

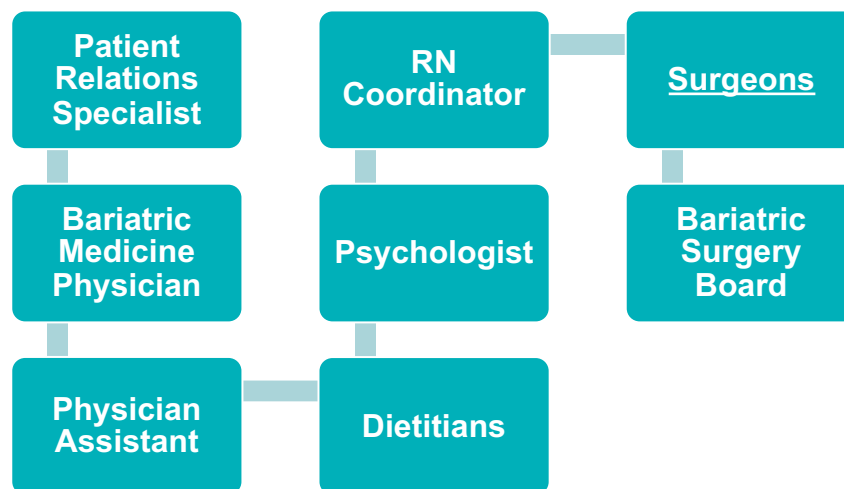


# Psychological Considerations Before Bariatric Surgery

Gretchen E. Ames, PhD, ABPP  
ASMBS Fellow Series

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## Bariatric Team



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## Bari Board—Shared Decisions

### Primary Surgery

- Psychological issues
- Adherence issues
- Medically complex

### Revisions (15%)

- Sleeve to RYGB
- Sleeve to SADI
- TORe



American Society for Metabolic and Bariatric Surgery. Estimate of bariatric surgery numbers, 2011-2018. Accessed November 30, 2020. <https://asmbs.org/resources/estimate-of-bariatric-surgery-numbers>

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## Learning Objectives

**Purpose**

**Components**

**Content areas**

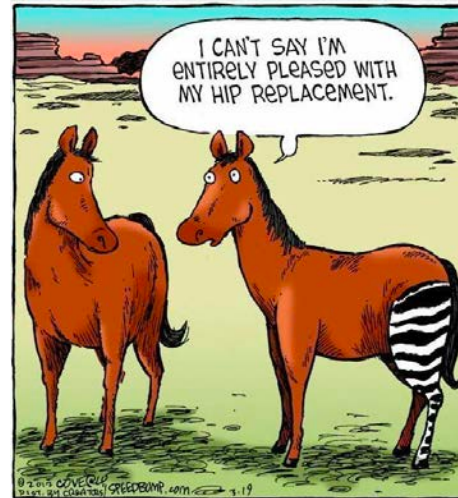
**Clinical pearls**



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## 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



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## 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

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## 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.

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## Components



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## Screening Measures

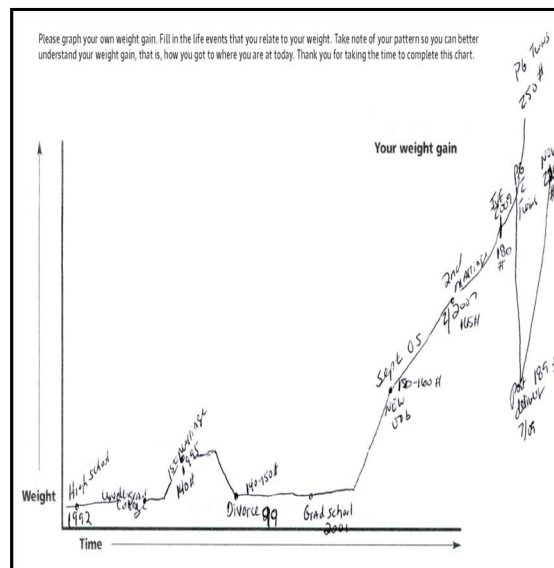
- Eating behavior
- Alcohol use
- Mood
- Abuse Hx
- Not for diagnosis
- Questionnaire of Eating and Weight Patterns-5 (QEWP-5)
- Modified Yale Food Addiction Scale (mYFAS)
- Alcohol Use Disorders Identification Test (AUDIT)
- Patient Health Questionnaire-9 (PHQ-9)
- Generalized Anxiety Disorder-7 (GAD-7)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



