

“Take Me through the History of Your Weight”: Using Qualitative Interviews to Create Personalized Weight Trajectories to Understand the Development of Obesity in Patients Preparing for Bariatric Surgery

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ABSTRACT

Background Obesity can develop during any life stage. Understanding the contexts within which obesity develops can inform our understanding of the disease and help tailor interventions specific to life stages.

Objective Using life-course theory as a guiding framework, this study aimed to explain the development of obesity in bariatric surgery patients by creating personalized weight trajectories.

Design Qualitative methods using semistructured interviews were used to uncover participants' experiences with and explanations for the development of obesity. A grounded theory approach using the constant comparative method was used to analyze transcripts for categories and themes.

Participants/setting Thirty pre-bariatric surgery patients (24 women, 6 men) were recruited from a bariatric surgery center; 25 participants were available for follow-up. Participants were interviewed before surgery and at 6 and 12 months postsurgery.

Results Four weight history groups were created based on patterns of weight changes from adolescence through adulthood: Always Heavy, Late Peak, Steady Progression, and Weight Cycling. Participants' explanations for weight changes centered around themes of transitions and life-course events or stressors. Differences in the weight history groups could be explained by the timing of transitions, life events, and responses to stress.

Conclusions The development of obesity does not follow the same pattern for all individuals. Weight gain patterns can be explained by the timing of life-course events, stressors, and the type and effects of environmental transitions. Weight management counseling should include strategies tailored to an individual's current life-stage and circumstance, but also acknowledge previous responses to transitions and stressors.

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OBESITY IS A CHRONIC DISEASE THAT CAN BEGIN IN childhood, adolescence, or adulthood. Causes of weight gain in each of these life stages is identical: caloric intake consistently exceeds daily caloric expenditure; however, the underlying influences of this energy imbalance are multidimensional and complex, comprising an intricate interaction between biological, behavioral, and environmental factors.¹ Life-course theory can be used to explain how obesity develops over time by taking into account the social, environmental, and biological factors that influence weight and situating these factors within a particular life stage.^{2,3}

A trajectory is a long-term pattern of behavior² or dimension of one's social, environmental, or biological state³ that occurs across life stages. Epidemiologists use statistical

modeling to create weight trajectories to describe weight changes in populations and identify factors that influence these changes. An increase in weight is almost universal across adulthood life stages.⁴⁻⁶ Life-course factors have differing effects on the rate or pattern of weight gain over time. Lower educational attainment,⁶ parenthood,⁷ and childhood poverty⁸ are associated with an increase in body mass index (BMI) over time. Although these studies describe trends and identify factors that influence weight trajectories, they do not explain how weight gain occurs in relation to the identified risk factors.

Other methods of investigation using qualitative methods have linked individuals' explanations for weight changes to life course factors. Obese individuals attribute weight gain to both physiological and social transitions associated with life

stages, such as changes in social relationships, injuries, and work environments.⁹ Life events, including the death of a family member, pregnancy, special events, and attending university, have been identified as factors contributing to both weight gain and weight loss.¹⁰ More work is needed in this area to better explain how life-course events influence weight changes over time to identify possible strategies or areas of intervention to prevent obesity.

Using a life-course approach, this study was conducted to describe the development of obesity over time by creating individual weight trajectories based on participants' personal narratives. Participants in this study were pre-bariatric surgery candidates who agreed to participate in a 1-year study on weight and dietary changes after bariatric surgery. The focus of this project was to assess life-course influences on the weight trajectories of pre-bariatric surgery candidates leading up to their surgical procedure. Bariatric patients offer a unique perspective on weight, as they have experienced morbid obesity and many have a history of repeated weight losses and gains.¹¹ Qualitative methods were used to capture participants' perspectives and experiences, using a constructivist, grounded-theory approach.¹²

