Assess Mental Health in Bariatric Surgery Patients

BY DAMIAN McNAMARA
Miami Bureau

ORLANDO — Psychiatric conditions are more common among patients who seek bariatric surgery than among the general population, according to preliminary results from a study reported by Melissa A. Kalarchian, Ph.D., at the annual meeting of the American Society for Bariatric Surgery.

Dr. Kalarchian and her colleagues screened bariatric surgery candidates with the Structured Clinical Interview for the DSM-IV to determine current and lifetime history of psychiatric disorders.

Preliminary results included 200 surgical candidates.

The average candidate age was 46 years; 89% were white; 85% were female; and their average body mass index (kg/m^2) was 53. They eventually had the procedures performed at hospitals of the University of Pittsburgh Medical Center.

The surgical candidates had higher rates of lifetime psychopathology than those reported for individuals in the community in the baseline National Comorbidity Survey (NCS), said Dr. Kalarchian of the Western Psychiatric Institute and Clinic in Pittsburgh. (See graph.)

Anxiety disorders included generalized anxiety, posttraumatic stress disorder, and obsessive-compulsive disorder, as well as agoraphobia, panic disorder, social phobia, and specific phobia.

Prevalence of major depressive disorder (MDD) varied by gender. A total of 10% of female and 13% of male surgery candidates met criteria for MDD at study entry. In addition, 45% of female and 33% of male surgical candidates reported a lifetime history of MDD. In the NCS, 21% of women and 13% of men reported such a history.

The researchers also assessed binge eating. Among the surgical candidates in the study, 34% reported a lifetime history of binge eating and 18% reported current binge eating.

"It's really important to wait for prospective studies before saying binge eating is a contraindication to surgery," Dr. Kalarchian said. "Binge eating can be treated, and I don't think it would be grounds to deny or delay surgery."

"Binge eating is strongly associated with depression and obesity," she added. "There is controversy about whether binge eating disorder is a distinct syndrome or a marker of another psychiatric disorder."

The findings of the study suggest a need to monitor patients for onset or recurrent psychiatric symptoms, she said. "Patients with unstable psychiatric conditions might be deferred for bariatric surgery until their condition is under control."

An inability to determine a cause-and-effect relationship between psychiatric morbidity and being severely obese in our culture was a limitation of the study, Dr. Kalarchian said.

"Prospective studies really need to determine how psychosocial factors are related to surgical outcomes, and to identify those who are vulnerable to poor outcomes," she said.

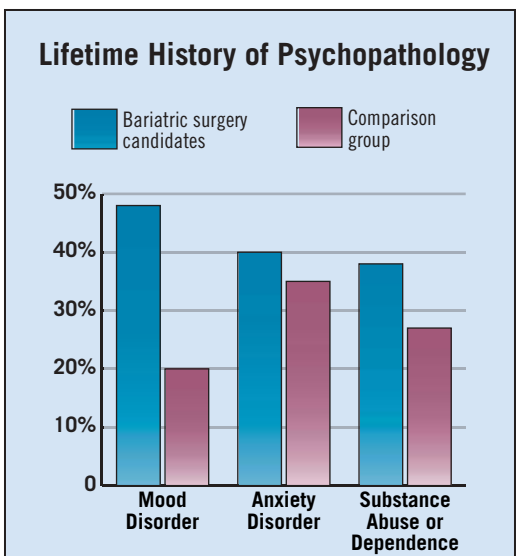
To encourage subjects in the study who had psychological problems to seek help, Dr. Kalarchian and her associates did not report the results to the surgical team.

"The confidential nature might encourage patients to discuss their mental health issues," she said.

A meeting attendee asked Dr. Kalarchian if she would inform surgeons if a patient had a major psychiatric concern.

"It would be a rare instance where we would identify something we would need to inform the surgical team about, for example, suicidality, Dr. Kalarchian responded.

Although previous research indicated bariatric surgery patients might have higher rates of psychopathology, the studies were limited methodologically, she said. ■



Note: Based on a study of 200 patients.
Source: Dr. Kalarchian

Bariatric Surgery Mortality 4%, Medicare Patient Review Finds

BY TIMOTHY F. KIRN
Sacramento Bureau

SAN FRANCISCO — Bariatric surgery may carry a higher mortality risk than previously reported, according to a study of Medicare patients presented by David R. Flum, M.D., at the annual clinical congress of the American College of Surgeons.