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## 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

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## 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

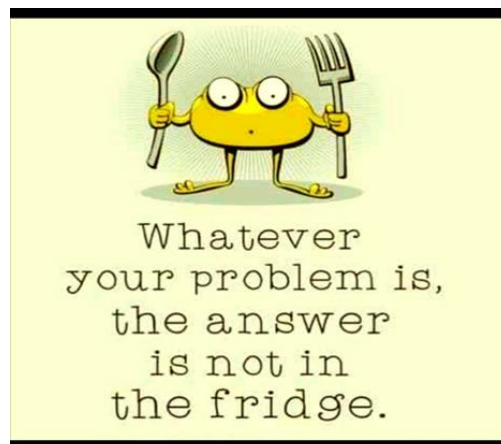


Mitchell et al., *Surg Obes Relat Dis.* 2012 ; 8(5): 533–541.  
Ivezaj et al., *Obes Rev.* 2017 18(12): 1386-1397.  
Goodpaster et al., *Surg Obes Relat Dis.* 2016 Jun;12(5):1091-1097

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## 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

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## 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



Brode, C.S. and J.E. Mitchell, *Psychiatr Clin North Am*, 2019. 42(2): p. 287-297

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## 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



Mitchell et al., *Surg Obes Relat Dis*. 2012. 8(5): 533-541  
Kalarchian et al., *Am J Psychiatry*. 2007 Feb;164(2):328-34  
Orcutt et al., *Surg Obes Relat Dis*. 2019 15: 295-304

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## **Mood Disorders (Lifetime prevalence)**

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



Mitchell et al., *Surg Obes Relat Dis.* 2012 ; 8(5): 533–541  
Hawkins, M., et al., *Psychosomatics*, 2019. 60(5): p. 449–457.

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## **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**



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## 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



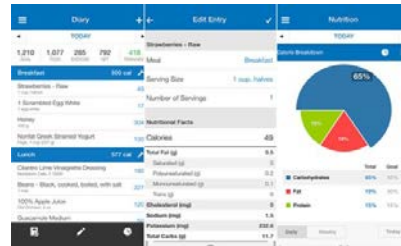
## Expectations—BMI After Surgery

Classification	BMI outcome	
Normal	≤ 25	< 2% after surgery
Overweight/Obesity	≤ 35	BMI ≤ 50 before surgery
Obesity	≤ 40	BMI > 50 before surgery



## Expectations—Chronic Disease Management

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



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## Social Support

- Immediate family
- Convenience eating
- Partner's weight
- Surgery not a change agent

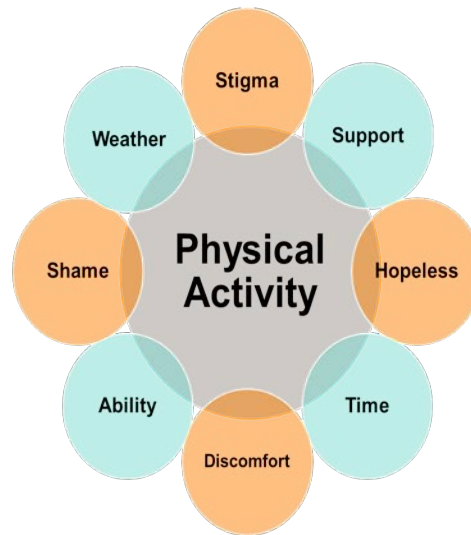


Wallwork et al., *Obesity Surgery* (2017) 27:1973-1981.  
Bruze, G., et al. *JAMA Surgery* (2018): E1-E8.

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## PT Consult

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



## Follow-up Care





**Thank You  
Stay Tuned!**

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