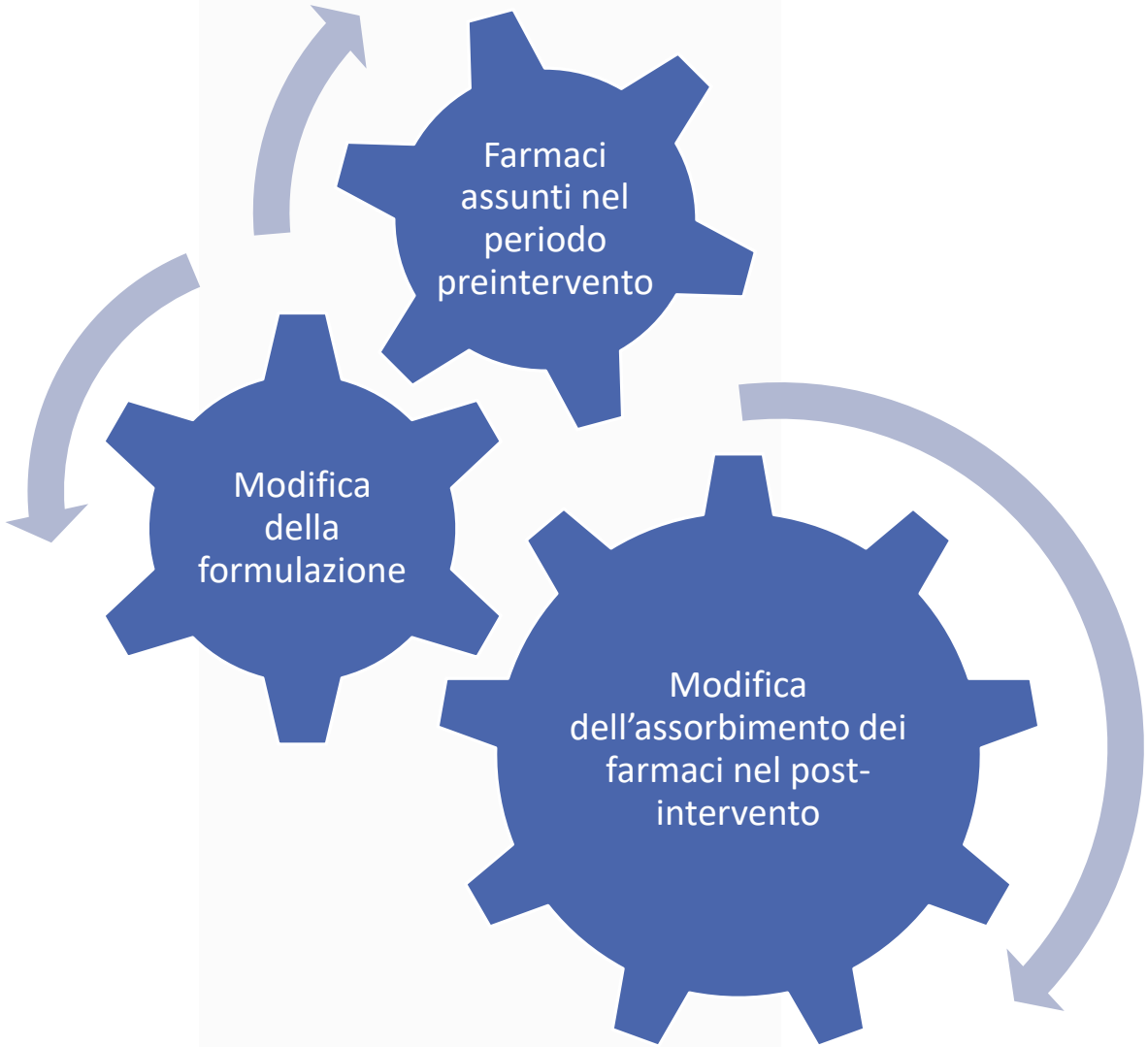
