

BH-101.

SHORT-TERM PREDICTIVE UTILITY OF SELF-REPORTED PAST SUICIDE ATTEMPTS ON BARIATRIC SURGERY OUTCOMES

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Background: Although research is limited, suicidal behavior is commonly identified as a psychological risk factor for Bariatric surgery (Dymek-Valentine et al., 2005).

Methods: This study aimed to determine the prevalence, correlates, and predictive utility of past suicide attempts in a Bariatric surgery population.

Results: Of 1024 patients evaluated over 32 months, 116 (11.3%) self-reported at least one prior suicide attempt. Patients with a positive suicide history (SH+) were significantly younger (M=43.94, SD=10.91), less educated (M=13.38, SD=2.34), had a greater BMI (M=52.32, SD=11.58) and were more predominantly single/never married (32.8% vs. 20.9%), female (90.5% vs. 74.8%), and on disability (45.2% vs. 21.8%) compared to patients without a suicide history (SH-). SH+ participants were also more likely than SH- to have a history of: psychiatric hospitalization (62.9% vs. 7.6%), outpatient psychotherapy and/or psychotropic medication (88.8% vs. 50%), sexual (41.7% vs. 14.3%) or physical abuse (34.8% vs. 12.1%), substance abuse (31.6% vs. 10.3%); and active tobacco use (20.9% vs. 10.3%) and current psychotropic medication (60.3% vs. 44.4%). Finally, SH+ were significantly more likely to be identified as poor surgical candidates (45.69% vs. 23.43%) during psychological evaluation and were less likely to have Bariatric surgery (75% vs. 57.31%). Postsurgical SH+ and SH- patients were matched on age, sex, marital status, presenting BMI, and surgery type. Patients with a history of suicide behavior lost significantly more weight at 1-month (M=28.51, SD=12.04 vs M=17.6, SD=11.8). No significant differences were found for length of stay; appointment adherence, and postoperative weight loss at 3 and 6 months.

Conclusion: Additional research is needed to more fully evaluate suicide history on longer-term outcomes.

BH-102.

PREVALENCE, TRAUMA, PTSD AND PSYCHOLOGICAL CHARACTERISTICS IN A COHORT OF 2000 APPLICANTS FOR BARIATRIC SURGERY WITH THEIR LIKELIHOOD OF SURGERY

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Background: A segment of the bariatric surgery population experiences protective weight regain. Prior and perceived current abuse is often a result of childhood and adult trauma.

Kalarchain documents mood, anxiety and eating disorders in applicants. Felitti documents abuse in the general population. No study thoroughly describes patient medical, psychological and trauma characteristics, nor documents the likelihood of surgery.

Methods: From 5/2003 - 12/2006 gastric bypass applicants at Kaiser Permanente SoSF completed questionnaires at their initial medical exams. Trauma questions were imbedded within demographic and medical reporting. PTSD and trauma prevalence, characteristics of these populations (Trauma, PTSD, Medical Diagnoses, Psych Diagnoses and BMI) were reported. Chi square, odds ratios and likelihood estimates were performed.

Results: 39% acknowledged one or more trauma diagnoses. 47.46% with trauma diagnoses and 33.3% without trauma diagnoses ($p < 0.0001$) experienced recent PTSD. The odds ratio of having surgery was 1.616 times more likely in those who had no adult abuse and 1.288 times more likely in those without child abuse. Trauma patients were more likely to have experienced all psych comorbidities ($p < 0.0001$): suicidal thoughts, depression, anxiety, substance abuse, rage/anger, and binges.

Conclusion: Trauma reporting varies due to test giver affiliation and fears/secondary gain of patients. Given this, our study documents nearly 40% of applicants have trauma history. Patients with trauma are less likely obtain surgery & are more likely to have psychological co morbidities. Bariatric surgery programs need to develop better diagnosis and treatment strategies for trauma and ptsd patients, which might allow them to obtain safe surgery.

BH-103.

PSYCHIATRIC COMORBIDITY IN LAPAROSCOPIC SLEEVE GASTRECTOMY PATIENTS: DOES IT AFFECT EARLY WEIGHT LOSS?

