

Found 9 Abstracts

ABSTRACT FINAL ID: BH-01;

TITLE: New 3D Visualization Technique Challenges Patient Self-Image: Confrontation then Collaboration

AUTHORS/INSTITUTIONS: S. Wohlgemuth, , Sentara Bariatrics, Norfolk, VA;

ABSTRACT BODY:

Background: There are many known methods of assessing the bariatric condition, but convincing bariatric candidates to understand and accept their physical shape has been challenging. An objective 3D whole-body image of the subject captured prior to surgery was utilized to confront, challenge and convince subjects of their actual versus perceived physical shape, and a series of periodic post-operative 3D scans were superimposed on the pre-operative 3D image to visualize weight loss and positively re-enforce post-surgery behavioral regimens.

Methods: A group of subjects (n=100) were scanned pre-operatively using a 3D body scanning device that captured an accurate 3D body image, from which key measurements were extracted. The surgeon and the subject reviewed the pre-operative 3D body model and measurements. Patients reactions to the scans were quite revealing, and motivating. Subjects were then scanned post-operatively on a 3-month periodic basis. Post-operative scan images were superimposed on the pre-operative scan body model and measurement changes were recorded. Post-operative care givers reviewed the superimposed 3D body models with the subject.

Results: Confronting the subject with their pre-operative 3D body model had an immediate effect serving to confront the subjects' perception of their shape and obesity with physical reality. Subjects that received post-operative superimposed scan information and measurement comparisons were more motivated to maintain post-operative care guidelines versus a group of patients that were not offered this service.

Conclusion: Embracing 3D visualization techniques instead of traditional 2D photography positively affected pre-operative patient awareness and aided adherence to post-operative weight-loss regimens.

ABSTRACT FINAL ID: BH-02;

TITLE: Self-Reported Psychiatric Treatment Histories of Bariatric Surgery Candidates

AUTHORS/INSTITUTIONS: D.B. Sarwer, K. Sutton-Skinner, M.H. Eisenberg, A.N. Fabricatore, L.R. Jones, R. Carvajal, R.H. Kuehnel, Psychiatry, University of Pennsylvania, Philadelphia, PA;

ABSTRACT BODY:

Background: Little is known about the past and present utilization of mental health treatment by candidates for bariatric surgery. This study investigated the self-reported psychiatric histories of patients who presented for bariatric surgery.

Methods: During patients' preoperative psychological evaluation, a mental health professional asked a number of questions about current and past mental health treatments and psychiatric medications as well as previous hospitalizations for psychiatric reasons.

Results: The sample consisted of 36 women and 14 men with a mean age of 47.0 ± 12.2 years and BMI of 48.5 ± 7.9 kg/m². More than one-third (36%) reported currently receiving mental health treatment and 60% reported mental health treatment in the past. The vast majority (72.2%) of current treatments were psychiatric medications, followed by a combination of medication and therapy (16.7%). Irrespective of self-reported treatment history, 90% of patients were unconditionally recommended for surgery.

Conclusion: Consistent with previous studies, more than one-third of bariatric surgery patients reported ongoing psychiatric treatment. The majority reported a history of psychiatric treatment. These histories, however, were not seen as contraindications to surgery, as 90% were unconditionally recommended for bariatric surgery.

ABSTRACT FINAL ID: BH-03;

TITLE: Psychological Intervention: Preparing for Post-Surgical Lifestyle Adherence

AUTHORS/INSTITUTIONS: M. Randall, P. Herman, , Community Hospital, Indianapolis, IN;

ABSTRACT BODY:

Background: While there has been an increase in the number of bariatric surgeries performed there is a scarcity of information available on factors that influence post surgical adherence. This study examined pre-surgical psychological/behavioral intervention and post surgical BMI and lifestyle status for persons who have undergone bariatric surgery.

Methods: Patients who consented and underwent pre-surgical evaluation, pre-surgical psychological sessions, and subsequent bariatric surgery were included in this study. Telephone survey by a nurse coordinator regarding perception of the pre-surgical psychological sessions, adjustment, and post-surgical BMI status was conducted.

