Identifying patient factors associated with bariatric surgery program drop-out

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BACKGROUND

- Bariatric surgery is the most effective long-term treatment for obesity, improving morbidity, mortality and quality of life (QOL)
- In the USA, lack of health insurance and socioeconomic status are significant predictors of patients not undergoing bariatric surgery
- In Canada, only a small proportion of people eligible undergo bariatric surgery

STUDY AIM

- To identify patient characteristics associated with bariatric surgery program drop out at The Ottawa Hospital (TOH) Bariatric Center of Excellence (BCoE)

STUDY DESIGN

- Retrospective review
- Population: Patients who attended TOH Bariatric Center of Excellence surgical open house between June and December 2018
- Patients who underwent bariatric surgery within 18 months were identified
- Patient characteristics obtained from clinic's patient health questionnaire (PHQ)

RESULTS

- 252 Patients attended the open house
- 152 (60%) had surgery, 100 (40%) did not have surgery

		No surgery (n=100)	Surgery (n=152)	*p* Value
Patient Demographics				
Mean Age		48.4	43.7	
Sex	Females	35.3%	64.7%	
Mean BMI		46.6	47.7	
Known Predictors				
Education	≤ Highschool	52.5%	41.5%	0.0852
	Post secondary or graduate degree	47.5%	58.6%	
Employment	Unemployed	39%	21%	0.0019
Smoking history	Current/ Previous	58%	39%	0.0039
Motivational Factors				
Goal %TWL expected		38.8%	40%	0.305
# of Lifestyle /Behavioural changes	Total=23	3.5	5.1	<0.0001
Most Likely To Benefit				
Number of obesity-related comorbidities	Total= 7	2.4	1.8	0.0011
Diabetes	(%Yes)	38%	35%	0.0104
Sex	Females	35.3%	64.7%	0.0121

DISCUSSION

- Patients who were most likely to benefit, were least likely to have surgery
  - Patients with diabetes
  - Patients with multiple comorbidities
  - Male patients
- This is a highly selective sample size
  - These patients are referred by primary care physician
  - These patients have completed referral requirements
  - Patients who present to the open house
- Limitations:
  - PHQ is self reported data
  - This only looks at TOH patients

NEXT STEPS

- Primary care physician level data
- Analyzing individual patient data
- Development of decision tool

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