

Lifestyle Trumps Bariatric Surgery in Long Term

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Bariatric surgery isn't the only way for obese patients to lose weight and keep it off.

A new observational study has found that patients can lose as much weight through intensive behavioral efforts as they can through surgical methods. Like surgical patients, nonsurgical patients can also keep most of the weight off for up to 2 years—although they have to work significantly harder in terms of diet and exercise, Dale S. Bond, Ph.D., and colleagues wrote.

The study included 315 obese patients who were enrolled in the National Weight Control Registry, a longitudinal

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study of patients who are successful at long-term weight-loss maintenance. Everyone enrolled in the study had lost at least 13.6 kg and had kept that weight off for at least 1 year.

For Dr. Bond's study, 105 surgical patients were matched with 210 nonsurgical patients and followed for 1 year. The patients' average age was 45 years. Before their intervention, their mean maximum body mass index was 47 kg/m². Most of the surgical patients (58%) had undergone a Roux-en-Y bypass; 18% had a gastric banding, and the rest did not specify their surgery type. Among the nonsurgical patients, 68% reported having lost weight with professional assistance, such as a commercial weight-loss program; the rest reported losing the weight on their own. The average total weight loss in both groups was 56 kg; all patients reported having maintained a weight loss of at least 13.6 kg for more than 5 years (*Int. J. Obes.* 2009;33:173-80).

In the first year after registry entry, most of the patients in both groups (78 surgical; 173 nonsurgical) reported a weight gain, but the gain did not differ significantly between the groups (mean, 2 kg). By the end of the year, 60% of surgical patients and 70% of nonsurgical patients had maintained their weight loss within 5 kg.

There were several significant differences, however, in the dietary and physical activity behaviors between the two groups, wrote Dr. Bond of Brown University, Providence, R.I. Surgical patients reported consuming more calories from fat and fewer from carbohydrates, and eating more fast food and fewer breakfasts every week, than did their nonsurgical counterparts. Nonsurgical patients reported performing significantly more high-intensity physical activity each week than did surgical patients.

The investigators also found some between-group psychological differences. While both groups reported significant increases in depression over baseline, the increase was greater in the surgical group. Although the authors said their findings should be interpreted cautiously, "it is still concerning that 44% of surgical participants reported depressive symptoms that surpassed the minimal threshold for clinical significance, par-

ticularly in light of recent findings indicating a higher risk of suicide death in bariatric surgery patients."

At both baseline and 1 year, surgical patients also reported lower dietary restraint than did nonsurgical patients. A separate analysis revealed that surgical patients exhibited more night eating at both baseline and 1 year. In a multivariate regression analysis, higher levels of disinhibition toward eating at baseline

significantly predicted higher weight gain over 1 year.

"These findings are consistent with other studies showing that increased susceptibility to cues that trigger impulsive eating undermines weight loss and long-term weight loss maintenance," the authors wrote.

The study was funded by the National Institutes of Health. The authors made no financial disclosures. ■



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