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Background: Roux-en-Y gastric bypass patients with a lifetime history of a mood or anxiety disorder have smaller BMI decreases at six-month follow-up than patients without these diagnoses (Kalarchian et al., 2008). This study aimed to determine if psychiatric comorbidities affected early weight loss for patients undergoing laparoscopic sleeve gastrectomy (LSG).

Methods: 114 patients with a median BMI of 61.29 kg/m² (range 31.37-129.14 kg/m²) underwent LSG at the Cleveland Clinic from July 2005-May 2008. Patients were prospectively followed at 1,3,6,9, and 12 months. Participants were primarily Caucasian (79.6%), female (71.9%), high school educated (49.1%) and unemployed (69.3%). Semi-structured psychiatric evaluations demonstrated that 48% had a current and 58.2% had a lifetime diagnosis of a mood or anxiety disorder. Further, 64% were currently taking psychotropic medications.

Results: No significant differences in excess body weight lost were found between patients with and without lifetime mood or anxiety disorders. Patients with a current mood or anxiety disorder lost significantly less excess body weight than patients with no psychiatric diagnoses at one-month follow-up (14.5% and 12.2% vs. 19.6% respectively) but significant differences were not found at 3, 6, 9, or 12 month follow-ups. Similarly, patients on psychotropic medications lost significantly less excess body weight at 1-month (15.5% vs. 19.2%), but not at subsequent visits.

Conclusion: Contrary to Roux-en-Y findings, psychiatric comorbidities do not appear to significantly influence weight loss in LSG patients after one-month follow up. LSG may be a more appropriate procedure for patients with psychiatric conditions, although effect of these disorders on longer-term follow-up should be examined.

BH-104.

DETERMINING CANDIDACY FOR BARIATRIC SURGERY: MOVING BEYOND DICHOTOMOUS PSYCHOLOGICAL EVALUATION

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Background: Most Bariatric programs and insurers require a pre-surgical psychological evaluation (Walfish et al., 2007) prior to surgery. The criteria for such decision-making and acceptance rates have been well described in the literature (Wadden & Sarwer, 2006). However, most programs make dichotomous distinctions or include a “waiting” category. The purpose of this study was to explore the feasibility of a multidimensional psychological determination process.

Methods: Bariatric surgery candidates (n=464; 77.6% female; 74.3% Caucasian; Mean BMI=49.9; SD=11.39) were evaluated across eight domains drawn from the psychosocial Bariatric literature: 1) capacity to consent; 2) expectations; 3) mental health; 4) eating behaviors/disorders; 5) substance use/abuse/dependence; 6) social support; 7) adherence; and 8) coping and stressors. Each domain was graded on a 5 point scale ranging from poor to excellent. A summary assessment of poor, guarded, fair, good or excellent was also given.

Results: Most candidates were deemed acceptable but 25.7% were initially considered guarded or poor candidates. Only 2.6% of the sample was unable to achieve goals to improve their candidacy and have surgery. Hierarchical regression analyses on summary assessments were conducted that initially included demographic variables, BMI in the second step, alcohol/substance/tobacco in the third and psychiatric history in the fourth. All steps were significant at $p < .01$ and the entire model predicted 30% ($R = .55$; $p < .001$) of the variance.

Conclusion: Variables most strongly associated with lower assessments were: unemployment, less education, higher BMI, current smoking and number of psychiatric medications. Such variables should be further evaluated for predictive validity and may be important in screening candidates.

BH-105.

