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Original article

Influence of Psychological Variables in Morbidly Obese Patients Undergoing Bariatric Surgery After 24 Months of Evolution☆

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ABSTRACT

Background: Bariatric surgery is considered a more effective means of achieving weight loss than non-surgical options in morbid obesity. Rates of failure or relapse range from 20% to 30%. The study aims to analyze the influence of psychological variables (self-esteem, social support, coping strategies and personality) in the maintenance of weight loss after bariatric surgery.
Methods: A cohort study was conducted involving 64 patients undergoing bariatric surgery for 24 months. At the end of the follow-up period, patients were divided into 2 sub-cohorts classified as successes or failures. Success or favorable development was considered when the value of percent excess weight loss was 50 or higher.
Results: No statistically significant differences were observed between the 2 groups in any variable studied. All patients had high self-esteem (87.3 those who failed and 88.1 those who are successful) and social support (90.2 and 90.9). Patients who succeed presented higher scores for cognitive restructuring (57.1) and were more introverted (47.1), while those who failed scored more highly in desiderative thinking (65.7) and were more prone to aggression (50.7) and neuroticism (51.7).
Conclusions: High self-esteem and social support does not guarantee successful treatment. The groups differed in how they coped with obesity but the data obtained do not justify the weight evolution. In the absence of psychopathology, personality trait variability between patients is insufficient to predict the results.

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Influencia de variables psicológicas en pacientes obesos mórbidos operados con cirugía bariátrica tras 24 meses de evolución

Palabras clave:
Cirugía bariátrica
Autoestima
Apoyo social
Estrategias de afrontamiento
Personalidad

RESUMEN

Introducción: El tratamiento de la obesidad mórbida mediante la cirugía bariátrica es más efectivo que las opciones no quirúrgicas. Las tasas de fracaso o recaída oscilan entre el 20 y el 30%. El estudio pretende analizar la influencia de determinadas variables psicológicas (autoestima, apoyo social, estrategias de afrontamiento y personalidad) en el mantenimiento de la pérdida de peso de los pacientes después de la cirugía bariátrica.

Métodos: Se realizó un estudio de cohorte compuesta por 64 pacientes intervenidos mediante cirugía bariátrica con 24 meses de seguimiento. Al final del periodo, los pacientes fueron divididos en 2 subcohortes según fueran éxitos o fracasos. Se consideró éxito o evolución favorable cuando el valor del porcentaje de sobrepeso perdido era 50 o superior.

Resultados: No se observaron diferencias estadísticamente significativas entre los 2 grupos en ninguna variable estudiada. Todos los pacientes tuvieron alta la autoestima (87,3 los que fracasan y 88,1 los que tienen éxito) y el apoyo social (90,2 frente a 90,9). Los pacientes que tuvieron éxito presentaron puntuaciones más altas para la reestructuración cognitiva (57,1) y eran más introvertidos (47,1); mientras que los que fracasaron anotaron más alto en pensamiento desiderativo (65,7) y eran más propensos a la agresión (50,7) y el neuroticismo (51,7).

Conclusiones: Una alta autoestima y un alto apoyo social no garantizan el éxito del tratamiento. Los grupos difieren en la forma en que hicieron frente a la obesidad, pero los datos obtenidos no justifican la evolución del peso. En ausencia de psicopatología, la variación de los rasgos de personalidad entre los grupos de pacientes es insuficiente para predecir los resultados.

Introduction

Clinically severe or morbid obesity causes health consequences that are much more severe than moderate obesity.[1] Its prevalence in developed countries reaches almost 7% (with a 70% increase in the last 15 years) and is rapidly increasing in developing countries.[2,3] At present, bariatric surgery is the most effective treatment for morbid obesity.[4–8] Surgery generates substantial weight loss in patients, but 20%–30% do not achieve this goal in the long term, which is considered treatment failure.[9] Morbid obesity is associated with high levels of psychopathology, including depression, anxiety, eating disorders and pathological personality traits. Psychiatric problems such as alcoholism, bulimia, severe mood disorders and personality disorders are considered contraindications for bariatric surgery because patients with these characteristics are at high risk of presenting psychological and somatic complications after surgery.[10,11] The identification of negative predictors after surgery is essential to predict long-term failure as well as possible increased risk for postoperative morbidity and mortality.[12] The persistence of possible psychological problems (that are not a surgical contraindication) after surgery may counteract initial weight loss and jeopardize the success of the procedure. In this context, psychological evaluation plays an essential role, not only to reject or approve the patient as a candidate for surgery, but also to identify possible emotional, cognitive, behavioral and social factors that may influence the success or failure of the intervention.[13,14]

Some studies attribute weight gain to physiological factors,[15,16] while others affirm that inadequate coping strategies, personality traits, or the patient's psychological inability to adapt to new lifestyle habits (dietary patterns, physical activity and work), or lack of postoperative follow-up, are generally the source of the failure to maintain weight loss after surgery.[17–19] Recent research[20] remains inconsistent, but findings indicate that preoperative cognitive function, personality, mental health, and psychological variables related with binge-eating can predict postoperative weight loss, as these factors influence postoperative eating behavior.

The main objective of this study is to detect psychological characteristics or traits associated with poor weight loss results 24 months after surgery.

Methods

The study population included all morbidly obese patients treated surgically by the Bariatric Surgery Unit at our hospital who met the inclusion criteria from January 2012 to December 2014. The study population coincided with the sample population as it was a consecutive non-randomized sample from the same time period. Sixty-four patients were included, with a precision of 9.8% in the estimation of a proportion using a bilateral normal asymptotic 95% confidence interval, and assuming a failure to treat rate of 20%.[9] The inclusion criteria were: a) voluntary acceptance to participate, with the signing of informed consent; b) compliance with local criteria for bariatric surgery, recommended by the Spanish Society of Obesity Surgery (SECO)[21]; c) evaluation as ''competent'' by the Mental Health Unit; and d) attendance to scheduled