

Scientists provide insights into the quality of life of bariatric surgery patients

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In today's issue of the *Annals of Surgery*, epidemiologists from the University of Pittsburgh published two separate analyses that could help guide clinicians and policymakers in counseling bariatric surgery patients to improve their quality of life for many years to come.

A study led by Gretchen White, Ph.D., assistant professor of medicine and clinical and translational science at Pitt's Institute for Clinical Research and Education, identified several patient characteristics pre- and post-[surgery](#)—such as insufficient social support and unrealistic [weight loss](#) expectations—that can predict not being satisfied long-term with Roux-en-Y [gastric bypass surgery](#).

In a second paper, White's colleague and collaborator Wendy King, Ph.D., associate professor of epidemiology at Pitt's Graduate School of Public Health, found that higher physical activity levels after bariatric surgery lessen depressive symptoms and improve mental and physical quality of life, irrespective of weight loss.

Every year, tens of thousands of Americans who struggle with obesity undergo gastric bypass surgery to manage their [body weight](#) and comorbidities, such as diabetes. Yet, the Pitt scientists found, while most patients are at least somewhat satisfied with their surgery long-term, satisfaction decreased from 85% to 77% three to seven years post-surgery. Most patients also continue to lead sedentary lives, which contributes to weight regain and negatively affects their mental well-being.

Knowing which patients are more likely to be dissatisfied with their surgery can help doctors guide a conversation about expectations and maximize beneficial effects of the procedure, White said. Similarly, providing [quantitative data](#) that show being more physically active has positive effects on a person's well-being might help shift a patient's perspective on exercise.

"Our data support why it's important to counsel patients regarding their physical activity behaviors," said King.

"Although patients in general are not meeting physical activity recommendations post-surgery, we found a dose-response relationship—the more active patients were, the better improvement they had in depressive symptoms and health-related quality of life. Every bit matters."

Both studies analyzed data collected from 1,700 adults who underwent Roux-en-Y gastric bypass surgery between March 2006 and April 2009 and were followed for up to seven years.

In a pre-operation assessment, younger age, lower body mass index (BMI), higher percent weight loss needed to reach "dream weight," worse physical and mental health status, and less social support all independently predicted higher risk of not being satisfied with surgery. In addition, less weight loss, worsening physical and mental health status, less social support and greater depressive symptomology after the surgery were associated with not being satisfied.

"Knowing these characteristics can be useful for clinicians when talking to patients about how realistic their post-surgery expectations are, particularly when having conversations about achieving their dream weight," said White. "Modifying expectations early may lead to better satisfaction long-term."

In a separate study, King found that improvements in mental and physical health-related quality of life differed by physical activity level. By analyzing objective measures collected from wearable activity monitors—step count, amount of time spent sedentary and amount of time spent doing moderate-to-vigorous activity—she found that higher levels of physical activity related to improvements independent of weight loss.

In her recent work, also published in the *Annals of Surgery*, King showed that higher activity level predicted better weight loss and less [weight](#) regain—but that study didn't look at quality-of-life measures.

Even after the surgery, an average bariatric surgery patient leads a significantly more sedentary lifestyle than recommended by physicians.

King says this may explain why the magnitude of associations between physical activity level and improvement in health-related [quality of life](#) and [depressive symptoms](#) in their cohort was small. Still, the findings provide support for expanding measures that increase physical activity in [bariatric surgery](#) patients to influence mental and physical health outcomes.

"Most insurance providers include coverage for dietary counseling but don't reimburse expenses for hiring a health coach or getting a gym membership," said King. "There needs to be more systemic support to help patients increase their activity level and maintain an active lifestyle post-surgery."

More information: *Annals of Surgery* (2020). [DOI: 10.1097/SLA.0000000000004625](https://doi.org/10.1097/SLA.0000000000004625)

Annals of Surgery (2020). [DOI: 10.1097/SLA.0000000000004652](https://doi.org/10.1097/SLA.0000000000004652)

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