

Physical activity counseling can result in better outcomes for bariatric surgery patients

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People who lose weight with bariatric surgery may have better results if they receive counseling about increasing physical activity before and after surgery, according to researchers from the University of Pittsburgh Graduate School of Public Health and Warren Alpert Medical School of Brown University.

The findings, as well as recommendations on how best to tailor physical activity counseling to [patients](#), are published in the January issue of *Exercise and Sports Sciences Reviews*, a publication of the American College of Sports Medicine. The research was funded by the National Institutes of Health (NIH).

"On their own, bariatric [surgery](#) patients are not likely to significantly increase their physical activity following surgery," said Wendy C. King, Ph.D., [epidemiologist](#) at Pitt Public Health and lead author of the paper. "However, with assistance, motivated patients can increase their activity level and get real health benefits."

Using activity monitors that capture movement and the intensity of physical activity, Dr. King and her co-author, Dale S. Bond, Ph.D., an assistant professor of psychiatry and human behavior at the Warren Alpert Medical School of Brown University, found that without counseling, most bariatric surgery patients are insufficiently active prior to surgery and, without support, fail to substantially increase their physical activity after surgery, despite significant weight loss and improvements in their physical function.

Drs. King and Bond used their previous and ongoing research, as well as the research of other scientists, to estimate that pre- and postoperative physical activity counseling could increase the physical activity level of bariatric surgery patients by about 50 percent.

Previous research suggests that even mild increases in physical activity preoperatively can reduce surgical complications and improve healing after surgery.

"Because of patients' health-related barriers to physical activity, clinicians may be inclined to hold off on advising their patients to become more physically active until after the surgery helps them lose weight," Dr. King said. "However, the U.S. Department of Health and Human Services' guidelines indicate that it is safe and beneficial for people with chronic medical conditions, such as obesity and diabetes, to be physically active according to their abilities."

These guidelines are supported by preliminary findings from an ongoing trial called "Bari-Active" conducted by Dr. Bond.

"With brief, preoperative counseling about physical activity, patients increase their participation in moderate-intensity physical activity to levels that approximate national recommendations. The preoperative period may serve as a powerful 'teachable moment' for helping patients change their physical activity behaviors," said Dr. Bond.

Recent studies also show that bariatric surgery patients' postoperative physical activity levels can be increased when the patients are enrolled in exercise programs with a personal trainer or other structured support.

Despite these findings, only 22 percent of patients of bariatric surgical centers accredited by the American College of Surgeons Bariatric Surgery Center Network report having received postoperative exercise

counseling.

"A major barrier to providing physical activity counseling is lack of insurance reimbursement," Dr. King said. "However, another major barrier is lack of training and available information on what to recommend or how to effectively make recommendations, specifically to adults undergoing bariatric surgery."

Drs. King and Bond currently are serving on the joint committee of the American College of [Sports Medicine](#)'s and the American Society for Metabolic and Bariatric Surgery to develop the first evidence-based preoperative or postoperative physical activity guidelines for bariatric surgery patients.

To aid surgeons and clinicians in advising their bariatric [surgery patients](#), the researchers provide guidelines on how to tailor counseling to those patients to safely and effectively lead to increases in physical activity using proven counseling strategies.

Dubbed the "Five A's," the strategies that clinicians can implement consist of:

- **Assess:** Determine the patient's physical activity knowledge, experiences and preferences, as well as his or her ability to safely increase their physical activity level.
- **Advise:** Educate the patient on the benefits of regular physical activity and help the patient develop realistic expectations and address safety concerns.
- **Agree:** Work with the patient to set specific physical activity goals and develop a written exercise contract to reinforce a lifelong commitment to exercise.
- **Assist:** Provide printed materials, online resources, tools (such as

pedometers and physical activity diaries) and a list of community resources that support physical activity.

- **Arrange:** Follow-up with the patient to reinforce the physical activity goals and answer questions, as well as schedule an in-person appointment to discuss the goals and make any necessary revisions.

"Bariatric surgery is the most effective treatment for severe obesity," Dr. King said. "However, maintaining the resulting weight loss can be difficult. Providing [physical activity](#) counseling is an important way that clinicians can help their patients improve their health and experience long-term success."

More information: journals.lww.com/acsm-essr/pages/default.aspx

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