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ORIGINAL ARTICLE

Do factors related to participation in physical activity change following restrictive bariatric surgery? A qualitative study

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Received 11 July 2017; received in revised form 21 October 2017; accepted 3 November 2017

KEYWORDS

Barriers;
Facilitators;
Physical activity;
Bariatric surgery;
Qualitative

Summary

Aims: To explore participants' ability to participate in physical activity (PA), and barriers and facilitators to PA, at 12 months following restrictive bariatric surgery, and how these differed from participants' pre-surgery perceptions. Motivators for PA post-surgery were also explored.

Methods: Qualitative one-on-one in-depth interviews were conducted pre- and 12 months post-surgery. Data were analysed using inductive thematic analysis.

Results: Fourteen adults (12 females), with a mean (range) age of 41.4 years (25.0–56.0), body mass index (BMI) of 31.7 kg/m² (22.3–48.2), and excess weight

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<https://doi.org/10.1016/j.orcp.2017.11.001>

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Please cite this article in press as: Zabatiero J, et al. Do factors related to participation in physical activity change following restrictive bariatric surgery? A qualitative study. *Obes Res Clin Pract* (2017), <https://doi.org/10.1016/j.orcp.2017.11.001>

loss of 66% (2–127) completed both interviews. Lack of participation in PA during the first 3–6 months post-surgery was a common theme. Although participants reported increased ability to participate in PA, attributing this to a reduction in obesity-related physical barriers to PA, many participants reported that some pre-surgery obesity-related barriers to PA remained at 12 months post-surgery. For most participants, pre-surgery non-obesity related barriers to PA also remained at 12 months post-surgery. Facilitators to PA were consistent pre- and post-surgery. Weight loss and improvement in physical appearance were the most common motivators for PA post-surgery.

Conclusions: At 12 months following surgery, many participants reported residual obesity and non-obesity related barriers to PA. These barriers may explain the small, if any, pre- to post-surgery change in PA levels reported by earlier research. Facilitators to PA did not change and post-surgery motivators for PA were mostly esteem-related. These data are relevant to shape interventions aimed at optimising PA in this population.

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Introduction

Bariatric surgery has been used increasingly to manage obesity worldwide [1]. This is because, when compared to non-surgical treatment, bariatric surgery results in greater and sustained weight loss and reduction of obesity-related comorbid conditions [2]. However, despite successful weight-related outcomes following surgery, data are less convincing for the effect of bariatric surgery on health-related behaviors, such as physical activity (PA) levels.

The health benefits of participating in PA, particularly of moderate-to-vigorous intensity, are well established [3]. Earlier research suggests that increased participation in PA following bariatric surgery is associated with greater weight loss [4–6], favorable changes in body composition [7], greater reduction in cardiometabolic risk factors [8] and better quality of life [4]. Nevertheless, recent activity monitor data suggest that bariatric surgery candidates participate in little PA pre-surgery and that only modest or no change in PA levels is observed post-surgery [9–12]. Of note, around two thirds of people between 1 and 3 years post-surgery do not meet the minimum recommended levels of PA linked to health benefits and chronic disease prevention, and also participate in less PA than the general population [9,10]. Studies which have sought to promote participation in PA among people undergoing bariatric surgery are scarce, and those that have, used generic approaches and indicate that they are often ineffective. For example, Coleman et al. [13] recently performed a randomised controlled trial of people within 6–24 months fol-

lowing surgery and found that, when compared to a usual care control group, those randomly allocated to a 6-month supervised exercise intervention presented no significant change in time spent in moderate to vigorous PA. Nevertheless, there is increasing evidence on the relevance and effectiveness of tailored interventions targeting specific factors relevant to an individual's participation in PA, rather than using generic approaches to promote PA [13–16]. For this reason, a better understanding of factors such as perceived ability to participate in PA, barriers and facilitators to, and motivators of PA among bariatric surgery candidates, and how they change post-surgery, is needed to inform behavioral interventions. Interventions that target such factors with techniques specifically focused at changing them are likely to be more effective than those who use generic approaches [17]. This study aimed to explore participants' perceived ability to participate in PA, as well as barriers and facilitators to PA, at 12 months following restrictive bariatric surgery, and how these differed from participants' pre-surgery perceptions. Perceived motivators of PA post-surgery were also explored.

Methods

Participants

Obese adults scheduled to undergo laparoscopic restrictive bariatric surgery were recruited from a private bariatric surgery clinic in Perth, Western Australia. Inclusion criteria were: age between 18 and 70 years, and body mass index (BMI) > 30 kg/m².

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