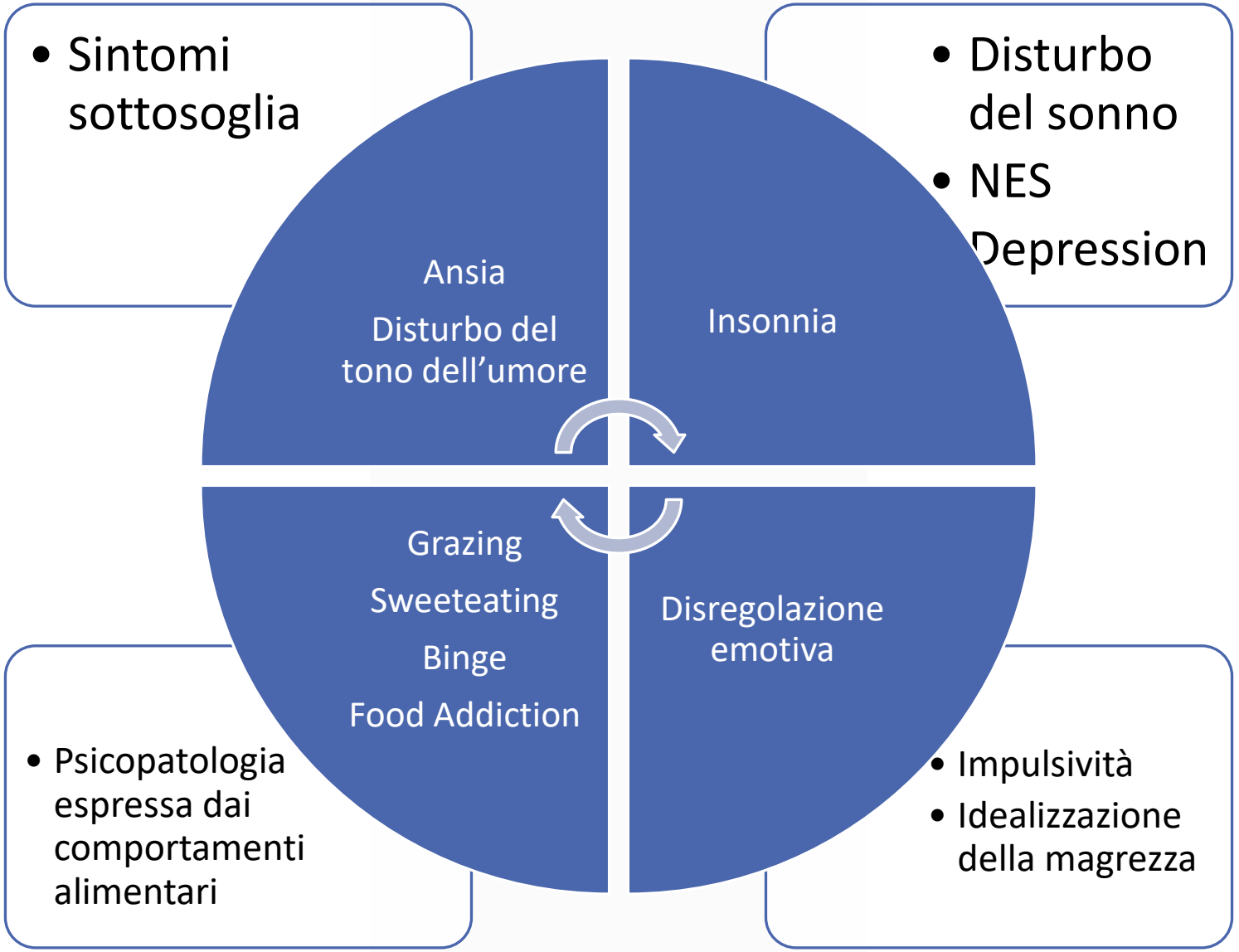