METHODS

Recruitment

A convenience sample of pre-bariatric surgery patients were recruited over 9 months between 2013 and 2014 from an American Metabolic and Bariatric Surgery-accredited bariatric surgery center in southeast Michigan. They were recruited to participate in a 1-year, mixed-methods study involving qualitative interviews and the completion of dietary, physical activity, and lifestyle questionnaires. Recruitment took place during patients' final presurgery education class by either the lead researcher (A.L.) or a research nurse, neither of whom were involved with patient care. To be eligible, participants had to be 18 years or older with a surgery date scheduled for either gastric bypass or sleeve gastrectomy. Participants also had to be willing to meet at the surgery center for the first interview, in accordance with the Hospital's policy on obtaining informed consent. Twenty-four presurgery education classes, ranging in size from two to eight participants, were visited. Seventy-one patients expressed interest; however, 15 did not have surgery dates scheduled, and five could not be interviewed before surgery because of schedule conflicts. The remaining 22 were unable to be reached by the interviewer. In total, 30 individuals volunteered to participate. Potential participants were not asked why they did not volunteer to participate. Originally, the goal was to recruit equal numbers of gastric bypass and sleeve gastrectomy patients to enable planned postsurgery comparisons; however, at the time, twice as many patients opted for sleeve gastrectomy compared with gastric bypass, so efforts were made to ensure that the sample was representative of surgery ratios. Because of increases in cost for postsurgery follow-up care in 2014 (eg, long-term costs for postsurgery appointments with dietitians or psychologists as well as gym access, classes, and support groups), recruitment ended once ratios were met to ensure relative consistency in the postsurgery experiences. Participants' characteristics represented diversity in life stages, home environments, income, education, and

RESEARCH SNAPSHOT

Research Question: How do individuals preparing for bariatric surgery explain the development of obesity over their life course?

Key Findings: Qualitative analysis of in-person interviews uncovered four patterns of weight gain over time based on the timing of obesity onset and patterns of weight gains and losses over time. Environmental transitions, life-course factors, and stress were the emergent themes that explained why participants gained or lost weight during adulthood.

employment, allowing for a breadth of experiences to be captured in the qualitative interviews. The [Table](#) provides demographic information of the participants.

Participation in the study involved meeting with the lead researcher three times: before surgery, 6 months postsurgery, and 12 months postsurgery. At each meeting, a semi-structured qualitative interview was conducted, after which participants completed questionnaires. Participants were monetarily compensated for their time and received a digital food scale at the first meeting. All study procedures were approved by both the University and Hospital institutional review boards. Written informed consent was obtained at the time of the first interview.

Semistructured interviews were used to gain an in-depth understanding of how participants constructed dietary and eating behaviors and to understand their weight experiences and perspectives on bariatric surgery. The same topics were covered in each interview but were tailored to each time point. Interview questions were open-ended and were based on previous work by the lead researcher¹³ and the Food Choice Process Model.¹⁴ Interview guides were designed to be flexible, allowing for a conversational format, and were tailored for each time point. The first interview was conducted at the bariatric center in an available office or meeting room. Subsequent interviews were conducted at the center or in mutually agreed-on locations such as a diner, coffee shop, or an interview room at the university. Interviews ranged in length from 45 minutes to 90 minutes, depending on how detailed participants' answers were. All interviews were between the researcher and participant, except one that included a relative at the request of the participant. Interviews were audiorecorded and transcribed verbatim. Transcripts were de-identified and stripped of any personally identifying characteristics, and pseudonyms or numeric identifiers were used in all data records and in this manuscript to protect confidentiality.

Construction of Weight Timelines

In the first interview, participants were asked the question, "Take me through a history of your weight," followed by questions about highest and lowest adulthood weights and dieting experiences. Probing questions were used to elicit more details. Using the transcripts along with demographic information, a weight timeline was graphed for each participant, with years along the x-axis and weight along the y-axis. Timelines were annotated with relevant life events such as college, pregnancy, or death of a parent, as well as

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