Results: Patient (N=51) self-report demonstrated that overall post surgical adjustment ($r=.407$, $p=.01$) and post surgical support group attendance ($r=.292$, $p=.05$) positively correlated with participation to pre-surgical psychological intervention. Pre-surgical psychological intervention was also noted to be more influential on overall post surgical positive adjustment than post surgical BMI (non-significant correlation with post surgical adjustment). In addition, a more positive adjustment to essential post surgical lifestyle changes (exercise, dietary, emotional) conducive to weight loss and long term weight maintenance was found to be correlated with pre-surgical psychological intervention.

Conclusion: Pre-surgical psychological intervention is highly valued by patients and evidently effective in patient positive adjustment to post surgical dynamics. This implies that psychological intervention and not just decreased BMI are important for post surgical outcomes. Further research on post-surgical lifestyle adherence is warranted.

ABSTRACT FINAL ID: BH-04;

TITLE: Psychosocial Trends Related to Weight Regain After Bariatric Surgery

AUTHORS/INSTITUTIONS: J. Odom, T.L. Washington, K. Zalesin, P.A. McCullough, B. Hakmeh, Nutrition and Preventive Medicine, William Beaumont Hospital, Royal Oak, MI;

ABSTRACT BODY:

Background: Bariatric surgery offers hope for sustained weight loss in morbidly obese patients (BMI >35).

Unfortunately, these patients maintain a lifelong threat of obesity recidivism. Behavior influences and life stressors are thought to play a role in this process. In order to better predict weight regain after bariatric surgery, it is important to identify the influence of these indicators.

Methods: A survey was designed to capture data that will help identify behaviors that may be associated with weight regain. We utilized the hospital database to track and mail surveys to 1117 subjects. A total of 233 (24%) complete surveys were returned. Gender, age and pre-operative well-being data were extracted from the subjects' medical records.

Results: Mean age was 49.9±10 years, 191 (82%) were female, 42 (18%) male. Pre-operative weight was 295±52 lbs and 374±64 lbs for females and males, respectively, $p < 0.0001$. 146 subjects (63%) reported weight regain including 22 (9.5%) reporting weight gain $\geq 15\%$. Data proved no relationship between post-op weight regain and stress (Family, Social, Work, Financial or Health). Regression analysis found that behavioral changes were influential in preventing weight regain. Subjects that report decreased food urges are approximately 60% less likely to regain weight post-op OR=0.382, 95% CI, 0.207-0.708. Subjects that report more control over what they eat are 70% less likely to regain weight post-op OR=.0285, 95% CI, 0.080-1.016. Subjects that engage in self monitoring (weighing regularly and keeping records) are approximately 50% less likely to regain weight post-op OR= 0.54, 95% CI, 0.300-0.977. Mean well-being scores improved 3.74 to 4.24, preoperative-postoperative, respectively, $p = .001$.

Conclusion: Post-operative behaviors were more important than patient reported stressors with respect to risk for weight regain.

ABSTRACT FINAL ID: BH-05;

TITLE: Optimizing Long-Term Weight Control After Bariatric Surgery

AUTHORS/INSTITUTIONS: M.A. Kalarchian, M.D. Marcus, A.P. Courcoulas, Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA;

ABSTRACT BODY:

Background: Approximately 20% of bariatric surgery patients experience inadequate weight loss or weight regain. Although the mechanisms for postoperative weight control are not fully understood, several studies indicate postoperative binge eating may play a role. Lifestyle intervention, based on empirically supported techniques for weight control, is the logical first step in the management of failure in bariatric surgery because it is associated with both modest, short-term reductions in body weight as well as decreases in binge eating in individuals who are overweight or obese.