PRACTICAL UTILIZATION OF A BRIEF SCREENING TOOL TO ASSESS, TRIAGE AND TREAT PREOPERATIVE EATING BEHAVIOR IN BARIATRIC SURGERY PATIENTS

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Background: Clearly an important debate on the overall validity, reliability and value of the preoperative psychological evaluation of the bariatric surgery patient ensues in the literature and among bariatric healthcare professionals worldwide. Although recent estimates indicate that at least 80% of weight loss surgery (WLS) centers, accrediting & professional organizations and third party payers in the US require or recommend the preoperative assessment, they are conducted in the absence of any uniform set of guidelines for what constitutes appropriate content, process and outcome. Although rigorously pursued, empirical evidence is inconclusive for an overall psychological profile(s) or specific factor to predict poor postoperative outcome in WLS patients. For the clinician researcher charged with bariatric behavioral health programming, evidence based practice with the current literature presents interesting challenges. Although fully addressing the broader debate on the preoperative psychological evaluation is beyond the scope of this presentation, attendees will obtain a practical overview of a brief screening tool utilized in a community based hospital surgical weight loss center. This brief screening tool is used to assess, triage and treat preoperative eating behaviors reasonably believed to contribute to less than favorable program compliance and WLS outcomes, including binge eating, grazing, emotionally triggered eating and externally triggered eating. Background on the development and utilization of the tool and preliminary results from a preoperative treatment group will be presented and discussed.

Methods: N/A

Results: N/A

Conclusion: N/A

BH-106.

RESPONSE TO BINGE EATING INTERVENTION EFFECTS ON POSTSURGICAL ADHERENCE AND WEIGHT LOSS

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Background: Binge Eating Disorder (BED) may be associated with negative bariatric surgery outcomes including poorer weight loss and weight regain (Colles et al, 2008 and Sallet, 2007) particularly if symptoms (e.g., loss of control eating) remain following surgery. BED has been viewed by some as a contraindication for weight loss surgery (Bauchowitz et al, 2006), and presurgical treatment has been recommended to help reduce binge eating behaviors. The objective of this study was to evaluate whether responders to a brief presurgical binge eating intervention versus non-responders showed differential postsurgical adherence or weight loss.

Methods: Bariatric surgery candidates with binge eating behaviors (n=114) completed a 4-session cognitive behavioral group treatment for binge eating behaviors. Patients were categorized as responders or nonresponders based on postintervention outcomes including self-reported binge eating symptoms and episodes. Postsurgical appointment adherence and weight loss were measured at 6 months postsurgery.

Results: Responders were significantly more adherent to postsurgery follow up. However, no

significant difference was found for postsurgery weight loss at 6 months. Treatment responders were significantly younger than treatment nonresponders, but responders didn't differ based on presurgical BMI or satisfaction with the intervention.

Conclusion: Response to binge eating treatment may be an important predictor of postsurgical adherence but not early weight loss. Longer-term follow-up should examine later weight loss and maintenance.

BH-107.

SUPPORT GROUP ATTENDANCE IMPROVES POST-OPERATIVE WEIGHT LOSS

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Background: Modification of behavioral factors following bariatric surgery is critical for the long-term weight loss necessary for optimal health improvement. To achieve this goal, aftercare programs typically offer optional participation in a post-surgical support group. Yet, there is little information available regarding the impact of the frequency of support group attendance on outcomes in laparoscopic banding patients (LAGB). The purpose of this study was to investigate the relationship between support group attendance and weight loss in LAGB.

Methods: A retrospective review of 1132 LAGB patients was conducted from a single practice where a no-cost, weekly, professionally-led support group was offered. Patients with follow-up data for one year (N=104) were divided into 3 groups based on support group participation: None, n=73; Occasional (1-4 times), n=22; and Frequent (5-17 times), n=9. Percent excess weight loss (%EWL) was compared between groups using one-way ANOVA.

Results: There were no significant pre-operative differences in weight parameters between groups. The overall difference in %EWL at 12 months was significant, $F(103) = 3.403, p = .037$. See table for between groups ANOVA.

Conclusion: Results indicate that patients who regularly attend support group have improved rates of %EWL one-year post-LAGB. Post-surgical support group participation should be strongly encouraged to help optimize surgical outcomes. Future studies should examine patient motivational characteristics relative to timing of attendance to determine the independent influence of support group participation.

Between Groups ANOVA

Between Groups Comparison	<i>F</i>	<i>p</i>
Overall	3.403	.037
None-Occasional	.355	.553
None-Frequent	6.089	.016
Occasional-Frequent	6.687	.015

alpha = .05

BH-201.

