

CONTINUED SSRI THERAPY POST-BARIATRIC SURGERY: A 3-YEAR ANALYSIS OF WEIGHT LOSS OUTCOMES

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INTRODUCTION

Obesity affects over 40% of U.S. adults and shortens life expectancy. Bariatric surgery achieves durable weight loss and improves obesity-related medical conditions. Depression and anxiety are associated with obesity and may be treated with selective serotonin reuptake inhibitors (SSRIs). SSRIs are associated with weight gain, potentially impacting weight loss after bariatric surgery. This study examines the impact of continued SSRI use on 1-year weight loss outcomes in patients with severe obesity and comorbid depression or anxiety undergoing bariatric surgery.

METHODS

Design: Single-institution retrospective cohort (July 2020–June 2023). **Population:** Adults with Class III obesity (BMI ≥40 or ≥35 with comorbidities) undergoing sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB).

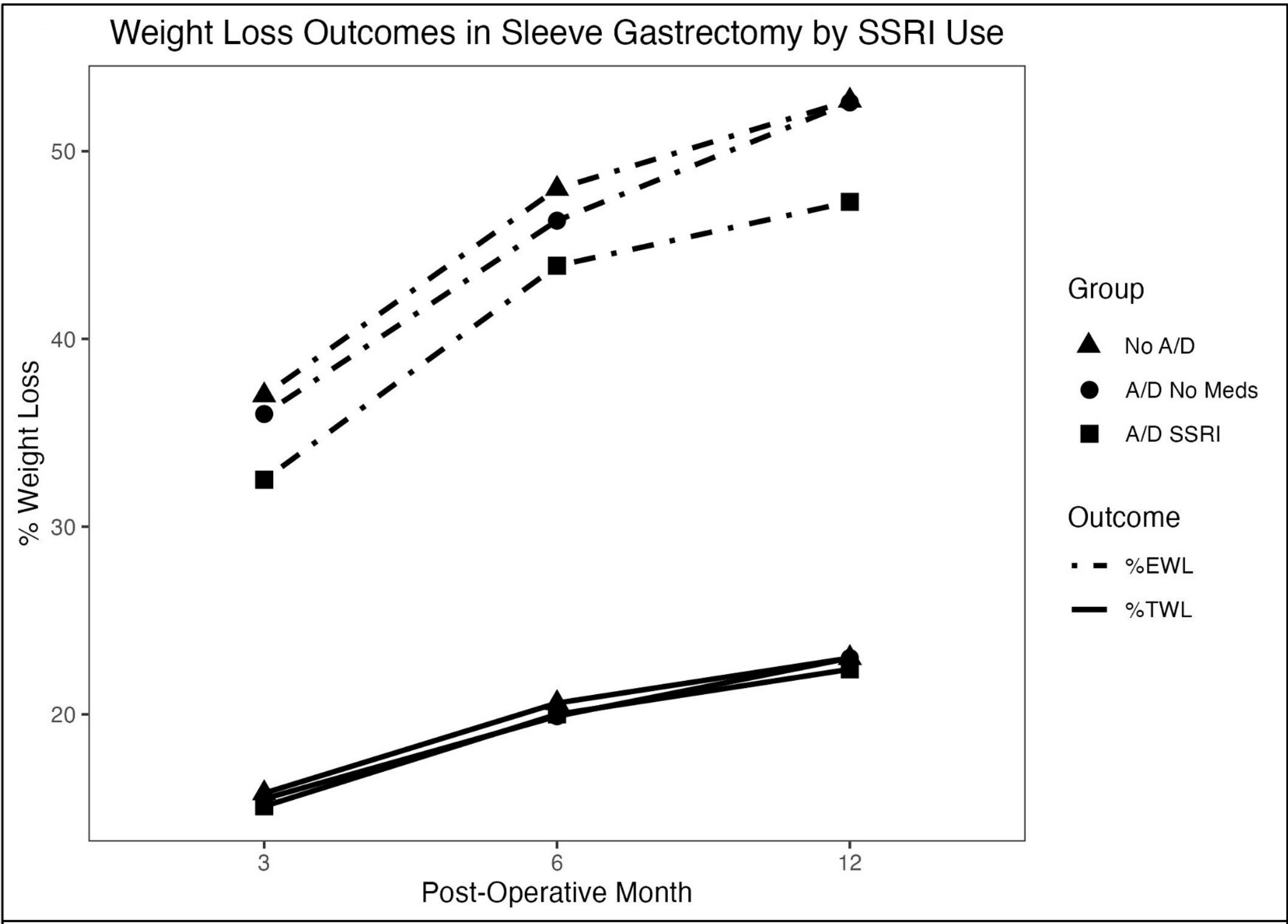
- Groups:**
- No anxiety/depression (No A/D)
 - Anxiety/depression w/o medication (A/D No Meds)
 - Anxiety/depression treated with SSRI monotherapy preoperatively and continued 12 months (A/D SSRI)

Baseline variables: Age, sex, race, preoperative BMI, hypertension, diabetes, dyslipidemia, GERD, obstructive sleep apnea.