Methods: With support from an ASMBS Foundation 2007 Research Grant Award, we are conducting a pilot study to assess the feasibility and preliminary efficacy of a 17-session, manualized group treatment for patients with weight loss failure (INTERVENTION). Sixty patients with long-term weight loss failure will be randomized to INTERVENTION or a wait list CONTROL group. Our first aim is to document feasibility of behavioral intervention as measured by the primary outcome of dropout among those randomized to INTERVENTION, as well as treatment attendance and program satisfaction. Our second aim is to document the preliminary efficacy of the approach by comparing patients in INTERVENTION to CONTROL with respect to the primary outcome of weight loss, as well as select outcomes in the domains of eating, activity, cardiovascular risk, and quality of life, at post-intervention as well as a 6- month post-treatment follow-up.

Results: We will present the background and preliminary work for this project, including overview of the group treatment protocol, as well as an update on study startup and recruitment.

Conclusion: Behavioral intervention holds promise in helping patients achieve optimal long-term weight control after bariatric surgery.

ABSTRACT FINAL ID: BH-06;

TITLE: Data Suggests Carbohydrate Addiction Negatively Affects Long-Term Gastric Bypass Outcomes

AUTHORS/INSTITUTIONS: K. Jay, , National Assoc. for Weight Loss Surgery, Wilmington, NC;

ABSTRACT BODY:

Background: Bariatric surgery patients often experience weight regain after their initial loss. Our purpose was to find out what percentage of patients who have significant weight regain also eat refined foods and sugar, how patients perceive their ability to control their consumption of sugar and refined foods, and what other behaviors occur with weight regain.

Methods: Five hundred sixty-four bariatric surgery patients completed a survey conducted by the National Association for Weight Loss Surgery. The survey included questions regarding age, date and type of surgery, amount of weight regain, frequency of sugar and refined carbohydrates use, eating and addictive behaviors.

Results: Of the 564 respondents, 82% had gastric bypass; 65% experienced weight regain (35% regained from 21 to 40 pounds, and 11% regained from 41 to 100 pounds); 37% reported eating sugar at least 4 days a week; 54% feel they should stop eating sugar, but won't or can't; 7% feel they should stop drinking alcohol, but won't or can't; nearly 80% feel they should stop excessive behaviors such as gambling, sex, spending, and/or shopping, but won't or can't; 32% engage in grazing behavior daily.

Conclusion: The majority of the respondents to the survey are post gastric bypass, and more than half of respondents consume sugar but feel they should stop. A great percentage of patients regained some weight, and about one third regained more than 20 pounds. Behaviors occurring with regain include overeating, grazing, not attending support group, eating sugar and refined foods, and engaging in other addictive behaviors.

ABSTRACT FINAL ID: BH-07;

TITLE: Maladaptive Coping and Perceived Stress Increase Hunger Ratings in Laparoscopic Banding Patients

AUTHORS/INSTITUTIONS: S.F. Franks, J.F. Carroll, , UNT Health Science Center, Fort Worth, TX; A.B. Smith, , Laparoscopy, Bariatrics, and Surgery, Fort Worth, TX;

ABSTRACT BODY:

Background: Laparoscopic banding (LB) has been reported to normalize maladaptive eating patterns. However, it is unknown whether emotional factors moderate this effect for psychologically at-risk patients. Thus, the purpose of this study was to investigate the effect of coping style and psychological stress on eating behavior patterns in LB patients. It was hypothesized that coping style and perceived stress would interact to increase maladaptive eating behaviors to a greater degree among LB patients than in normal weight controls (NC).

Methods: Subjects completed the Multidimensional Health Profile – Psychosocial to assess Total Coping (COP) and Perceived Stress (PST), and the Eating Inventory to assess Cognitive Restraint (CR), Disinhibition (DI) and Hunger (HN). Subjects were divided into high and low COP and PST based on a median split. CR, DI, and HN were analyzed separately for LB patients and NC in 2 x 2 ANOVAs.

Results: At baseline, the interaction between COP and PST had no effect on CR or DI for either group. However, the interaction significantly influenced HN for LB patients ($F=2.68$, $p=.054$) and NC ($F=3.32$, $p=.04$). At 6 months post-surgery, the interaction between COP and PST remained significant for HN ($F=2.65$, $p=.07$). Individual analyses indicated that COP had a greater influence than PST on HN for LB patients, with the opposite pattern for NC.