Previous reports have suggested that the mortality risk from gastric bypass procedures is only 1%-2%.

In the new study, Dr. Flum and colleagues looked at a Medicare database of 16,000 gastric bypass procedures performed between 1997 and 2002. Patients in the database were mostly female (75%), and the average age of the patients was 47 years, with 90% younger than 65 years.

The investigators could not tell if the procedures were open or laparoscopic; however, most were presumed to have been open given the time period.

The analysis showed that the mortality rate was 2.0% at 30 days post procedure, 2.8% at 90 days, and 4.6% at 1 year, said Dr. Flum of the surgery department at the University of Washington, Seattle.

Older patients and males had a higher risk of mortality than other patients, a fact that most surgeons who perform obesity procedures are well aware of, he said. The 30-day mortality rate was 3.7% for males versus 1.5% for females, and the mortality risk of patients 65 years or older was 3 times that of patients younger than 65, with a mortality rate of 44% at 1 year among those 75 years or older.

The investigators also calculated patient mortality for the individual surgeons who performed the procedures.

Analysis showed a pattern of lower mortality with the surgeons who performed the highest number of Medicare procedures, although it is not known from the data whether that pattern represents better technical skill or more restrictive patient selection by those experienced surgeons, Dr. Flum said.

Among the surgeons who performed the most procedures (more than 71 during the period studied), the 30-day mortality for patients older than 65 years (1.8%) was about the same as it was for younger patients (1.1%).

Dr. Flum noted that Medicare patients are either over 65 years of age or disabled, and therefore probably do not reflect the general population of patients who undergo bariatric surgery.

Moreover, the study does not indicate what the mortality would have been in this population had they not undergone surgery.

Still, the study provides important information, particularly now with the number of procedures continuing to grow, Dr. Flum said.

"I think trying to make it look like bariatric surgery has zero deaths, which has been an approach used by many advocates for a decade, is problematic," he said. "This helps set the bar more realistically."

"If we don't use these data to help start an enlightened conversation about how to apply bariatric surgery, we're really missing a tremendous opportunity," he added. ■

Gastric Bypass Mortality 'Higher Than Expected' at 90 Days Post-Op

ORLANDO — The risk of death from gastric bypass surgery continues beyond the immediate postoperative period, according to the results of a study reported by P. Jason Granet, M.D., at the annual meeting of the American Society for Bariatric Surgery.

"We are not out of the woods in the first 30 days. The main risk is pulmonary embolism, even after 90 days," Dr. Granet said in a poster presentation.

Dr. Granet and his associates retrospectively analyzed the records of 1,250 patients who had divided gastric bypass between 1979 and 2003.

All of the operations were performed by John R. Kirkpatrick, M.D., chair of the surgery department at Washington Hospital Center and lead author of the study. All patients were morbidly obese, with a mean body mass index of 58 kg/m^2.

Patients were managed with a standard protocol for 24 months that included prophylactic antibiotics, anticoagulants, and monthly follow-up visits.

High-risk patients routinely received an inferior vena cava (IVC) filter, he added. The researchers identified 44 anastomotic leaks during the 2-year study.

By the study's end, the average weight loss was 173 pounds, or a mean 75% of excess weight, said Dr. Granet, a general surgeon at Washington Hospital Center.

Seven deaths occurred in the immediate postoperative period, including two attributed to leak sepsis, three from pulmonary embolism (PE), one from wound sepsis, and one from respiratory failure.

Another six deaths occurred up to 30 days after surgery, including three from PE and three from sudden death syndrome.

"We had an extra eight deaths from 30 days to 90 days—more PE or suspected PE—and we were doing everything you can do [in terms of prophylaxis]," Dr. Granet said. The additional deaths included four PEs, two cases of sudden death syndrome, and two patients who had intraabdominal sepsis.

An additional five "late deaths" occurred between 90 days and 2 years.

If only the immediate postoperative period is considered, postoperative mortality is low, 0.5%. By 90 days, however, mortality is 1.6%, a "higher than expected" rate, Dr. Granet said. The findings of this study suggest a need to revise postoperative management protocols.

"We're doing high-risk patients. I tell them they can die from this," he said. "The whole family is involved in counseling. If anything happens, they were aware."

—Damian McNamara