

Original article

## Sexual life after weight loss surgery

Alexis Conason, Psy.D.<sup>a,\*</sup>, Kimberly J. McClure Brenchley, Ph.D.<sup>b</sup>, Andrea Pratt, M.S.Ed.<sup>c</sup>,  
Allan Geliebter, Ph.D.<sup>d,e</sup>

<sup>a</sup>Mt Sinai St. Luke's Hospital, Department of Medicine, Division of Endocrinology, Diabetes, and Nutrition, New York, New York

<sup>b</sup>St. John Fisher College, Department of Psychology, Rochester, New York

<sup>c</sup>Fordham University, Graduate School of Education, New York, New York

<sup>d</sup>Mt. Sinai St. Luke's Hospital and Department of Psychiatry, Icahn School of Medicine at Mt. Sinai, New York, New York

<sup>e</sup>Department of Psychology, Touro College and University System, New York, New York

Received July 21, 2016; accepted January 6, 2017

### Abstract

**Background:** Previous research revealed a relationship between higher body mass index (BMI) and lower sexual functioning. However, the role of psychosocial variables, such as body image, in this relationship has been understudied.

**Objective:** To assess sexual life before and after weight loss surgery (WLS) and examine the role of body image and BMI in these changes.

**Setting:** WLS center at a major urban community hospital.

**Methods:** 327 participants (275 women and 52 men) who underwent either laparoscopic Roux-en-Y gastric bypass surgery ( $n = 225$ ) or laparoscopic adjustable gastric band ( $n = 102$ ) were assessed on measures of sexual life preoperatively and at 1, 3, 6, 12, and 24 months after surgery. The number of completers were  $n = 126$  at 1-month follow-up,  $n = 84$  at 3 months,  $n = 86$  at 6 months,  $n = 84$  at 12 months, and  $n = 55$  at 24 months.

**Results:** There was a significant increase in quality of sexual life over time,  $F(5,479.5) = 24.3$ ,  $P < .001$ . Greater body image dissatisfaction predicted lower quality of sexual life when controlling for BMI,  $F(1,580.3) = 36.9$ ,  $P < .001$ , but BMI did not predict quality of sexual life when controlling for body dissatisfaction,  $F(1,566.6) < .01$ ,  $P = .94$ . A mediation analysis revealed that the relationship BMI had with sexual life was through its influence on body dissatisfaction.

**Conclusion:** Participants experienced improvements in quality of sexual life over time after WLS, and decrease in body image dissatisfaction was the strongest predictor of these improvements. These results underscore the importance of body image, independent of weight loss, in postsurgical sexual life. (Surg Obes Relat Dis 2017;13:855–861.) © 2017 American Society for Metabolic and Bariatric Surgery. All rights reserved.

**Keywords:** Bariatric surgery; Weight loss surgery; Body image; Sexual life

The Centers for Disease Control and Prevention (CDC) defines obesity in adults by a body mass index (BMI)  $\geq 30$  [1]. In 2013, 28.3% of Americans met the criteria for obesity [1]. Individuals classified as obese often experience stigmatization, which is associated with poorer quality of

life and mental health difficulties such as substance abuse, mood, and anxiety disorders [2–6]. Obesity is associated with lower scores on quality of life measures that assess factors such as mental well-being, social interaction, and self-esteem [7–9].

Sexual life is an important aspect of quality of life. Previous research has found protective benefits of good sexual life, including greater mental health satisfaction [10,11] and higher levels of relationship and emotional

\*Correspondence: Alexis Conason, Psy.D., 115 East 57th Street, New York, NY, 10022.

E-mail: [drconason@gmail.com](mailto:drconason@gmail.com)

satisfaction [12]. Research findings also indicate that, among both men and women, there is an association between higher weight and lower levels of reported sexual functioning [13–16]. Individuals who have experienced weight loss often report a number of physical and psychological changes [17,18], including improvements in sexual functioning and satisfaction [19]. Studies examining sexual functioning among women undergoing weight loss surgery (WLS) report an improvement in sexual functioning, including self-reported improvements in overall sexual functioning [20,21]; significant improvements in hormonal measures of sexual dysfunction [20]; and increased arousal and desire [22–24], lubrication, and satisfaction [23,24], as well as sexual functioning scores similar to those of normative controls [25] after WLS [20,21]. Comparison of women before and after WLS indicated that, after bariatric surgery, women reported greater sexual desire and arousal compared with the preoperative group [22–25].

