BARIATRIC SURGERY DOES NOT RESOLVE UNDERLYING PSYCHOLOGICAL/BEHAVIORAL PROBLEMS IN PATIENTS WITH MORBID OBESITY: ANALYSIS OF 166,601 PATIENTS

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Introduction: Whether or not psychological/behavioral weight-related problems improve versus pre-operative baseline after bariatric surgery is unknown.

Hypothesis: Psychological/Behavioral obesity co-morbidities do not resolve after weight-loss procedures.

Objective: To evaluate post-operative resolution/persistence of psychological/behavioral obesity co-morbidities following bariatric surgery.

Methods: Psychological/behavioral data from 166,601 Surgical Review Corporation BOLD patients who had LRYGB (n=83,059), OpenRYGB (n=5389), LAGB (n=67,514), SLEEVE (n=8,966), or BPD/DS (n=1,673) was captured pre- and post-operatively (2, 6, 12, 18, 24 months). Statistics: an exact model created 95% confidence limits.

Results: Total population baseline/24 month %: depression (34.2/30), impaired functional status (2.93/2.04), mental health diagnosis (10.3/8.31), psychological impairment (16.02/13.2), substance abuse (0.41/0.26), alcohol consumption (31.62/21.8), and tobacco abuse (6.58/4.5). Except for alcohol 0-2 months, 95% CI's were not statistically significant. Co-morbidities diagnosed pre-operatively % resolved at 2-6, 6-12, 12-18, 18-24 months: depression (2.94/4.84/6.5/6.95/7.79), functional impairment (0.53/0.83/1.23/1.42/1.46), mental health diagnosis (0.83/1.24/1.62/1.73/1.94), psychological impairment (1.46/2.18/2.89/2.95/3.17), substance abuse (0.07/0.09/0.1/0.12/0.14), alcohol (6.79/7.79/8.55/7.75/7.53), tobacco (1.34/1.71/2.18/2.12/2.64). 95% CI at 2-6 and 6-12 months all were significant, but all 12-18 and 18-24 were not. For 5 operations, 95% CI's were significant in only 17/175 intervals (9.7%): 9 alcohol/substance/tobacco, 7 LRYGB 0-6 months, 1 LAGB 6-12. All others no resolution.

Conclusion: Bariatric surgery does not resolve Psychologic/Behavioral obesity co-morbidities, either in combined surgical populations or after LAGB, OpenRYGB, LRYGB, SLEEVE, or BPD/DS. Minimal early pre-existing condition improvement disappears at 12 months. Unresolved emotional/psychological disorders that underlie obesity development contribute to failed bariatric outcomes. Constant pre- and long-term post-operative psychological/behavioral co-morbidity treatment is essential to optimized bariatric surgery outcomes.