

Study identifies patients most likely to have joint pain reduction after bariatric surgery

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In the three years following bariatric surgery, the majority of patients experience an improvement in pain and walking ability, according to the preliminary results of a University of Pittsburgh Graduate School of Public Health-led analysis presented today in Los Angeles at ObesityWeek, the annual international conference of the American Society for Metabolic & Bariatric Surgery and The Obesity Society.

The study, funded by the National Institutes of Health (NIH), went on to identify key patient characteristics that can indicate which people are the most and the least likely to see improvement, a finding that could allow clinicians to identify [patients](#) who may require additional interventions to improve outcomes.

"Our study found that clinically meaningful improvements in bodily [pain](#), specific joint pain and both perceived and objectively measured physical function are common following bariatric [surgery](#). In particular, walking is easier, which impacts patients' ability to adopt a more physically active lifestyle. However, some patients continue to have significant pain and disability," said lead author Wendy King, Ph.D., associate professor in the Department of Epidemiology at Pitt Public Health. "Our hope is that these data will help patients and clinicians develop realistic expectations regarding the impact of bariatric surgery on these aspects of their lives."

Dr. King and her colleagues followed 2,221 patients participating in the Longitudinal Assessment of Bariatric Surgery-2, a prospective study of

patients undergoing weight-loss surgery at one of 10 different hospitals across the U.S.

Through three years of follow-up, 50 to 70 percent of adults with severe obesity who underwent bariatric surgery reported clinically important improvements in bodily pain, physical function and usual walking speed. About three-quarters of the participants with severe knee and hip pain or disability before surgery experienced improvements in symptoms indicative of osteoarthritis. In addition, over half of participants who had a mobility deficit prior to surgery did not post-surgery.

Older age, lower income, more depressive symptoms and pre-existing medical conditions, including cardiovascular disease and diabetes before surgery, were among the factors independently associated with a lower likelihood of improvement in pain and mobility post-surgery, while greater weight loss, greater reduction in depressive symptoms and remission or improvement in several medical conditions were associated with greater likelihood of improvement.

"Functional status is an extremely important aspect of health that has not been as well-studied as other conditions that change following bariatric surgery and this study sheds light on specific factors that may affect improvements in individuals with joint pain who undergo these procedures," said study co-author Anita Courcoulas, M.D., M.P.H., chief of minimally invasive bariatric and general surgery in Pitt's School of Medicine.

Provided by University of Pittsburgh Schools of the Health Sciences

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