CARDIORESPIRATORY FITNESS AND HEALTH RELATED QUALITY OF LIFE IN BARIATRIC SURGERY PATIENTS

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Background: Health-Related Quality of Life (HRQOL) is impaired in severely obese individuals presenting for bariatric surgery. Little is known about the relationship between cardiorespiratory fitness level (CRF) and HRQOL in these individuals. We hypothesized that better HRQOL would be reported by those with higher CRF.

Methods: In 326 gastric bypass patients (mean BMI = 46.5 ± 7.0 ; mean age = 40.9 ± 10.1 ; 83.4 % female) CRF was quantified presurgically as duration (min) of a submaximal treadmill test to 80% of age-predicted maximal heart rate (MHR). Patients completed SF-36 and IWQOL-Lite questionnaires, general and weight-specific measures of HRQOL. General linear models were used to examine associations between CRF and HRQOL, controlling for age, gender, BMI, peak exercise heart rate, and Rating of Perceived Exertion (RPE).

Results: Mean treadmill duration was 9.9 ± 3.1 minutes; peak heart rate was 144.0 ± 9.3 beats per minute, percent age-predicted MHR was 81.2 ± 3.0 , and peak RPE was 15.4 ± 2.0 . Higher CRF was associated with the physical aspects of HRQOL ($p < .001$) and with all subscales of the weight-specific measure ($p < .05$) except self-esteem. After controlling for age, gender, and BMI, weight-specific associations were no longer significant, whereas the physical aspect of HRQOL remained significant.

Conclusion: Despite all participants having clinically severe obesity, the highest HRQOL scores were reported by those with higher CRF levels. Results suggest that CRF confers HRQOL benefits among severely obese adults.

BH-202.

CHILD FEEDING PRACTICES AND FAMILY PHYSICAL ACTIVITY IN PATIENTS UNDERGOING BARIATRIC SURGERY

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Background: Bariatric patients are often adult parents whose children are at risk of obesity. The

adverse effects of an unhealthy home environment with respect to diet and physical activity are known; however, few have explicitly examined the effect of parents seeking bariatric surgery on their child feeding behaviors. Our objective was to characterize bariatric surgery patients' child feeding behaviors.

Methods: Bariatric surgery patients with children (ages 9-14) completed the Child Feeding Questionnaire. This measure provides information on parental child-feeding strategies. Cronbach alpha reliabilities were calculated.

Results: 20 parents were included in this study. Cronbach alpha reliabilities were high for parental perception of child's weight ($\alpha=0.84$), concern with child weight ($\alpha=0.89$), monitoring and restriction of child eating ($\alpha=0.87$), pressure to eat ($\alpha=0.87$), and monitoring sugar intake ($\alpha=0.73$). Parents reported high levels of concern regarding excessive child eating (53%), child weight status (74%), and the future need for children to control their weight (47%). A majority of parents controlled the level of sweet beverages, snacks, and fat intake (68%) and placed food out of child's reach (53%). However, parents reported providing sugary snacks (32%) and favorite foods (26%) for good behavior. 42% reported eating dinner together as a family on most days. 16% encouraged their children to eat even if they are not hungry.

Conclusion: Bariatric surgery patients report concern about their children's eating behaviors and weight. Unfortunately, some parents engage in some activities that are detrimental to their children's dietary habits and weight control. Bariatric surgery centers should educate their patients on changes not only in their own dietary habits but also in their children's dietary habits.

BH-203.

DISCREPANCY BETWEEN IDEAL AND REALISTIC GOAL WEIGHTS ACROSS 3 BARIATRIC PROCEDURES: WHO'S GOING TO BE DISAPPOINTED?

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Background: Many Bariatric surgery candidates have unrealistic weight loss goals although there is significant variability in such beliefs. The present study examined weight loss expectations in patients undergoing 3 different procedures (Laparoscopic Roux-en-Y Gastric Bypass, Laparoscopic Adjustable Gastric Banding, or Laparoscopic Sleeve Gastrectomy).