Outcomes: Percent excess weight loss (%EWL) and percent total weight loss (%TWL) at 3, 6, and 12 months postoperatively.

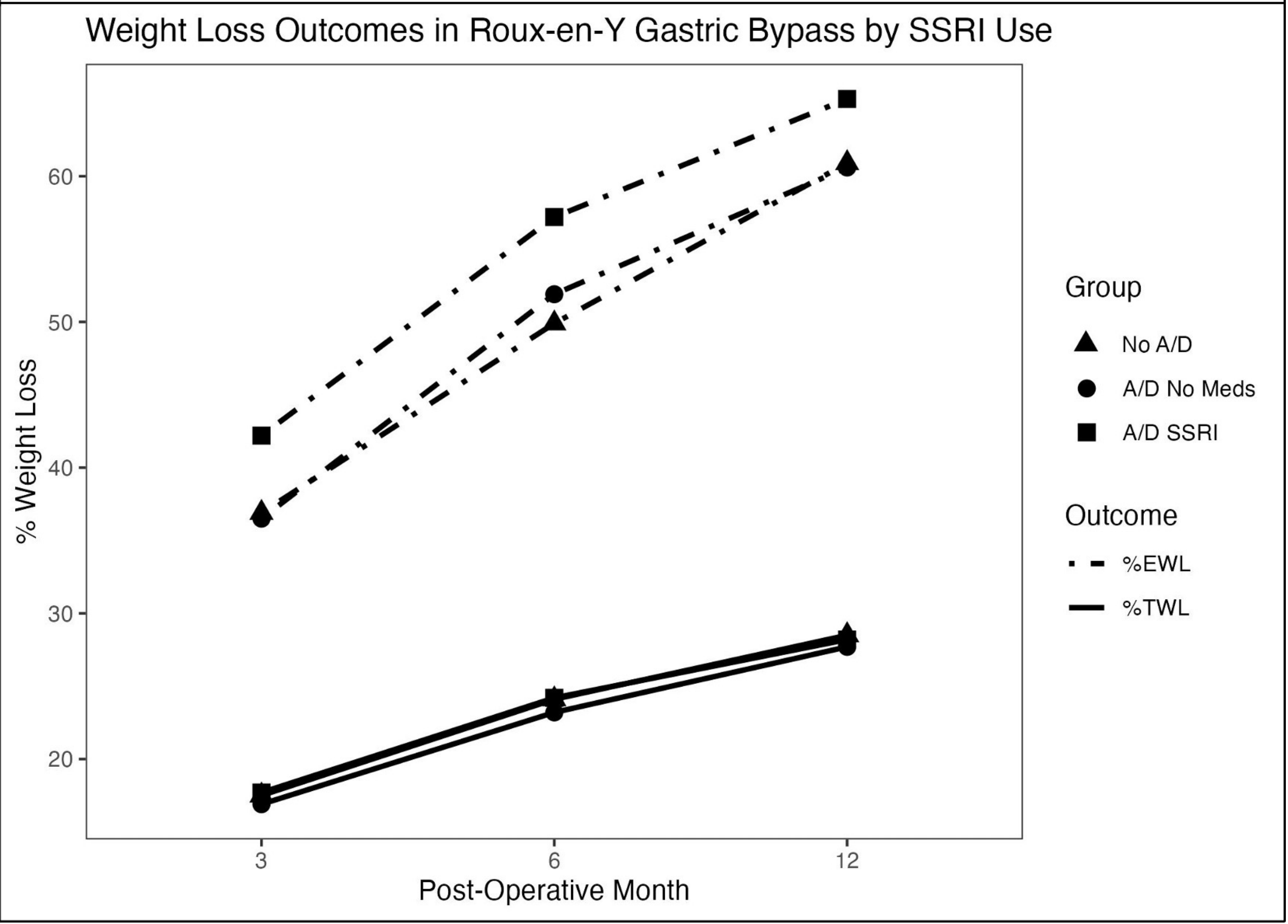
Analysis: Baseline characteristics compared with χ^2 tests; mean %EWL and %TWL compared between groups using two-tailed t-tests, stratified by procedure (SG vs RYGB).