TABLE 1. Weights of Dissolved Portions of Psychiatric Medications in Standardized Dissolution Test Models of the Gastrointestinal Environments of Preoperative and Postoperative Roux-en-Y Gastric Bypass (RYGB) Patients

Medication	Dose (mg/day)	Preoperative (Control) Environment		Post-RYGB Environment		p[b]
		Median weight of dissolved portion (mg)	%[a]	Median weight of dissolved portion (mg)	%[a]	
Antidepressants						
Amitriptyline	75	80	28	60	21	<0.04
Fluoxetine	20	110	30	40	11	<0.04
Paroxetine	20	30	09	10	03	<0.04
Sertraline	100	50	16	30	10	<0.04
Bupropion	100	320	52	450	73	<0.05
Venlafaxine	75	180	59	180	59	n.s.
Citalopram	20	70	27	80	31	n.s.
Anxiolytics, sedatives						
Clonazepam	0.5	100	57	90	52	<0.05
Buspirone	10	120	59	120	59	n.s.
Diazepam	5	10	6	10	6	n.s.
Lorazepam	1	10	8	0	0	n.s.
Trazodone	100	330	59	330	59	n.s.
Zolpidem	5	100	82	90	74	n.s.
Antipsychotics/miscellaneous						
Clozapine	100	190	54	150	43	<0.05
Olanzapine	10	190	45	160	38	<0.05
Quetiapine	200	270	53	120	23	<0.05
Risperidone	2	130	64	100	49	<0.05
Ziprasidone	80	280	77	210	27	0.05
Lithium carbonate	300	130	35	280	75	<0.05
Haloperidol	2	10	7	10	7	n.s.
Methylphenidate	20	70	48	80	54	n.s.
Oxcarbazepine	300	20	5	10	2	n.s.

[a]Relative to original pill weight.
[b]Mann-Whitney U test.


• Sintomi sottosoglia
• Disturbo del sonno
• NES
Depression
Ansia
Disturbo del tono dell'umore
Insonnia
Grazing
Sweeteating
Binge
Food Addiction
Disregolazione emotiva
• Psicopatologia espressa dai comportamenti alimentari
• Impulsività
• Idealizzazione della magrezza

Eat Weight Disord (2017) 22:105–115
DOI 10.1007/s40519-016-0275-7

ORIGINAL ARTICLE

The relationship between emotional regulation and eating behaviour: a multidimensional analysis of obesity psychopathology

Fausta Micanti[1] · Felice Iasevoli[1] · Claudia Cucciniello[1] · Raimondo Costabile[1] · Giuseppe Loiarro[1] · Giuseppe Pecoraro[1] · Fabrizio Pasanisi[2] · GianLuca Rossetti[3] · Diana Galletta[1]

Purpose The aim of this study is to show that the differences among eating behaviours are related to the emotional dysregulation connected to the mental dimensions being part of the obese psychopathology. Eating behaviours can be considered a diagnostic feature at the initial screening for determining the obesity treatment: nutritional or bariatric surgery.

FA represents a frequent phenomenon in obesity, often driven by low distress tolerance and poor emotional regulation, mirroring other addictions. Pathological eating behaviors may represent different phenotypic expressions of FA. Considering the relevant psychological underpinning, integrating tailored psychological interventions into obesity management may promote sustained weight management and improved outcomes.

Eat Behav. 2025 Apr:57:101961. doi: 10.1016/j.eatbeh.2025.101961. Epub 2025 Mar 4.

Exploring clinical phenotypes of food addiction and its distress correlates: A cross-sectional evaluation in treatment-seeking individuals with obesity

Fausta Micanti [1], Claudio Caiazza [2], Luigi Franzese [1], Michele D'Ambrosio [1], Niccolò Solini [1], Felice Iasevoli [1], Michele Fornaro [1], Andrea de Bartolomeis [1], Vito Rago [3]

Original Article
CLINICAL TRIALS AND INVESTIGATIONS

Obesity

Selection of Antiobesity Medications Based on Phenotypes Enhances Weight Loss: A Pragmatic Trial in an Obesity Clinic

Andres Acosta [1], *Michael Camilleri* [1], *Barham Abu Dayyeh*[1], *Gerardo Calderon*[1], *Daniel Gonzalez*[1], *Alison McRae*[1], *William Rossini*[1], *Sneha Singh*[1], *Duane Burton*[1], *and Matthew M. Clark*[2]

Study Importance

What is already known?

- Obesity is a chronic, relapsing, multifactorial disease, the prevalence of which continues to increase worldwide. Obesity is a remarkably heterogeneous disease, and sustained weight loss with current treatment paradigms remains a challenge in clinical practice.
- The heterogeneity among patients with obesity is particularly apparent in weight loss response to obesity interventions, such as diets, medications, devices, and surgery.
- Little is currently known about the predictors of response to obesity interventions.

What does this study add?

- We stratified obesity into four phenotypes: hungry brain (abnormal satiation), emotional hunger (hedonic eating), hungry gut (abnormal satiety), and slow burn (decreased metabolic rate).
- In a clinical cohort prescribed antiobesity medication, the phenotype-guided approach was associated with 1.75-fold greater weight loss after 1 year, and the proportion of patients who lost >10% at 1 year was 79% compared with 34% with non-phenotype-guided treatment.