Methods: Participants were 114 patients (81.6% female) who underwent weight loss surgery at the Cleveland Clinic from 10/2007—6/2008. At program entry, patients identified their post-surgical dream, happy, acceptable and disappointing weights. Realistically attainable weights were calculated based on patients' pre-surgical excess body weight and average percent of excess body weight lost for their surgical procedure as documented in the literature.

Results: Patient (mean pre-operative BMI= 48.89) weight loss discrepancies were quite variable with 'realistic' versus 'dream' weight discrepancies ranging from 3.90 lbs above realistic weight to 144.52 lbs below realistic weight (M=54.12 lbs; SD=28.49 lbs). Discrepancies between dream and realistic weight were significantly higher for women (M= 56.93 lbs), Caucasians (M= 56.45 lbs), younger patients ($r = -.214$), and patients with higher initial BMIs ($r = .788$) than relative comparison groups. Similar patterns were found for happy, acceptable and disappointing weights. After controlling for pre-surgical BMI, there were no differences in discrepancies based

upon surgery.

Conclusion: Subgroups of patients are more likely to have unrealistic weight loss goals. This was evident across three types of weight loss surgeries and suggests the importance of pre-surgery education. Future research should examine the effects of unrealistic goals on post-operative outcomes in Bariatric surgery.

BH-204.

PREDICTING WEIGHT LOSS BEFORE SURGERY - MOTIVATING THE BARIATRIC PATIENT

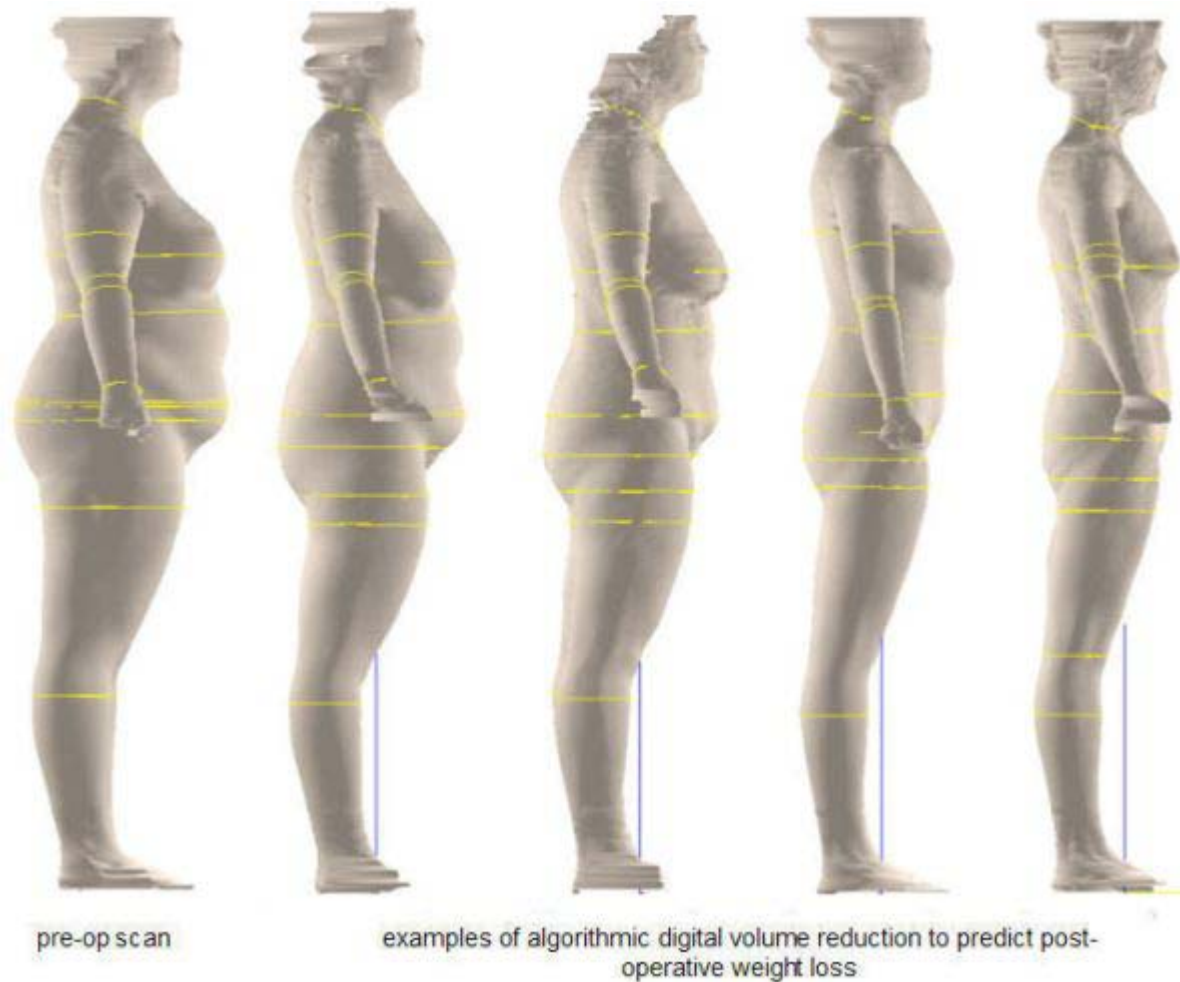
Stephen Wohlgemuth, MD; Metabolic and Weight Loss Surgery Center, Sentara Hospital System, Norfolk, VA, USA

