

Patient-provider discussions about bariatric surgery play pivotal role in weight loss outcomes

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Obesity increases one's risk for many diseases and often prevents patients from receiving other necessary medical procedures. One of the

most effective ways for patients with severe obesity to lose weight is through bariatric surgery, but it's not clear how often this option is raised. In a new study published in *Obesity*, investigators from Brigham and Women's Hospital find that eligible patients who discuss bariatric surgery options with their primary care providers or specialists from disciplines ranging from cardiology to urology are more likely to undergo surgery and lose more weight than those who do not have such discussions. But the team also found that these pivotal discussions were exceedingly rare, with fewer than 10 percent of eligible patients having a conversation over the course of a year.

"Obesity is a very significant health problem in the United States and increases the risk of almost every disease, from heart disease to diabetes and kidney failure," said Alexander Turchin, MD, MS, Division of Endocrinology, Diabetes and Hypertension. "The most [effective treatment](#) for people with [severe obesity](#) is weight loss surgery. However, fewer than 1 percent of eligible patients every year undergo these operations in the U.S. We wanted to explore why that is."

Turchin and colleagues conducted an observational study from 2000 to 2015, collecting data from 30,560 patients with obesity. They looked at the frequency of patient-provider conversations about [bariatric surgery](#) and correlated patient weight-loss outcomes. Researchers analyzed clinicians' electronic notes through [artificial intelligence](#), using [natural language](#) processing (NLP) software, and searched for provider documentation of conversations about weight loss surgery.

Many patients with a body mass index of 35 or greater are eligible for weight loss surgery. Notably, investigators found that less than 10 percent of potentially eligible patients had discussions about bariatric surgery with their providers. Patients who had these discussions were 10 times more likely to undergo weight loss surgery than those who did not. Patients who engaged in these conversations were also more likely to

lose weight over time, even without surgery, and lost more weight than patients who did not talk with their providers about surgery options at all.

Authors note that one limitation of this study is that they do not know who initiated these discussions. In some cases, the providers may have first brought up bariatric surgery, while in others, patients may have first asked questions about it.

"Even without [surgery](#), such discussions emphasize the seriousness of obesity and may prompt patients to explore ways to lose weight," said Turchin. "It's important for clinicians to initiate these discussions but also support them when patients bring them up themselves."

Looking forward, Turchin's team aims to investigate which medical specialists are most likely to have these discussions and evaluate whether prompting these conversations is an effective intervention for weight-related illnesses.

"Usually, when we talk about clinical outcomes, we look at whether we changed a patient's medication or started a new treatment," said Turchin. "What we miss, though, is that the first step in reaching a treatment goal is to talk to the patient. We need to talk to our [patients](#) more about the options available and help them to become better informed about their care."

More information: "Patient-Provider Discussions of Bariatric Surgery and Subsequent Weight Changes and Receipt of Bariatric Surgery," *Obesity* (2021). [DOI: 10.1002/oby.23183](https://doi.org/10.1002/oby.23183)

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