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Original article

Review of family-based approaches to improve postoperative outcomes among bariatric surgery patients

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Abstract

Background: Bariatric surgery must be partnered with postoperative lifestyle modifications for enduring weight loss and related health effects to be fully appreciated. Little is known about how these lifestyle modifications may be affected by the involvement of other family members living in the household; therefore, this review describes current family-based approaches to improving postoperative outcomes in bariatric surgery patients and their families.

Methods: A MEDLINE search of publications from 1999 to 2014 was conducted in January 2014. Retrieved titles and abstracts were assessed by 2 authors to determine relevance to the topic surrounding family-based approaches to improve postbariatric surgery outcomes. All study designs except case studies were considered if they included some aspect of family as a predictor in relation to improved health outcomes after surgery.

Results: Initial searches yielded 650 publications (bariatric surgery + family, n = 193; bariatric surgery + child, n = 338; bariatric surgery + spouse, n = 4; bariatric surgery + social support, n = 115). Two studies met criteria for a family-based approach to improving metabolic outcomes in bariatric patients. Seven studies discussed the impact of bariatric surgery on families. All other studies were excluded for not discussing family-based approaches.

Conclusion: Despite limited documentation of family-based approaches on improving health outcomes in patients who underwent bariatric surgery, evidence suggests that such an approach may be advantageous if planned a priori to occur before, during, and after bariatric surgery. Future studies could test the combination of bariatric surgery and a family-based approach for improved metabolic outcomes in both the patient and involved family member(s). (Surg Obes Relat Dis 2014;■:00–00.) © 2014 American Society for Metabolic and Bariatric Surgery. All rights reserved.

Keywords:

Family; Bariatric surgery; Severe obesity; Obesity

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The high prevalence of obesity and obesity-related comorbidities such as cardiovascular disease, diabetes, hypertension, hyperlipidemia, cancer, and osteoarthritis continues to pose major public health and clinical challenges [1–9]. Moreover, recent obesity-related medical cost calculations now account for 21% of United States healthcare costs [10,11]. As severe obesity prevalence estimates continue to

increase, bariatric surgery has emerged as the most effective treatment option when traditional weight loss approaches fail [12–15]. However, bariatric surgery must be partnered with postoperative lifestyle modifications for enduring weight loss and related health effects to be fully appreciated. Specifically, bariatric surgery patients are encouraged to adopt a healthy diet and regular physical activity postsurgery, because both of these changes have been shown to increase the likelihood of success in patients after surgery [12,16].

Little is known regarding how the adoption of postoperative healthy lifestyle modifications may impact and/or be affected by other family members living in the household. This has important implications given that obesity has been shown to have a strong intergenerational effect; that is, obese parents are significantly more likely to have an obese child versus normal weight parents [17]. A study of children and grandchildren of adult bariatric surgery patients found that almost half (47%) of children and 30% of grandchildren had a body mass index (BMI) greater than or equal to the 95th percentile adjusted for their age and sex [17]. It has been suggested that future bariatric interventions include all family members living in a household, because bariatric surgery in a parent/grandparent may in fact be an obesity prevention or treatment tool in their children/grandchildren or other family members [17]. As the family member who underwent bariatric surgery adopts new healthy lifestyle habits, the entire household may render an additional benefit of improved healthy behaviors and weight loss. This may lead to improved health and metabolic outcomes for the patient.

It has been suggested to involve the family in postsurgical care to increase social support for the patient's healthy lifestyle modifications that are associated with positive postoperative outcomes [18]; yet, it is unclear if evidence-based family intervention models have been integrated. In particular, it is not clear how bariatric surgery in one family member affects healthy lifestyle behavior modifications among the patient and family members in the patient's social network who have not had surgery. With the prevalence of bariatric surgery prominent [19], evaluating the effects of surgery on family members is of importance. The aim of the present study was to review and describe the state of the literature in terms of family-based approaches to improving metabolic outcomes in bariatric surgery patients and their families.

Methods

A review of the literature was conducted in January 2014 via a MEDLINE search of abstracts, articles, books, and reviews published between the years 1999 to 2014. Search terms included “bariatric surgery” and “family”, “child”, “spouse”, or “social support”. Retrieved titles and abstracts surrounding family-based approaches to improve metabolic outcomes after bariatric surgery were assessed by 2 authors.

Once publications were deemed relevant, each reference list within the publication was reviewed for potentially missed articles.

To be selected, studies must have been published between 1999 and 2014 in English and include patients who underwent bariatric surgery (laparoscopic adjustable gastric banding, Roux-en-Y type gastric bypass, biliopancreatic bypass, or gastric sleeve). Studies that discussed some aspect of family as a predictor in relation to improved metabolic outcomes after surgery were included in the study. All study designs except case studies were considered as part of this review. Fig. 1 is a flow diagram of included and excluded publications selected for review.

Results

Initial searches yielded 650 publications (bariatric surgery + family, $n = 193$; bariatric surgery + child, $n = 338$; bariatric surgery + spouse, $n = 4$; bariatric surgery + social support, $n = 115$). The review process resulted in the selection of only 2 studies [20,21] (Table 1) that met the criteria for a family-based approach to improving metabolic outcomes in bariatric patients. Seven studies [10,20–27] (Table 2) were identified that discussed the impact of

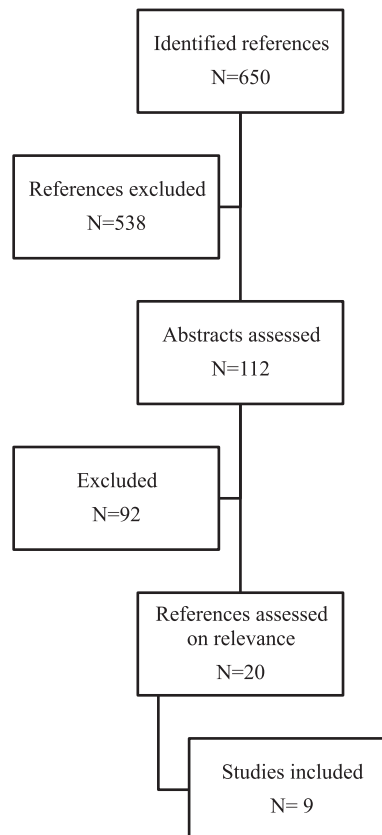


Fig. 1. Flow diagram of process to include and exclude family-based intervention studies among bariatric patients.

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