Background: 3D scanning equipment and techniques provide the ability to capture an accurate pre-operative whole-body image of the bariatric surgery candidate. This 3D image can be manipulated using algorithmic digital techniques to develop a set of progressive images depicting gradual weight loss based on expected percentage of body volume reduction at particular points in time.

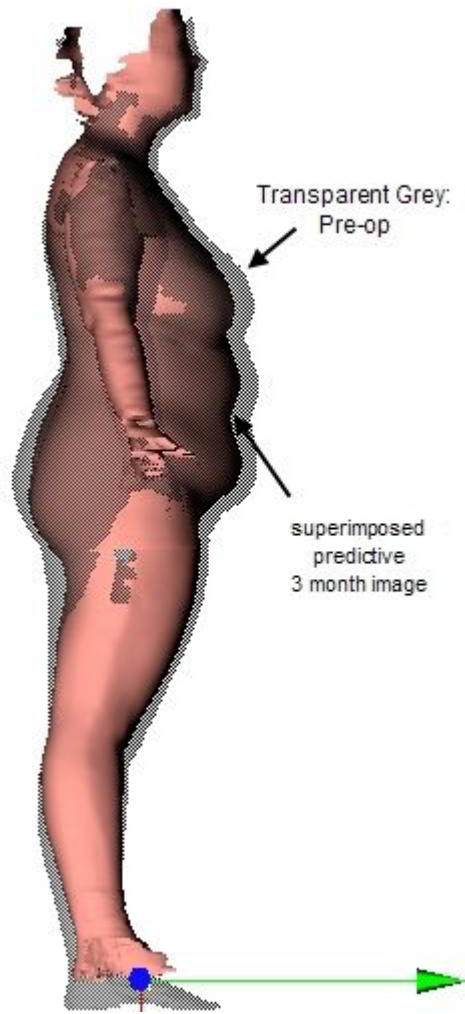
Methods: Pre-operative patients were scanned using a commercial 3D scanning device. Initial measurements were extracted using embedded measurement tools, volume and surface area information was calculated. The 3D body model was exported into a native 3D data modeling program. A formula was developed that assumed 10% volume loss to model the image 3 months after surgery, another 25% 6 months after surgery and another 50% for 1 year after surgery. Successive images were produced and superimposed on the pre-operative image.

Results: The image sets were given to pre-operative patients as a trial service as motivation to move forward and stay the course after surgery. Adjustments to the algorithm were made using repetitive post-operative scans.

Conclusion: This technique has the potential to algorithmically forecast expected body shape as the subject's weight loss progresses.



Digitally produced predictive images to model prospective weight loss



superimposing predictive image on pre-op body model

BH-205.

