

Mental health conditions common among bariatric surgery patients

January 12 2016

Mental health conditions, such as depression and binge eating disorder, are common among patients seeking and undergoing bariatric surgery, according to a study in the January 12 issue of *JAMA*.

Bariatric <u>surgery</u> is an accepted method of promoting weight loss in severely obese individuals. Mental health conditions may be common among <u>patients</u> seeking <u>bariatric surgery</u>; however, the prevalence of these conditions and whether they are associated with postoperative outcomes has not been known.

Aaron J. Dawes, M.D., of the David Geffen School of Medicine at UCLA, Los Angeles, and colleagues conducted a meta-analysis to determine the prevalence of mental health conditions among bariatric surgery candidates and recipients and the association between preoperative mental health conditions and health outcomes following bariatric surgery. The authors identified 68 publications meeting criteria for inclusion in the analysis: 59 reporting the prevalence of preoperative mental health conditions (65,363 patients) and 27 reporting associations between preoperative mental health conditions and postoperative outcomes (50,182 patients).

Results of the meta-analysis estimated that 23 percent of patients undergoing bariatric surgery reported a current mood disorder - most commonly depression (19 percent) - while 17 percent were diagnosed with an <u>eating disorder</u>. "Both estimates are higher than published rates for the general U.S. population, suggesting that special attention should



be paid to these conditions among bariatric patients," the researchers write. Another common mental health condition was anxiety (12 percent).

There was conflicting evidence regarding the association between preoperative mental health conditions and postoperative weight loss. Neither depression nor binge eating disorder was consistently associated with differences in weight outcomes. Bariatric surgery was, however, consistently associated with postoperative decreases in the prevalence of depression (7 studies; 8 percent-74 percent decrease) and the severity of depressive symptoms (6 studies; 40 percent-70 percent decrease).

"Previous reviews have suggested that self-esteem, mental image, cognitive function, temperament, support networks, and socioeconomic stability play major roles in determining outcomes after bariatric surgery," the authors write. "Future studies would benefit from including these characteristics as well as having clear eligibility criteria, standardized instruments, regular measurement intervals, and transparency with respect to time-specific follow-up rates. By addressing these methodological issues, future work can help to identify the optimal strategy for evaluating patients' mental health prior to bariatric surgery."

More information: JAMA, DOI: 10.1001/jama.2015.18118

Provided by The JAMA Network Journals

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