



Original article

Psychological Changes in Morbidly Obese Patients After Sleeve Gastrectomy[☆]



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ARTICLE INFO

Article history:

Received 29 January 2013

Accepted 17 November 2013

Available online 10 June 2014

Keywords:

Sleeve gastrectomy

Quality of life

Eating disorders

Bulimia

A B S T R A C T

Background: The aim of this study is to observe the psychological changes at one-year postop in a group of patients undergoing laparoscopic vertical sleeve gastrectomy (GVL) and multidisciplinary follow-up.

Methods: A total of 46 patients with a BMI-35 or higher, who were selected for GVL, completed psychological testing. After GVL surgery, patients received psychological, nutritional, and medical attention during 12 months, and they retok the same tests.

Results: Psychological tests showed an improvement on almost all scales tested, except perfectionism. The most significant change was in the benchmark for Eating Disorders with an improvement of 89% for bulimia ($P < .01$), and 55% for body dissatisfaction ($P < .01$) and ineffectiveness ($P < .01$). In quality of life there was an improvement of 57% in the change in health status ($P < .01$).

Conclusion: During our study, a protocol involving GVL and multidisciplinary follow-ups proved to be an effective intervention for improving bulimic symptoms and quality of living. The results of these psychological changes are similar to Roux-en-Y Gastric bypass but different to vertical banded gastroplasty or adjustable gastric band, according to previous studies. However, long-term studies are necessary to confirm this trend.

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Evolución psicológica de los pacientes afectados de obesidad mórbida intervenidos mediante una gastrectomía tubular

R E S U M E N

Introducción: El objetivo del estudio es observar la evolución psicológica en un grupo de pacientes intervenidos mediante gastrectomía vertical laparoscópica (GVL) y tras un año de seguimiento multidisciplinar.

Métodos: Un total de 46 pacientes con un IMC de 35 o superior completaron las pruebas psicológicas antes de la cirugía, y volvieron a cumplimentar dichas pruebas al año de la GVL (tras un seguimiento médico, nutricional y psicológico).

Palabras clave:

Tubo gástrico

Calidad de vida

Trastornos de la conducta alimentaria

[☆] Please cite this article as: Melero Y, Ferrer JV, Sanahuja Á, Amador L, Hernando D. Evolución psicológica de los pacientes afectados de obesidad mórbida intervenidos mediante una gastrectomía tubular. Cir Esp. 2014;92(6):404-409.

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Bulimia

Resultados: Se observó una mejoría en todas las escalas analizadas, excepto el perfeccionismo. Los cambios más significativos se refieren al área de sintomatología alimentaria, con una mejora del 89% en bulimia ($p < 0,01$), y un 55% en insatisfacción corporal ($p < 0,01$) e ineficacia ($p < 0,01$). Por otra parte, en el área de calidad de vida cabe destacar una mejoría del 57% en el cambio de salud ($p < 0,01$).

Conclusión: La GVL con un seguimiento multidisciplinar se confirma como una intervención efectiva para mejorar los síntomas bulímicos y la calidad de vida. Estos resultados son similares a los recogidos en diferentes estudios con bypass gástrico, y no tanto a otros con gastroplastia vertical anillada y banda gástrica ajustable. Sin embargo, son necesarios estudios a largo plazo para confirmar esta tendencia.

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Introduction

In this study, we present the preliminary results obtained in a group of patients operated on by vertical laparoscopic gastrectomy (VLG) and multidisciplinary monitoring (medical, nutritional and psychological). Our interest is to show the psychological changes of a group of patients treated with this technique, quantified by the results of a series of psychological tests performed before and one year after the operation. This type of study has already been performed in patients undergoing gastric bypass (GBP),¹⁻¹⁵ vertical banded gastroplasty,¹⁰ or both surgeries.^{16,17} Other studies simply address bariatric surgery without specifying the technique used.^{1,18-27} We only found 2 articles comparing psychological improvement between VLG and laparoscopic adjustable gastric band.^{28,29}

Most of the reasons given by patients at the time of surgery, and listed in preoperative psychological tests, deal with significant reductions in quality of life,^{1,6,9,16-20,23} body-image dissatisfaction and loss of control over body weight and food intake.^{2-7,17,20,30}

Furthermore, we believe that VLG has important emotional implications regarding nutrition, because it is a very restrictive surgical procedure, associated with a strong decrease in ghrelin.³¹ Therefore, we decided to evaluate these variables (quality of life and eating symptomatology) in order to verify the suitability of VLG.

Patients and Methods

Before recommending VLG surgery, patients are studied based on a comprehensive multidisciplinary assessment. We indicate this intervention for patients with a BMI of 35-40 (in special cases, up to 50). We use factors with a greater VLG outcome possibility: sweet-eaters, having a family history of morbid obesity (more than 2 obese members in first and second generation), insulin-dependent diabetes mellitus, and cardiovascular and musculoskeletal limitations for exercising after surgery. When patients meet 3 or more of these circumstances, they are advised to undergo GBP surgery.

Psychological Study

Days before the surgery and after performing a complete psychological case history, patients complete a series of self-administered tests (either online or on paper): *Edinburgh bulimia test*³² (BITE); *body shape questionnaire*³³ (BSQ); *SF-36 health questionnaire*³⁴; *quality of life index*³⁵ (QLI-SP); and *eating disorder inventory*³⁶ (EDI-1) (Tables 1 and 2).

After surgery, patients undergo individualized, dietary, nutritional and psychological monthly (for the first 6 months) and bimonthly medical monitoring with cognitive behavioral intervention. At 12 months, a psychometric reassessment (same test protocol) is performed.

Table 1

Body Shape Questionnaire ³³ (BSQ)	Self-administered Test Measuring Typical Concern about Body Weight and Shape Caused by Bulimia and Anorexia Nervosa
Eating Disorders Inventory ³⁶ (EDI-1)	Self-administered Questionnaire to Detect The Presence of Eating Disorders
Obsession with thinness	Excessive attention to concerns about weight, diet, and weight regain fear
Bulimia	Binge eating and purging episodes
Body dissatisfaction	Dissatisfaction with physical appearance
Inefficiency	Feelings of inadequacy, insecurity, powerlessness and lack of control over one's life
Perfectionism	Dissatisfaction with everything that is not considered perfect
Interpersonal distrust	Reluctance regarding intimate and close relationships
Introspective awareness	Ability to discriminate sensations, emotions and sensations of hunger and satiety
Fear of maturity	Fear of facing adult life demands

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