Psychological Considerations Before Bariatric Surgery

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ASMBS Fellow Series

Bariatric Team

- Patient Relations Specialist
- Bariatric Medicine Physician
- Physician Assistant
- RN Coordinator
- Psychologist
- Dietitians
- Surgeons
- Bariatric Surgery Board
Bari Board—Shared Decisions

Primary Surgery
- Psychological issues
- Adherence issues
- Medically complex

Revisions (15%)
- Sleeve to RYGB
- Sleeve to SADI
- TORe

Learning Objectives

Purpose
Components
Content areas
Clinical pearls

Purpose

- “Did I pass?”
- Help patients access treatment of medical necessity
- Does lifestyle change fit for you?
- How can we help optimize your outcome?
- Required by insurance

Patient Misperceptions:

- Obesity is a choice
- Obesity is my fault
- Obesity is temporary
- Achieve normal weight/BMI
- Hard work and self-discipline
- Right way is diet and exercise
- Surgery is cheating

Ames et al., Mayo Clinic Proceedings. 2020. 95 (3); 527-540
Language Matters—Consider Alternatives

Words to be avoided:

- Obese
- **Failure** (15% revisions)
- Morbid obesity
- Exercise
- Non-compliance
- Recidivism
- Weight loss surgery
- Last resort
- Permanent
- Cure/resolution
- Clearance
- Gold standard

Sogg et al., Bad words: Why language counts in our work with bariatric patients. SOARD, 2018;14:682–692.

Components

- Screening Measures (EPIC)
- Clinical Interview
- Group Education
- Individual Treatment (PRN)
Screening Measures

- Eating behavior
- Alcohol use
- Mood
- Abuse Hx
- Not for diagnosis
- Questionnaire of Eating and Weight Patterns-5 (QEWP-5)
- Modified Yale Food Addiction Scale (mYFAS)
- Alcohol Use Disorders Identification Test (AUDIT)
- Patient Health Questionnaire-9 (PHQ-9)
- Generalized Anxiety Disorder-7 (GAD-7)
- Mood Disorders Questionnaire (MDQ)
- Adverse Childhood Events (ACE)
- Perceived Stress Scale (PSS)
- Brief Resilience Scale (BRS)
- LASA Quality of Life

Interview Content—Weight History

- “I know you’re not going to believe me”
- Listen with curiosity
- Empathy—I understand why you feel.....

Kushner et al., JAMA. 2014;312(9):943-952. doi:10.1001/jama.2014.10432
Interview Content—
Problematic Eating Behaviors

- Binge Eating Disorder (10%)
- Loss of control eating
- Food addiction (14%)
- Emotional eating
- Night eating (31% with BED)
- Grazing (33%)
- Hx of Anorexia Nervosa
- Hx of Bulimia Nervosa

Eating Behaviors—Keep It Simple

- Eat too much
- Eat too fast
- Eat at the wrong times
- Eat poor quality foods
- Eat for the wrong reasons


Mitchell et al., Int J Eat Disord 2015 Mar;48(2):215-22
Eating Behaviors—Clinical Pearls

- Lack prognostic significance for surgical outcome
- Significantly improved 1-2 years after surgery
- BED, LOC eating, food addiction associated with mood disturbance
- Follow-up care is critical

Interview Content—Psychosocial History (Lifetime prevalence)

- Mood Disorders (44%)
- Alcohol Use Disorder (33%)
- Drug Abuse/Dependence (7.5%)
- Personality Disorders (20%)
- Knowledge/expectations
- Social Support
- Physical Activity

- Tobacco Use
- Childhood Trauma (42;24%)
- Cognitive Function
- Current Stressors
- Quality of Life
Mood Disorders (Lifetime prevalence)

- Depression (39%)
- Anxiety Disorders (32%)
- Bipolar Disorder
- Suicidal ideation/attempt
- Tx history—medication

Potential Contraindications—Pearls

- Schizophrenia/psychosis/dementia
- Untreated severe depression
- Untreated Bipolar Disorder
- No psychiatry support
- Psychiatric hospitalization (< 12 mo)
- Substance use treatment (< 12 mo)
- Active substance use
Knowledge/Expectations

- Understanding of desired procedure
- Understanding of tool vs. cure
- Importance of lifestyle change—values
- Level of confidence to make change—ability
- Expectations for weight loss/BMI

Expectations—BMI After Surgery

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI outcome</th>
<th></th>
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<tbody>
<tr>
<td>Normal</td>
<td>≤ 25</td>
<td>&lt; 2%  after surgery</td>
</tr>
<tr>
<td>Overweight/Obesity</td>
<td>≤ 35</td>
<td>BMI ≤ 50 before surgery</td>
</tr>
<tr>
<td>Obesity</td>
<td>≤ 40</td>
<td>BMI &gt; 50 before surgery</td>
</tr>
</tbody>
</table>

Expectations—Chronic Disease Management

1. Educate yourself
2. Self-monitoring
3. Follow-up care

Social Support

• Immediate family
• Convenience eating
• Partner’s weight
• Surgery not a change agent
PT Consult

- Resistance training
- What can they do now?
- What would they like to get back to doing?

Follow-up Care

- Weight Loss
- Physical Activity
- Eating Behavior
- Alcohol Use
- Mood Suicide
- Opioid Use