How might these results change the direction of research or the focus of clinical practice?

- We have identified actionable phenotypes of obesity based on pathophysiology and behavior that elucidate human obesity heterogeneity and can be targeted to enhance weight loss outcomes of pharmacotherapy.

Tirzepatide e BED

In SURMOUNT-1, participants receiving tirzepatide reported significant improvements in the Impact of Weight on Quality of Life-Lite Clinical Trials Version (IWQOL-Lite-CT) physical function domain scores compared to placebo, suggesting improvements in weight-related quality of life.

While these appetite-suppressing effects are well-documented in the context of obesity and diabetes management, the specific impact on binge eating behaviors has not been systematically studied in dedicated BED populations. The mechanisms by which tirzepatide affects appetite—particularly its influence on reward pathways and impulsivity related to food—suggest theoretical potential for reducing binge episodes. However, **binge eating disorder involves complex psychological, behavioral, and neurobiological factors beyond simple appetite dysregulation, including emotional eating, stress responses, and learned behavioral patterns that may not be fully addressed by pharmacological appetite suppression alone.**

▸ Curr Obes Rep. Author manuscript; available in PMC: 2025 Nov 22.

Published in final edited form as: Curr Obes Rep. 2025 Nov 11;14(1):79. doi: 10.1007/s13679-025-00666-4

Graze Eating and Obesity: A Conceptualization Within the Spectrum of Disordered Eating

Eva Conceição [1], Andreea I Heriseanu [2], Andrea B Goldschmidt [3]

Purpose of review: This review examines recent literature on grazing and its two subtypes – compulsive (CG) and non-compulsive (NCG) – utilizing a consistent definition and psychometrically sound instruments.

Recent findings: Grazing is a distinct problematic eating behavior, prevalent across various weight, age, and sexes groups, with higher rates observed in younger adults and older children/adolescents. Grazing has associations with socioeconomic status, and scores differ between countries, suggesting cultural differences. Grazing is consistently linked to higher body mass index, poor weight loss and metabolic control outcomes after metabolic-bariatric surgery. CG, particularly, has been consistently associated with greater psychological distress, eating disorder psychopathology, affective dysregulation, impulsivity and addictive behaviors, and poorer quality of life.

Summary: Grazing is a problematic eating behavior associated with loss of control eating, and within the spectrum of disordered eating. Assessing and addressing grazing may be a crucial strategy to mitigate obesity and its associated medical risks.

The impact of weight loss interventions on disordered eating symptoms in people with overweight and obesity: a systematic review & meta-analysis

Elena Tsompanaki,[a] Dimitrios A. Koutoukidis,[a,*] Gina Wren,[a] Heather Tong,[a] Annika Theodoulou,[a] Danni Wang,[a] Rebecca J. Park,[b] Susan A. Jebb,[a] and Paul Aveyard[a]

[a]Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom
[b]Department of Psychiatry, University of Oxford, Oxford, United Kingdom

eClinicalMedicine
2025;80: 103049
Published Online 31 January 2025
https://doi.org/10.1016/j.eclinm.2024.103049

Summary

Background It is unclear whether weight loss interventions worsen disordered eating in people living with overweight/obesity. We aimed to systematically evaluate the association between weight loss interventions and disordered eating.

Methods Six databases were searched from inception until September 2024. Trials of weight loss interventions in people with overweight/obesity were included if they reported a validated score for disordered eating on either the Eating Disorder Examination Interview or the Eating Disorder Examination Questionnaire pre- and post-intervention. Interventions included behavioural weight loss programmes (BWL) and pharmacotherapy licenced for weight loss, with or without concurrent psychological support, provided for at least 4 weeks. Pooled standardised mean differences (SMD) in scores of disordered eating were calculated using random effects meta-analyses. Risk of bias (RoB) was assessed using the Cochrane RoB 2 tool and the Newcastle–Ottawa scale for randomised and single-arm trials, respectively (PROSPERO ID: CRD42023404792).