BARIATRICS FROM BENCH TO BEDSIDE: TRANSLATING THE BASIC SCIENCE OF APPETITE REGULATION TO CLINICAL APPLICATION

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Background: Overeating in response to distressing emotions affects about 40% of pre-surgical bariatric candidates and has been cited as the most common reason for delay of surgery. Emotional eating also has been shown to impede weight loss in gastric banding patients at one year follow-up. Psychological explanations of emotional eating conceptualize the behavior as a way to cope with pressure and regulate emotional states. However, recent advances in the basic science of appetite regulation provide a more comprehensive understanding of the behavior as a biobehavioral phenomenon, and offer direction for the development of clinical interventions. The purpose of this symposium is to broaden the understanding of the multiple influences on

emotional eating and translate scientific findings into clinical application for bariatric patients.

Methods: The symposium, moderated by bariatric surgeon Adam Smith, DO will include: (1) “Appetite Regulation 101” (Joan Carroll, PhD), an overview of the physiological basis of appetite regulation and its interface with stress. (2) “Disinhibitory Eating and the Bariatric Patient” (Kathryn Kaiser, BS), covering the biobehavioral perspective of disinhibition and its post-surgical impact. (3) “Emotional Eating: A Protocol for Change” (Susan Franks, PhD), converging the biological and psychological understanding of emotional eating and describing an applied treatment model.

Results: Participants will gain a solid understanding of the biobehavioral complexity underlying emotional eating and acquire working knowledge of a treatment protocol for bariatric patients.

Conclusion: Treatment models for disordered eating should be based in a biobehavioral framework, translating basic science findings to clinical applications. This will result in further advances in developing effective interventions and improving post-surgical outcomes.

BH-206.

A COLLABORATIVE REVIEW OF PRACTICAL ETHICAL DECISION MAKING IN APPLYING THE “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” TO THE PRACTICE OF BARIATRIC PSYCHOLOGY

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Background: This three hour session will be a structured process by which the attendees will accomplish the following tasks: 1. Identify four important practical dilemmas in the application of the ethical principles to the practice of bariatric psychology. 2. Develop opposing arguments relative to each of these practical dilemmas. 3. Debate the dilemmas based on the opposing arguments developed above. 4. Identify new professional or personal learning achieved in this process.

Methods: Attendees will be divided into four subgroups and assigned the following combined areas of ethical principles: 1. Assessment & Research and Publication. 2. Human Relations & Therapy. 3. Competence & Education and Training. 4. Privacy and Confidentiality. Each group will “brainstorm” at least four practical dilemmas relevant to their area and choose one for debate. The subgroups will now develop a “pro” position statement relative to the dilemma and a “con” position. Each subgroup will then divide in half and develop “pro” and “con” arguments and questions for the opposing position. The entire group will reconvene and each subgroup will present formal debate with “pro” and “con” factions offering opening statements, questioning of the opposing side and closing statements, all with set time limits.

Results: X

Conclusion: A whole group discussion will then be moderated to determine any new learning and valuable insights. Professionals from other disciplines will be encouraged to add perspective.

BH-207.

CREATING A CREDENTIAL FOR BARIATRIC BEHAVIORAL HEALTH PROFESSIONALS: POTENTIAL BENEFITS, PITFALLS, AND PROVIDER OPINION

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Background: Psychosocial evaluation of WLS patients was recommended by the 1991 NIH-sponsored consensus development conference and is currently required by >80% of WLS programs. Although there are some published suggestions for guidelines regarding the content of psychosocial evaluations for WLS, there exist no formal guidelines suggesting specific qualifications, content knowledge, or recommended clinical experience for the professionals who conduct them. The backgrounds of providers conducting these assessments vary widely, prompting concern about the quality, validity and value of these evaluations to both surgical team and patient. We will discuss the potential issues related to the creation of a specialty credential for bariatric behavioral health providers. We will also present the results of large-scale surveys of bariatric health professionals, examining opinions about establishing such a credential. This presentation will be followed by a structured, moderated audience-discussion forum to further explore related issues.

Methods: N/A

Results: N/A

Conclusion: N/A