Weight Loss Outcomes Following Bariatric Surgery for Patients with and without Psychiatric Diagnoses

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INTRODUCTION

The association between obesity and psychiatric diagnoses have been widely described. However, the impact of preoperative psychiatric status on postoperative outcome is unclear. Psychiatric co-morbidity can act as a barrier to receipt of bariatric surgery, which is the most effective and sustainable form of treatment for obesity.

This study aims to compare weight loss outcomes between patients with and without psychiatric diagnoses at 3 years following bariatric surgery.

METHODS

- Large retrospective cohort study using the Ontario Bariatric Registry, including patients, since 2010 with:
  - BMI under 50,
  - Vertical sleeve gastrectomy (VSG) or Roux-en-Y gastric bypass (RYGB)
- Percentage of excess weight loss (%EWL) was compared between patients with and without psychiatric diagnoses
- Subgroup analyses were conducted on patients with and without a history of physical, mental, or sexual abuse, patients with eating disorders, and patients on preoperative antidepressant therapy with SNRI or SSRI

RESULTS

- N = 17,022
  - RYGB: n = 15,152
  - VSG: n = 1,870



Figure 1. Distribution of psychiatric diagnosis in bariatric surgery patients

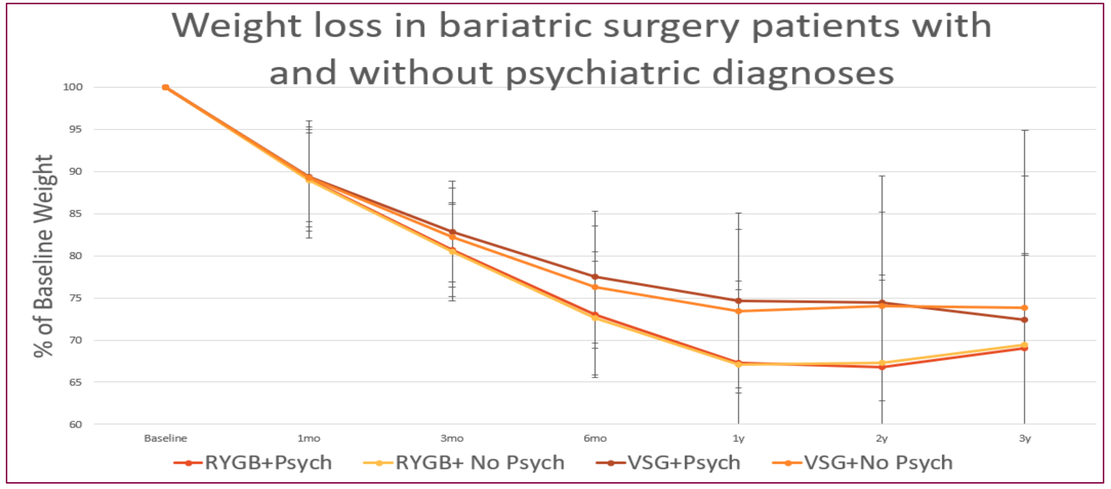


Figure 2. Distribution of weight loss in bariatric surgery patients, stratified by psychiatric diagnosis

3-year %EWL	Psychiatric Diagnosis	No Psychiatric Diagnosis	p-value
RYGB	72.7%	71.7%	0.250
VSG	53.6%	56.9%	0.314

Table 1. Percentage of excess weight loss (%EWL) in bariatric surgery patients at 3 years

CONCLUSION

- Psychiatric co-morbidity does not predict decreased weight loss outcomes at 3 years for patients who underwent bariatric surgery in Ontario, Canada.
- No difference in weight loss outcomes was observed between patients with and without psychiatric diagnoses
- Psychiatric diagnoses should not preclude access to bariatric surgery.