Although there is a clear link between increased weight and lower satisfaction with sexual life, it is unclear whether the increased weight in and of itself is responsible for these impairments or whether other associated factors can better explain this relationship. Better sexual quality of life is associated with lower reports of depression and fewer concerns about one's body image [26]. Better body image is correlated with higher levels of sexual functioning [4], when controlling for BMI and in normal weight participants [27]. A review article on sexual life and body image concluded that negative cognitions and beliefs about one's body are associated with decreased sexual desire and arousal, and increased sexual avoidance [28]. Body image self-consciousness has also been associated with aversion to sexual activity as well as anxiety and decreased likelihood of orgasm during sexual activity [29,30]. Although weight and shape may change after WLS, which brings an individual's body closer to the cultural ideal, sexual life and body image may continue to be negatively affected by a history of being overweight and objectification of one's body [28]. Patients often continue to struggle with body image dissatisfaction after WLS because of sagging excess skin and inaccurate perceptions of their body size. Despite previous research documenting the important role of body image in sexual life, many studies focus on BMI as the most influential factor in sexual life, neglecting the role of body image [14,16,19,22].

Perceptions, evaluations, and cognitions about one's body (i.e., body image) rather than actual body size have an influence on sexual life. Body dissatisfaction has been found to be associated with decreases in desire and arousal among women with an average BMI of 25, indicating that women experience concern regarding their body appearance in general and during physical intimacy, even among those not classified as obese [29,30]. Poor body image, negative evaluations of one's body, and body self-consciousness during sexual activity are related to increased reports of

sexual avoidance among a nonclinical sample of men and women (female BMI:  $M = 22.05$ ,  $SD = 3.17$ ; male BMI:  $M = 22.97$ ,  $SD = 2.88$ ) [31]. Cash et al. [32] found avoidance of body exposure and anxious attentional focus on body exposure were related to decreased enjoyment of sex life, desire for sex, arousal, and orgasm among male and female participants with average BMIs of 25.1 and 24.0, respectively. These studies suggest that perceptions and feelings about one's body may have a greater influence on both cognitive and behavioral aspects of sexual life than BMI.

The aim of the present study was to fill a gap in the literature by investigating the effect of body image on sexual life independent of BMI in a WLS population. Although improved sexual life is not generally a primary aim of WLS, it may be one of the factors that lead to improved psychological outcomes after WLS. In addition, better understanding of the mechanisms through which sexual life improves after WLS may inform interventions for sexual dysfunction in other populations as well. For the purposes of this study, sexual life was defined as quality of sex life, frequency of sexual activity, and sexual problems. We hypothesized that participants would experience improvements in their sexual life during the first 2 years after WLS. We postulated that these improvements largely would be due to improvements in body image that occur parallel to weight loss after surgery and occur independently of changes in BMI.

## Methods

### Participants

There were 327 participants ( $N = 327$ , 275 women and 52 men) (Table 1) who were recruited through a bariatric surgery office at a major urban hospital center. Patients underwent either laparoscopic Roux-en-Y gastric bypass surgery (LRYGB) ( $n = 225$ ) or laparoscopic adjustable gastric band (LAGB) ( $n = 102$ ) (Table 1). All participants signed informed consent forms, and the hospital's Institutional Review Board approved the study. Not all participants completed all follow-up assessments: at 1-month postoperative visit,  $n = 126$ ; 3-month postoperative visit,  $n = 84$ ; 6-month postoperative visit,  $n = 86$ ; 12-month postoperative visit,  $n = 84$ ; and 24-month postoperative visit,  $n = 55$ .

### Materials

The materials included a demographic questionnaire, the Questionnaire on Eating and Weight Patterns—Revised (QEWPR), which included self-reported height and weight; the Compulsive Behaviors Questionnaire (CBQ); the Stunkard Figure Rating Scale (FRS); and the Impact of Weight on Quality of Life Questionnaire (IWQOL). Sexual life was assessed using the Sexual Life subscale of the IWQOL

Download English Version:

<https://daneshyari.com/en/article/5661922>

Download Persian Version:

<https://daneshyari.com/article/5661922>

[Daneshyari.com](https://daneshyari.com)