Assess Mental Health in Bariatric Surgery Patients

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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. Their average 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. A complete list of the anxiety disorders would also include 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," she said.

"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."

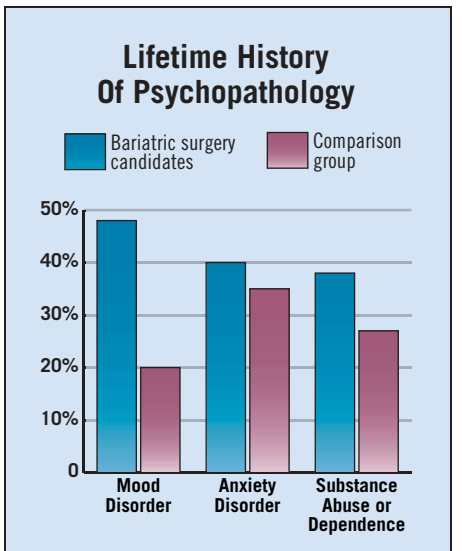
The findings of the study suggest a need to monitor patients for onset or recurrent psychiatric symptoms, she said.

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."

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."

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



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

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