SLEEVE GASTRECTOMY



	No A/D	Anxiety/depression		No A/D v A/D SSRI	A/D No Meds v A/D SSRI
		A/D No Meds	A/D SSRI	P-value	P-value
N	377	76	22		
Mean age [years]	43.3 (11.8)	40.4 (12.3)	45.4 (10.9)	0.42	0.089
Preop BMI [kg/m²]	46.7 (7.4)	46.4 (8.4)	49.0 (9.3)	0.16	0.21
Sex					
Female	316 (83.8%)	71 (93.4%)	18 (81.8%)	0.80	0.097
Male	61 (16.2%)	5 (6.6%)	4 (18.2%)		
Race					
White	80 (21.2%)	23 (30.3%)	10 (45.5%)	0.001	0.17
Black or African American	233 (61.8%)	34 (44.7%)	5 (22.7%)		
Other	64 (17.0%)	19 (25.0%)	7 (31.8%)		
Comorbidities					
HTN	172 (45.6%)	27 (35.5%)	7 (31.8%)	0.21	0.75
DM	54 (14.3%)	10 (13.2%)	6 (27.3%)	0.099	0.11
HLD	93 (24.7%)	17 (22.4%)	6 (27.3%)	0.78	0.63
GERD	87 (23.1%)	26 (34.2%)	10 (45.5%)	0.017	0.34
OSA	117 (31.0%)	26 (34.2%)	10 (45.5%)	0.16	0.34
Postoperative outcomes					
%EWL					
3-month	37.0 (25.1)	36.0 (15.7)	32.5 (9.8)	0.42	0.34
6-month	48.0 (27.7)	46.3 (18.9)	43.9 (14.0)	0.52	0.61
1-year	52.7 (28.1)	52.6 (21.9)	47.3 (17.3)	0.45	0.39
%TWL					
3-month	15.8 (4.5)	15.5 (5.5)	15.1 (4.2)	0.51	0.81
6-month	20.6 (6.2)	19.9 (7.1)	20.0 (6.4)	0.68	0.94
1-year	23.0 (8.4)	23.0 (8.9)	22.4 (8.1)	0.78	0.80

ROUX-EN-Y GASTRIC BYPASS



	No A/D	Anxiety/depression		No A/D v A/D SSRI	A/D No Meds v A/D SSRI
		A/D No Meds	A/D SSRI	P-value	P-value
N	354	60	46		
Mean age [years]	41.9 (10.5)	42.7 (10.7)	46.3 (9.0)	0.007	0.066
Preop BMI [kg/m²]	47.9 (7.7)	48.5 (8.6)	45.0 (6.8)	0.012	0.026
Sex					
Female	290 (81.9%)	50 (83.3%)	43 (93.5%)	0.048	0.11
Male	64 (18.1%)	10 (16.7%)	3 (6.5%)		
Race					
White	101 (28.5%)	18 (30.0%)	27 (58.7%)	<0.001	0.011
Black or African American	166 (46.9%)	25 (41.7%)	10 (21.7%)		
Other	87 (24.6%)	17 (28.3%)	9 (19.6%)		
Comorbidities					
HTN	161 (45.5%)	25 (41.7%)	23 (50.0%)	0.56	0.39
DM	82 (23.2%)	20 (33.3%)	11 (23.9%)	0.91	0.29
HLD	88 (24.9%)	16 (26.7%)	17 (37.0%)	0.079	0.26
GERD	128 (36.2%)	29 (48.3%)	19 (41.3%)	0.50	0.47
OSA	112 (31.6%)	27 (45.0%)	18 (39.1%)	0.31	0.54
Postoperative outcomes					
%EWL					
3-month	36.9 (40.8)	36.5 (13.0)	42.2 (15.1)	0.39	0.049
6-month	49.9 (53.5)	51.9 (19.1)	57.2 (17.3)	0.40	0.19
1-year	60.9 (47.9)	60.6 (27.0)	65.3 (24.8)	0.56	0.39
%TWL					
3-month	17.5 (5.3)	16.9 (5.2)	17.7 (4.9)	0.84	0.44
6-month	24.1 (6.9)	23.2 (7.7)	24.2 (6.1)	0.99	0.54
1-year	28.5 (8.5)	27.7 (10.6)	28.2 (9.4)	0.88	0.80

CONCLUSIONS

SSRI monotherapy pre- and postoperatively in patients with anxiety or depression did not significantly impact 1-year weight loss outcomes in patients who underwent sleeve gastrectomy or Roux-en-Y gastric bypass. Preoperative counseling should include reassurance of anticipated weight loss with continued SSRI use, irrespective of planned surgical procedure.

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