

Psychiatric disorders shouldn't disqualify youth with severe obesity from weight loss surgery

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Psychiatric disorders, a common comorbidity of severe obesity, especially for youth, should not disqualify an adolescent with severe obesity from bariatric surgery. According to a study published in *Pediatrics*, identifying anxiety, depressive disorders, ADHD, and eating disorders, while still a crucial pre-surgical evaluation step, had no predictive value for how much post-surgical weight loss an adolescent would achieve.

This is the first study to look at a large, diverse sample of [adolescent](#) patients with severe [obesity](#) to understand the relationship between weight loss outcomes and pre-surgical psychiatric disorders. Some conventional wisdom held that these types of disorders could influence a patient's ability to adhere to the pre- and post-surgical guidelines and as a result might contraindicate [surgical intervention](#).

"This procedure actually seems to be equally beneficial across ages, race/ethnicity and presence or absence of psychiatric disorders for weight loss," says Eleanor Mackey, Ph.D., lead author of the study and a psychologist with the Obesity Program's IDEAL clinic at Children's National Health System. "Unlike other interventions that may be influenced by cultural or socioeconomic factors, surgical intervention appears to offer all kids the same opportunity to succeed. Most important, there's no scientific basis for denying an adolescent this procedure based simply on the presence of a psychiatric disorder. This

does not mean adolescents should not be evaluated and treated for these disorders, which themselves have a significant impact on functioning and quality of life, but in terms of weight loss after surgery, the presence of psychiatric disorders is not predictive of outcomes."

The researchers compared adolescents with severe obesity (body mass index greater than 120 percent of the 95th percentile) who underwent the laparoscopic sleeve gastrectomy procedure at Children's National (169). Even after controlling for demographic factors in study participants, the findings were clear—there was no difference in outcome between those with diagnosed psychiatric [disorders](#) and those without at 3 and 12 months post-surgery.

Little prior research exists looking specifically at the characteristics of adolescents with obesity who respond favorably to surgery. Recent guidelines echo these findings, but often different programs or insurers have different criteria.

Children's National is one of only a few children's hospitals with accreditation from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery to offer [bariatric surgery](#) for adolescents with [severe obesity](#). The extraordinary diversity of the patient population in Washington, D.C., which includes high rates of young people with obesity from a wide variety of backgrounds, allows the team to collect comprehensive information about successful interventions across age and demographic groups.

Future research will follow participants long term to continue building understanding of the relationship between post-surgical [weight loss](#) and these pre-existing [psychiatric disorders](#).

More information: *Pediatrics* (2018). [DOI: 10.1542/peds.2017-3432](https://doi.org/10.1542/peds.2017-3432)

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