Psychological Aspects of Bariatric Surgery: Clinical Perspective

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Index

- Bariatric Surgery: Facts
- Gastric Bypass: Facts
- Weight Loss: Facts
- Swedish Obese Subject Study
- Bariatric Benefits and Risks
- Psychological Issues
- Weight Loss After Surgery
- Eating Disorders
- Eating and Digestive Problems
- Conclusion
- Reference
Bariatric surgery, enables people who are severely obese to lose significant amounts of weight.

- It is becoming increasingly popular in the United States.
- In 2000, about 36,700 Americans underwent some type of bariatric surgical procedure.
- By 2010, more than five times as many, about 205,000 people had undergone such procedures.
- Bariatric surgery is popular because it is the most effective weight-loss option for people whose obesity poses a major health problem.
Bariatric Surgery: Facts

• It alleviates life-threatening complications of obesity such as:
  - Diabetes
  - High blood pressure
  - High cholesterol

• The surgery itself is complicated and involves substantial risks, and recovery can be:
  - Challenging
  - Requiring a lifelong commitment to behavioral change.

• It's therefore important that patients considering such surgery be prepared mentally as well as physically.
A 1991 consensus panel convened by the National Institutes of Health, developed a criteria for bariatric surgery that encouraged a multidisciplinary approach both to assess patients and to help them through recovery.

The experts recommended that patients be evaluated by a team that includes medical, surgical, nutritional, and psychiatric experts.

However, the panel did not specify what type of psychological assessments to perform. And no national guidelines on this aspect of the procedure have yet become available.
Clinicians have grown more experienced with bariatric surgery and its physical risks and benefits.

The psychological aspects of bariatric surgery are less well understood.

About 25% of patients who have undergone bariatric surgery say they are being treated by a mental health professional at the time of surgery.

12% to 38% say they use psychiatric medications.
According to the 1991 consensus criteria, bariatric surgery is an option for people who are severely obese.

Severely Obese is defined as having a Body Mass Index (BMI) of 40 or more (or 35 or more if other high-risk health problems such as diabetes or heart disease are present).

At least 5% of Americans meet these criteria.

Various types of bariatric surgery exist, but all aim to reduce at its basic level, caloric intake.
Bariatric Surgery: Facts

• Bariatric surgery outcomes include:
  - Weight reduction;
  - Functional quality of life
  - Mental health considerations

• Bariatric surgery has been shown effective:
  - It is one of the fastest growing surgical interventions for obesity
Gastric Bypass: Facts

Gastric Bypass Surgery Patient Success Stories - YouTube.flv
• A common type of bariatric surgery, the upper part of the stomach is converted into a small pouch.

• The small intestine is divided and one end is connected to the stomach pouch in order to provide a bypass to the rest of the small intestine.

• This procedure limits the amount of food a person can consume and digest.
Weight Loss: Facts

IF YOUR THINKING ABOUT HAVING WEIGHT LOSS SURGERY - YouTube.flv
• Studies indicate that bariatric surgery is more effective than medical management for achieving weight loss.

• Behavior modification programs and weight-loss medications usually result in patients initially losing 8% to 10% of their original weight, but they often regain weight after they stop treatment.

• Bariatric surgery usually results in patients losing 20% to 30% of their total weight, depending on the procedure used, within the first two years.
Swedish Obese Subject Study
Followed the outcomes of more than 2,000 people for up to 15 years after their bariatric surgery, and found that:

- They had regained some weight, but remained 13% to 27% under their pre-surgical body weight, depending on the procedure used.

- While obese controls who received conventional weight-loss treatment remained within 2% of their original body weight.
• Bariatric surgery does not work for everyone.

• 1 in 5 patients who undergo bariatric surgery does not lose the expected amount of weight.

• Others regain weight after the first few years.
Bariatric surgery can result in important health benefits.

- Diabetes resolves or improves in 86% of patients;
- High cholesterol improves in 70% or more;
- Hypertension resolves in 62%.

A study that examined the long-term outcomes of almost 10,000 patients who had undergone gastric bypass surgery found that overall mortality was reduced in comparison with a matched control group of severely obese people who had not undergone surgery.
Gastric bypass may result in:

- Deficiencies of essential nutrients such as iron, calcium, and folic acid.

- Mortality rates ranging from 0.1% to 2%, depending on the bariatric procedure used.

- Risk of suicide may also increase after bariatric surgery.
Psychological Issues

Depression and Weight Loss Surgery.flv
As the most frequent psychiatric comorbidity, depressive mood disorders have been investigated with interest in the bariatric postoperative period.