Findings Thirty-eight studies with 66 eligible arms (61 interventions: 29 BWL, 11 BWL + pharmacotherapy, 20 BWL + psychological intervention, 1 pharmacotherapy + psychological intervention) and 3364 participants in total were included. The mean weight change was −4.7 kg (95% CI: −5.7, −3.7). Compared with baseline, disordered eating scores improved by −1.47 SMD units (95% CI: −1.67, −1.27, $p < 0.001$, $I^2 = 94\%$) at intervention completion (median of 4 months). Seven randomised trials that directly compared a weight loss intervention to no/minimal intervention reported an improvement of −0.49 SMD units (95% CI, −0.93, −0.04, $p = 0.0035$, $I^2 = 73\%$). Sub-group analyses showed: (a) disordered eating scores improved more in people with an eating disorder at baseline compared with people without high scores, (b) no clear evidence that the association depended upon intervention type, and (c) disordered eating scores improved more in trials rated at low overall RoB.

Interpretation Despite heterogeneity in effect size, weight loss interventions consistently improved disordered eating scores. These findings provide reassurance that weight loss interventions might not worsen disordered eating and may improve it.

Funding Novo Nordisk UK Research Foundation Doctoral Fellowship in Clinical Diabetes.

Treccani Esperienze

sìntomo (ant. **sìntoma**) s. m. [dal gr. σύμπτωμα «avvenimento fortuito, accidente», der. di συμπίπτω «accadere, capitare» (comp. di σύν «con, insieme» e πίπτω «cadere»)]. – **1.** Nel linguaggio medico, ciascuno dei fenomeni elementari con cui si manifesta lo stato di malattia: *la febbre intermittente è uno dei s. della malaria; il malato presenta tutti i s. della peritonite; non c'è nessun s. di infezione.* In partic.: *s. obiettivi, s. subiettivi*, a seconda che possano essere colti dall'esterno, da un osservatore, o che siano avvertiti soltanto dal paziente; *s. patognomonici, s. di sospetto*, a seconda che siano caratteristici ed esclusivi di una determinata malattia (e quindi tali da accreditare la diagnosi), o si limitino a indirizzare il ragionamento clinico verso una determinata diagnosi; *s. spontanei, s. provocati*, a seconda che al loro apprezzamento sia sufficiente l'osservazione, o sia invece necessario il ricorso a particolari manovre. **2.** estens. e fig. Indizio, segno di qualcosa che sta per

