

Lipedema: a new phenomenon for many people and a new field of study for psychiatry, nutrition, and psychology in Brazil

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Brazil is one of the leading countries in plastic surgery and has cultural components that permeate body image, especially for women¹⁻⁴. Despite less Brazilian data on eating disorders, body checking, dissatisfaction, and emotional pain support many women who seek procedures and treatments. Recently, much has been said about an unknown disease lipedema in many medical offices⁵. It was first described in the United States in 1940 and is characterized by fat accumulation in the lower regions⁵. There is a characteristic of disproportionality in the affected areas, and the symptoms appear throughout development, along with hormonal changes⁶⁻⁸.

Recently, social networks have provided representations and connections between carriers of the disease, primarily women. These connections have allowed many of these individuals to recognize common symptoms, pain, and related suffering that are not normal. Many women have spent much of their lives with pain⁹ and heaviness in their legs¹⁰ due to fat accumulation, without knowing the name of this condition. It is classified as a disease of adipose tissue and is estimated to affect 11% of women¹¹. It is often confused with lymphedema, another condition that can occur with lipedema.

Many physicians are still unaware of the condition, and patients may seek various treatments, such as nutrition or psychiatry, that correlate with the condition. Differential diagnosis requires understanding obesity, lipedema, and lymphedema, as well as the relationships among the three conditions¹¹. Although almost no studies comment on the importance of body image in lipedema, it is essential to highlight that there is dissatisfaction with physical symptoms associated with various aspects such as beauty standards, body, and pressure to be thin which are already common in all

individuals. Probably, individuals in conditions of socioeconomic exclusion and minorities should have a more significant impact on lipedema¹², and in Brazil, no studies are still carried out on this subject. Considering the double impact on carriers, one should consider studying body image in these patients. Is there full recognition of body shape? Is there distortion beyond what would be physically disproportionate? Is there body neglect in affected areas? Is there extreme control during treatments or diets? All of these questions need to be unraveled because they are associated with much suffering and can cause psychological and psychiatric distress and impairment¹³. Lipedema has been linked to emotional regulation difficulties and eating disorders^{13,14}, both of which are related to body image.

Recently, it has been suggested that a ketogenic diet may be beneficial and should be considered a treatment. This proposal comes from the Lipedema Project in Boston¹¹. Many important questions need to be answered before this dietary intervention is considered, mainly the recruitment of cognitive restriction¹⁵ necessary for low carbohydrate consumption and, in the case of eating disorders and disordered eating, the triggering in beliefs and cognitions of the overvaluation of body image, so well known in the treatment of eating disorders. In this case, considering lipedema, there is excess from the objective point of view, but from the subjective point of view, is it considered coherently? Or is there an internalized self-criticism and fatphobia in these patients? In my opinion, this population should be considered at high risk for disordered eating and eating disorders, and future research data should answer these questions. Future clinical challenges include how best to diagnose, treat, and manage this population¹⁶ to improve their quality of life and health.

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