Studies have reported a decline in the prevalence of depressive disorder among pre-existing psychiatric disease as a contraindication to surgery.

The coexistence of obesity and psychiatric disease has been reported to be 62% of 90 of the patients referred for bariatric surgery received at least one psychiatric diagnosis at the time of evaluation.
Psychological Issues

- The most common psychiatric diagnosis was major depressive disorder, followed by binge eating disorder, and substance abuse or dependence.

- Bipolar disorder, panic disorder, and bulimia nervosa were documented, although less frequently.

- The belief that psychiatric comorbidity may negatively contribute to weight loss after bariatric surgery has led to uniform psychiatric screening by bariatric surgery centers.
Psychological Issues
Although bariatric surgery is generally associated with improved mental health and quality of life, postsurgical psychological and behavioral changes are less predictable than physical changes.

• Depression and Mood disorders affect many people who are eligible for bariatric surgery.

• About half of bariatric surgery candidates say they have experienced depression or some other mood disorder at some point in their lives.
• One study found that people with a BMI greater than 40 were 5 times as likely as someone of average weight to have had major depression in the previous year.

• Anxiety disorders have been diagnosed in as many as 48% of candidates for bariatric surgery.
Weight Loss After Surgery
Weight Loss After Surgery

- Weight loss after surgery:
  - Generally improves mood, at least initially.
  - The Swedish study found reductions in depression and anxiety one year after surgery.
  - Depression scores fell 40% in patients who underwent bariatric surgery, compared with 10% in the group of control patients.
  - The investigators noted similar improvements in anxiety scores as well.
However, when patients were assessed again at 2 and 4 years after bariatric surgery, their depression and anxiety scores had increased slightly from the levels recorded during the first year following surgery.

It is not clear how much of this is due to dissatisfaction with the amount or rate of weight loss (which may plateau with time or not be as significant as the person hoped).
Some researchers have found higher-than-expected rates of suicide among bariatric surgery patients.

- For example, a team at the University of Pittsburgh, which analyzed the results of 16,683 bariatric surgery operations performed in Pennsylvania between 1995 and 2004, found that 16 people had committed suicide within 5 years of the surgery.

- Significantly greater than what the researchers expected based on age-adjusted U.S. statistics for the general population.
Additional risk of suicide is often due to:

- A history of depression;
- The psychological challenges of severe obesity; or,
- Disappointment with the results of bariatric surgery.

However, the risk further emphasizes the importance of providing mental health care to patients both before and long after bariatric surgery.

In the Pennsylvania study, for example, most suicides occurred a year or more after surgery.
A number of studies have found that people who undergo bariatric surgery feel better about how they look afterward.

- 70% of patients had severe body image problems before surgery; after surgery and weight loss, only 4% did.

- Few studies have examined the impact of bariatric surgery on relationships and marriage, they indicate that the postsurgical outcome largely depends on the quality of the pre-surgical relationship.

- In general, relationships are more likely to improve than deteriorate after bariatric surgery.
- One highly controversial issue, as yet unproven, is that bariatric surgery may cause some people to lose weight but then "transfer" their food addiction to some other harmful addiction.

- Some types of bariatric surgery do increase the rate at which alcohol is absorbed, so that people become intoxicated on smaller amounts of alcohol than they did before the surgery. (Increasing the risk of dependence in people who are vulnerable to becoming addicted, underscoring the need for pre and postsurgical substance abuse assessments).

- As the statistics show, an increasing number of people are willing to accept the risks and side effects for the benefits of better health and quality of life.
About 10% to 25% of people considering bariatric surgery have been diagnosed with some type of binge eating disorder.

About 5% to 20% have night eating syndrome.

Severe obesity most likely develops because of some underlying disordered eating pattern, diagnosed or not.

It would be wise to include a plan to address eating behaviors both before surgery and during recovery.
Eating and Digestive Problems
Studies have found that a condition known as gastric dumping occurs in 50% to 70% of patients who have had gastric bypass surgery and may complicate recovery.

Gastric dumping symptoms include:
- Facial flushing;
- Palpitations;
- Lightheadedness;
- Fatigue, and diarrhea (often triggered by the consumption of foods that contain a lot of sugar).

Other research indicates that about half of patients who undergo restrictive bariatric procedures will experience nausea and vomiting (usually because they eat too much, too rapidly or is in part prompted at least in part by binge eating).
Conclusion

5 RULES For Bariatric Patients - YouTube.flv
- A patient’s psychiatric illness may need re-assessing as contraindication to surgery.

- Conversely, bariatric surgery in obese patients has been suggested as correlative to improved mental health in the short term.