sintomo

colloquio

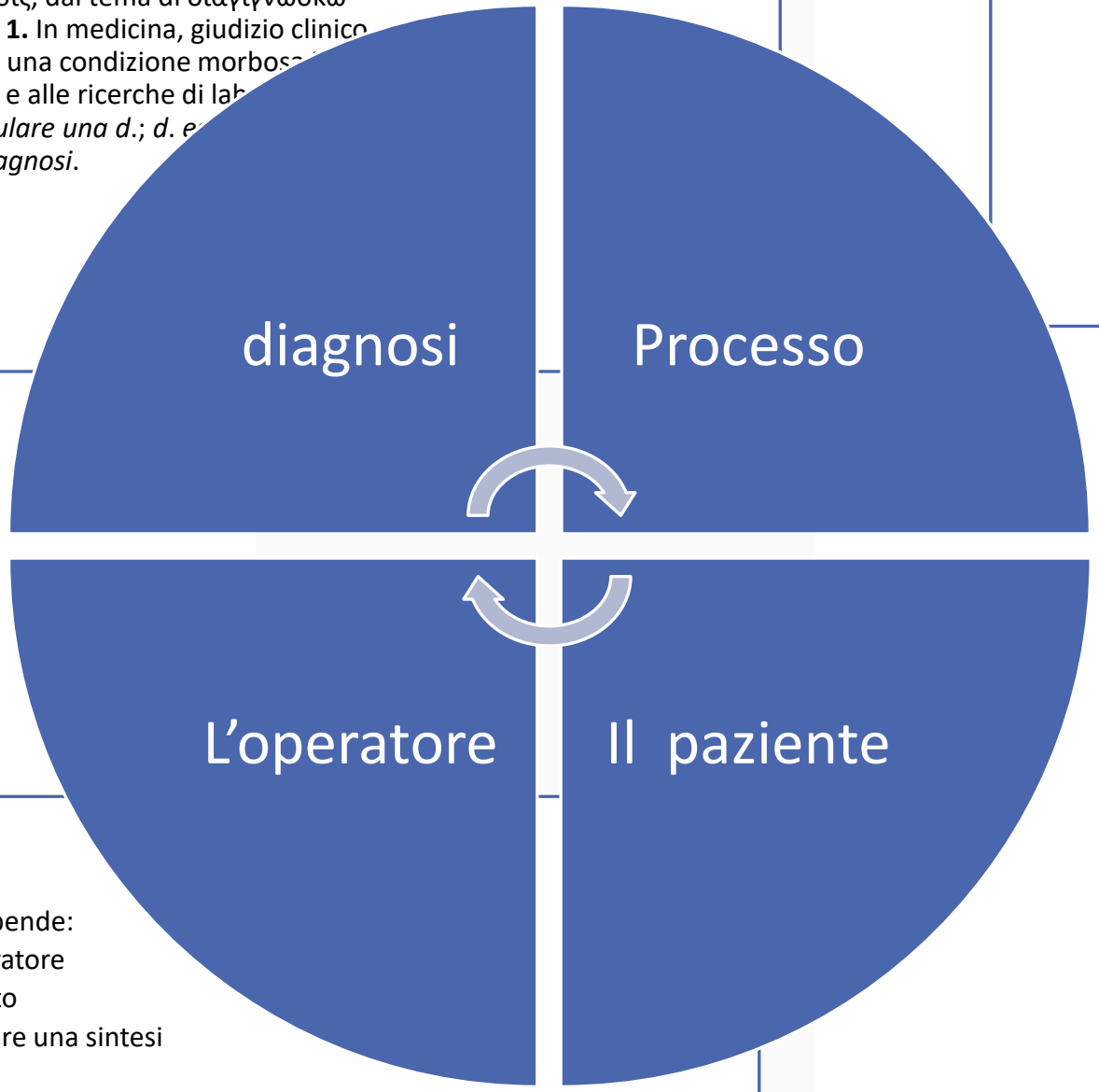
Raccolta anamnestica

Conoscenza e concettualizzazione

Diagnosi e Terapia

- **dïàgnoṡi** s. f. [dal gr. διάγνωσις, dal tema di διαγιγνώσκω «riconoscere attraverso»]. – **1.** In medicina, giudizio clinico che consiste nel riconoscere una condizione morbosa all'esame clinico del malato, e alle ricerche di lab strumentali: *fare la d.*, *formulare una d.*; *d. e* e *indovinare*, *sbagliare la diagnosi*.

- La validità del processo dipende:
- Dalle conoscenze dell'operatore
- Dalla sua capacità di ascolto
- Dalla sua capacità di operare una sintesi



- L'acquisizione degli elementi della conoscenza avviene attraverso il colloquio e l'impiego di oggetti strumentali atti aobiettivare i dati raccolti

Capacità di essere nella situazione

Motivazione
Empatia

CAUSE DI OBESITA'

DIETA

SEDENTARIETA'