Conclusion: Thus, poor coping increased hunger for LB patients and this effect was exacerbated by stress. Weight loss after LB did not change this relationship. Results have implications for post-surgical interventions to improve patient outcomes.

ABSTRACT FINAL ID: BH-08;

TITLE: Alcohol Consumption Patterns after Bariatric Surgery

AUTHORS/INSTITUTIONS: J. Odom, T.L. Washington, K. Zalesin, P.A. McCullough, B. Hakmeh, Nutrition and Preventive Medicine, William Beaumont Hospital, Royal Oak, MI;

ABSTRACT BODY:

Background: There is emerging interest in the development of substance abuse and alcoholism among bariatric surgery patients. The concern stems from the concept of addiction swapping, where food is replaced by substance abuse as a coping strategy after bariatric surgery.

Many programs across the country are struggling to understand and more accurately predict who is at risk and how to react. Currently, no uniform recommendations are available for guidance. The aim of this study is to examine alcohol consumption patterns after bariatric surgery, and identify its relationship to stress and weight regain.

Methods: A survey was designed to capture data that will help identify behaviors that may be associated with weight regain. We utilized the hospital database to track and mail surveys to 1117 subjects. A total of 233 (24%) complete surveys were returned. Gender, age and pre-operative well-being data were extracted from the subjects' medical records.

Results: Mean age was 49.9 ± 10 years, 191 (82%) were female, 42 (18%) male. Pre-operative weight was 295 ± 52 lbs and 374 ± 64 lbs for females and males, respectively, $p < 0.0001$. 146 subjects (63%) reported weight regain including 22 (9.5%) reporting weight gain $\geq 15\%$. 21(9.1%) of subjects reported an increase in alcohol consumption post-operatively. Data proved no relationship between weight regain and post-operative consumption of alcohol, however, there was a significant relationship between stress and report of increase in alcohol consumption post-operatively, $p = 0.013$.

Conclusion: Our study found stress may contribute to an increase in alcohol consumption after bariatric surgery, a behavior which may lead to addiction. Longitudinal prospective studies to quantify alcohol consumption in order to elicit addiction behaviors are needed in order to best explore this phenomenon.

ABSTRACT FINAL ID: BH-09;

TITLE: Changes in Weight and Emotional Eating Among Bariatric Candidates Following Completion of a Mindful Eating Group

AUTHORS/INSTITUTIONS: K.P. Eisen, A.K. Elliott, D.L. Hall, Psychology and Bariatrics, Kaiser Permanente - South San Francisco, South San Francisco, CA;

ABSTRACT BODY:

Background: All patients were seen by a bariatric psychologist for a clinical interview. Those judged to be at high-risk for emotional eating were assigned to complete a 4-session long Mindful Eating Group prior to surgery. The group provided patients with an overview of mindfulness, emotion regulation, and distress tolerance skills based on principles of Dialectical Behavioral Therapy.

Methods: All group members were weighed at each session. In addition, patients completed items 1-49 of the Three Factor Eating Questionnaire (TFEQ) at Session 1 and Session 4. The TFEQ provides scores on 5 dimensions – Disinhibition, Hunger, Cognitive Restraints, Flexible Control, and Rigid Control. A change score was computed to examine changes in each of these dimensions after completion of the Mindful Eating Group.

Results: Preliminary analysis of the 15 patients who have so far completed the entire group shows an average weight loss of 10.99 pounds. In addition, on average patients showed decreases in Disinhibition, Hunger and Rigid Control, and increases in Cognitive Restraint and Flexible Control after completing the group. Further analysis with a greater N will be necessary to assess the statistical significance of these results, and to begin a correlational analysis looking at relationships between changes on TFEQ and weight loss.

Conclusion: These preliminary results provide some promising early evidence that the use of a mindful eating group for high-risk patients prior to bariatric surgery may facilitate weight loss and reduce emotional eating behaviors. Studies that implement randomized control groups will be a necessary component of future research.