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REVIEW

Psychological predictors of weight loss after bariatric surgery: A review of the recent research



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Received 13 May 2013; received in revised form 9 September 2013; accepted 16 September 2013

KEYWORDS

Bariatric surgery;
Obesity;
Psychological
predictors;
Mental health;
Weight loss

Summary

Background: Morbid obesity is the fastest growing BMI group in the U.S. and the prevalence of morbid obesity worldwide has never been higher. Bariatric surgery is the most effective treatment for severe forms of obesity especially with regard to a sustained long-term weight loss. Psychological factors are thought to play an important role for maintaining the surgical weight loss. However, results from prior research examining preoperative psychological predictors of weight loss outcome are inconsistent. The aim of this article was to review more recent literature on psychological predictors of surgical weight loss.

Methods: We searched PubMed, PsycInfo and Web of Science, for original prospective studies with a sample size >30 and at least one year follow-up, using a combination of search terms such as 'bariatric surgery', 'morbid obesity', 'psychological predictors', and 'weight loss'. Only studies published after 2003 were included.

Results: 19 eligible studies were identified. Psychological predictors of surgical weight loss investigated in the reviewed studies include cognitive function, personality, psychiatric disorder, and eating behaviour.

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Conclusion: In general, recent research remains inconsistent, but the findings suggest that pre-surgical cognitive function, personality, mental health, composite psychological variables and binge eating may predict post-surgical weight loss to the extent that these factors influence post-operative eating behaviour.

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Introduction

Obesity is a substantial public health problem worldwide. The prevalence of obesity has increased dramatically over the last three decades [1–3] with the most marked increase in more severe forms of obesity [4]. This is alarming considering that overweight and particularly morbid obesity, defined as Body Mass Index (BMI) ≥ 40 kg/m², is associated with a marked increase in mortality [5] often caused by medical co-morbidities, such as diabetes, cardio-vascular disease, and cancer [6,7]. In addition, psychological and social complications as well as impaired health-related quality of life (HRQOL) are prevalent among obese patients [8,9].

Traditional weight loss strategies, such as behavioural therapy, low-caloric diets and pharmacological treatment, have shown good results for obesity class I and II (BMI 30–34.9 and 35–39.9 kg/m², respectively) [10], but are usually ineffective in the long-term treatment of morbid obesity [11–13]. Most patients who present for bariatric surgery have already been unsuccessful in multiple attempts to achieve a sustained weight loss through non-surgical treatment programmes. Despite potential postoperative complications, such as gastric dumping syndrome, incisional hernia, and infections, bariatric surgery

is currently considered the treatment of choice for these patients and may result in weight loss of up to 80% of the excess body weight with subsequent reductions in medical risk factors, obesity-related co-morbidities, and psychological symptoms [14–16]. However, bariatric surgery should be considered a ‘stepping stone’, and patients must be prepared to engage in comprehensive lifestyle changes. The generally positive results of bariatric treatment have been questioned by recent studies reporting that a substantial minority of bariatric patients have suboptimal weight loss often defined as less than 40–50% excess weight loss (EWL) for Gastric Bypass (GBP) [17,18]. In addition, up to 20–30% of bariatric patients undergoing obesity surgery regain some if not all of their initial weight loss around 2 years after surgery [19–22]. Non-surgical and psychological factors that affect the patients’ ability to adjust to the postoperative situation are likely to be involved in the course of this regain [23–25]. However, no pre-surgical psychological predictors have consistently been demonstrated [26,27]. Identifying potential indicators of surgical success will not only enable better patient selection, but may also contribute to the improvement of treatment by facilitating the development of pre- and post-operative psychosocial interventions.

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