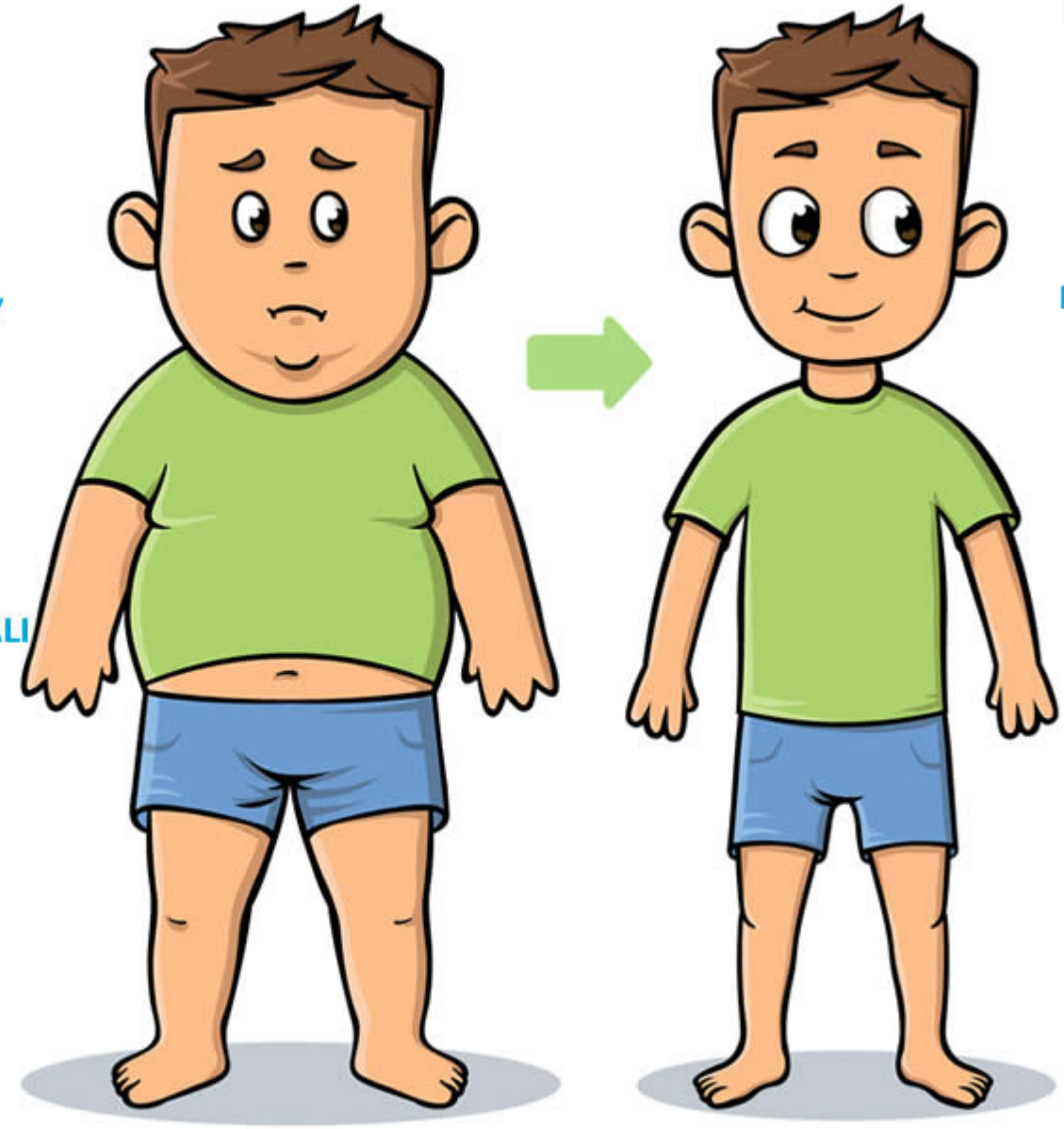
MANCANZA DI SONNO

STRESS DISTURBI MENTALI

GENETICA

BATTERI INTESTINALI

FARMACI



COSA FARE

ESERCIZIO FISICO

EVITARE LO STRESS

DIETA SANA

Updates in Surgery
https://doi.org/10.1007/s13304-024-02053-5

REVIEW ARTICLE

Psychological and psychiatric standardized procedures for metabolic bariatric surgery: a clinical practice model for mental health providers

Micanti Fausta[1] · Caiazza Claudio[1] · Musella Mario[2] · Paone Emanuela[3] · Navarra Giuseppe[4]

Obesity Surgery (2024) 34:30–42
https://doi.org/10.1007/s11695-023-06913-8

ORIGINAL CONTRIBUTIONS

IFSO Consensus on Definitions and Clinical Practice Guidelines for Obesity Management—an International Delphi Study

Paulina Salminen[1,2] · Lilian Kow[3] · Ali Aminian[4] · Lee M. Kaplan[5] · Abdelrahman Nimeri[6] · Gerhard Prager[7] · Estuardo Behrens[8] · Kevin P. White[9] · Scott Shikora[6] · IFSO Experts Panel

BJS, 2024, znae283
https://doi.org/10.1093/bjs/znae283
Collaborative Research Proceedings

International consensus position statement on the role of obesity management medications in the context of metabolic bariatric surgery: expert guideline by the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)

Ricardo V. Cohen[1,*], Luca Busetto[2], Randy Levinson[3], Carel W. Le Roux[4], Paulina Salminen[5,6] and Gerhard Prager[7] on behalf of the experts of the International Consensus on the Role of Obesity Management Medications in the Context of Metabolic Bariatric Surgery


ACCADEMIA SICOB
CORSO SICOB IV EDIZIONE
NAPOLI 19-20 FEBBRAIO 2026
IL MANAGEMENT DELL'OBESITÀ
RESPONSABILE SCIENTIFICO
MAURIZIO DE LUCA
PROVIDER SICOB
EVENTO ACCREDITATO ECM 468736
12 CREDITI FORMATIVI

Grazie