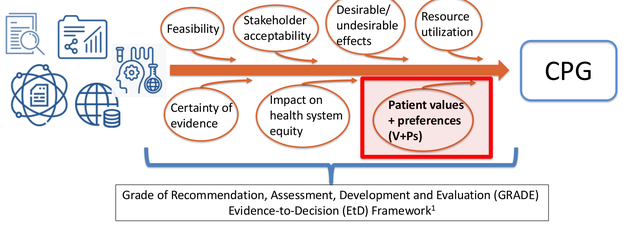
Patient Values and Preferences in Bariatric Surgery Guidelines: a Systematic Review

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BACKGROUND

Clinical Practice Guidelines (CPG)

- Standardize quality of patient care



- Need rigorous methodology in CPG creation in order for CPG to be trustworthy
- Modern methodologies (eg. GRADE EtD, AGREE II) recommend consideration of patient V+Ps in development to ensure applicability and acceptance

Bariatric Surgery

- Elective procedure options + significant lifestyle changes peri-operatively
- Underscores importance that CPGs should take into account patient V+Ps



https://www.miamilakescosmetics.com/types-of-bariatric-surgery/

PURPOSE

The objective of this study was to investigate whether existing clinical practice guidelines for bariatric surgery effectively consider patient values and preferences.

METHODS

Study Design

- Systematic review from Jan 2000 to May 2024
- Inclusion criteria
  - ☑ CPGs that contained one or more recommendations on bariatric surgery
  - ☑ Topics where risks/benefits need to be weighed (sensitive to V+Ps)
- Exclusion criteria
  - ✗ CPGs on operation of healthcare facilities

Outcomes

1. Characteristics of CPGs
2. CPG methodology
3. Consideration of patient V+Ps using the Armstrong Framework[2]

Step	• When were patient V+Ps considered during CPG development
Purpose	• Why were patient V+Ps considered during CPG development
Methods	• How were patient V+Ps considered during CPG development

RESULTS

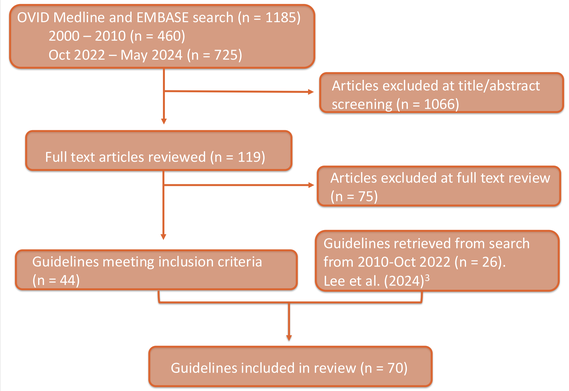


Figure 1. PRISMA systematic review flow diagram.

Table 1. Characteristics of clinical practice guidelines.

Region (n=70)	Europe	18 (26%)
	North America	18 (26%)
	International	14 (20%)
	United Kingdom	5 (7.1%)
	Asia	4 (5.7%)
	South America	2 (2.9%)
	Oceania	1 (1.4%)
	Not specified	8 (11%)
Date (n=70)	2000-2004	6 (8.6%)
	2005-2009	15 (21%)
	2010-2014	8 (11%)
	2015-2019	11 (16%)
	2020-2024	30 (43%)
CPG methodology (n=70)	GRADE to evaluate certainty of evidence only	3 (4.3%)
	GRADE + evidence to decision framework	12 (17%)
	Other evidence-based methodology	23 (33%)
	Other (expert opinion, literature search)	32 (46%)

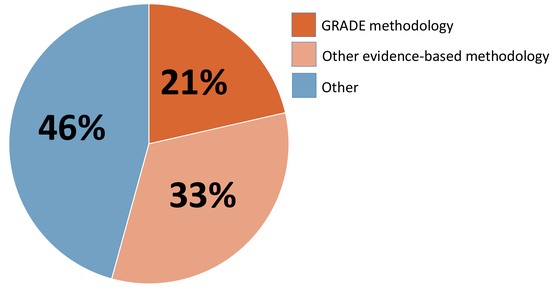


Figure 2. Clinical practice guideline methodology.

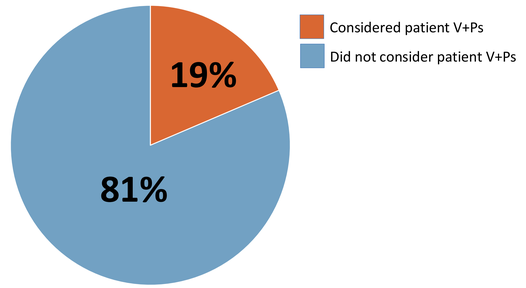


Figure 3. Clinical practice guidelines considering patient V+Ps.

54% of bariatric surgery CPGs were developed using evidence-based methodology

19% of bariatric surgery CPGs consider patient values and preferences

- Not all CPGs that used evidence-based methodology considered patients V+Ps
- All CPGs that considered patient V+Ps used some sort of evidence-based methodology

Patient values and preferences

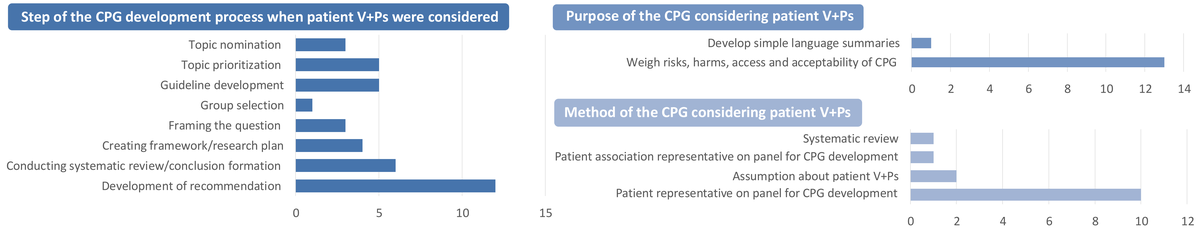


Figure 4. Characterization of patient values and preferences according to the Armstrong Framework[2]. X-axis shows number of CPGs considering patient V+Ps.

CONCLUSIONS

1. Most guidelines for bariatric surgery failed to consider patient values and preferences, even those using evidence-based methodologies.
2. This may impact patient acceptance and public perception, highlighting the need for improved patient engagement in the guideline development process to enhance care and patient experience.

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