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search completed for: psychological assessment of obese patient prior to bariatric surgery.

search details

resources searched

nhs evidence; trip database; cochrane library; amed; bni; cinahl; embase; hmic; health business elite; medline; psychinfo; google scholar; google advanced search

database search terms:

evidence search string(s):

google search string(s):

summary

a number of items found relating to psychological assessment and state of patients prior to and following bariatric surgery.

guidelines and policy

1. sign guideline 115: management of obesity, 2010
   http://www.sign.ac.uk/pdf/sign115.pdf

Quite a few interesting references here – probably more detail than you need!

Am Ass Clinical Endocrinologists, March 2013

Evidence-based reviews

5. Obesity and mental health, Public health England, 2011
This report looks at the relationship between common mental health disorders and obesity. The report is divided into three sections. The first and second each look at the mediating and moderating factors in adults and children. The third is on interventions and addresses these separately for adults and children.

Adult interventions addressed include weight loss treatment, stress management, and psychological therapies. Interventions for children include a look at psychosocial factors and the importance of both parental support and social networks

Published research – Databases

6. Psychological aspects in morbid obesity: Assessment of levels of anxiety, depression and self-concept in obese patients who are to undergo bariatric surgery.
Citation: Analise Psicologica, October 2012, vol./is. 30/4(451-466), 0870-8231 (Oct-Dec 2012)
Author(s): Rocha, Carla; Costa, Eleonora
Language: Portuguese (Abstract might be useful!)
Abstract: Obesity is a public health problem, in view of its high prevalence, the difficulty in the control and in the raised index of relapse. Methodology: This is a study with a correlational design which was developed in a Hospital Center of the Region North of Portugal (CHAAA), with a non-random sample of 100 participants, of both genders, with morbid obesity and candidates to bariatric surgery. The objective of this study is to assess levels of anxiety, depression and self-concept in obese patients about to undergo bariatric surgery, specifically, to characterize the emotional state (anxiety, depression) of users morbidly obese candidates for bariatric surgery, verify the relationship between levels of anxiety, depression and self-concept, analyzing whether there are significant relationships between dimensions of self-concept (acceptance/rejection of social self-efficacy, psychological maturity, impulsivity/ activity) and anxiety and depression. Another objective is to assess the relationship between BMI and anxiety, depression, and evaluate the relationship between BMI and self-concept. For the realization of this study was administrated a socio-demographic and clinical questionnaire, the Hospital Anxiety and Depression Scale (HADS) of Zigmond and Snaith (1983) and the Clinical Inventory of Self-Concept (ICAC) of Vaz Serra (1986). Results: The results indicate a statistical significant association between levels of anxiety and depression and the self-concept in individuals with morbid obesity. It was also verified that it does not exist a statistical significant correlation between the body mass index (BMI) and the levels of anxiety, depression and self-concept. It was also verified that anxiety is present in individuals with morbid obesity but there are not significant correlations between anxiety, depression, self-concept and BMI. Although some studies show that obese individuals have a higher predisposition to express some degree of psychopathology, however this does not indicate that all the subjects present significant degrees of psychological disturbances. We hope to help expand the knowledge and understanding of the psychological aspects of this disease, associated with the dimensions of analysis - depression, anxiety and self-concept that has been studied mainly in terms of medical, nutritional and aesthetic, but only incidentally by psychology, thus contributing to the further development of this area and future plans for intervention in the practice of Clinical Psychology and Health.
(PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
7. Personality subtypes in female pre-bariatric obese patients: Do they differ in eating disorder symptoms, psychological complaints and coping behaviour?

Citation: European Eating Disorders Review, January 2013, vol./is. 21/1(72-77), 1072-4133;1099-0968 (Jan 2013)

Author(s): Claes, Laurence; Vandereycken, Walter; Vandeputte, An; Braet, Caroline

Abstract: In the pre-bariatric psychological assessment of 102 morbidly obese women, two personality subtypes emerged: a resilient/high functioning subtype with a 'normal' personality profile and an emotional dysregulated/undercontrolled subtype, characterized by high neuroticism and low extraversion/conscientiousness. Emotional dysregulated/undercontrolled patients showed more concerns about eating/weight/shape, more binge eating driven by emotions and external triggers, more psychological complaints (such as depression and anxiety) and more avoidance and depressive coping reactions than resilient/high functioning patients. Further research should clarify whether these clearly different psychological profiles are related to different outcomes (weight loss or well-being) of bariatric surgery. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

8. Psychological evaluation of Grade III obese patients before and after bariatric surgery.

Citation: Psicologia: Reflexao e Critica, January 2009, vol./is. 22/1(12-19), 0102-7972 (Jan-Apr 2009)

Author(s): de Oliveira, Jena Hanay Araujo; Yoshida, Elisa Medici Pizao

Language: Portuguese (Abstract might be useful!)

Abstract: This study evaluates depression, anxiety, psychopathologic symptoms, alexithymia and defensive style of grade III obese patients, before and after bariatric surgery. The study followed a cross-sectional design, with a group of surgical candidates (Grl, N = 32) and one of postoperative patients (Gr2, N = 33) between 6 and 33 months after the surgery. Instruments: Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Symptom Assessment Scale (EAS-40), Toronto Alexithymia Scale (TAS-26) and Defensive Style Questionnaire (DSQ-40). The results pointed to low levels of depression, anxiety, psychopathological symptoms and alexithymia in both groups, although those of Gr2 were significantly lower than those of Grl (p < 0.05). Concerning the defensive style, Grl showed more immature defense (p < 0.02) than Gr2. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)


Citation: The European Journal of Psychiatry, April 2010, vol./is. 24/2(114-123), 0213-6163 (Apr-Jun 2010)

Author(s): Aubert, Nathalie; Lyon-Pages, Isabelle; Carrard, Isabelle; Suter, Michel; Stiefel, Friedrich; Giusti, Vittorio

Abstract: Background and Objectives: Guidelines for bariatric surgery demand a psychological evaluation of applicants. The aim of this study was to evaluate if the presence of "psychological risk factors" predicts postoperative weight loss after gastric bypass.

Methods: Medical records of obese women who underwent bariatric surgery between 2000 and 2004 were reviewed. Psychological assessment consisted of a one-hour semi-structured interview, summarized in a written report. Anthropometric assessment at baseline and 6,12,18 and 24 months after surgery included body weight, height and body mass index. Results: The mean BMI of included patients (N = 92) was 46.2 ± 6.3 kg/m² (range 38.4 - 69.7). Based on the psychological assessment, 27% (N = 25) of the patients were classified as having "psychological risk factors" and 28% (N = 26) were diagnosed with a psychiatric diagnosis, most often major depression. Two years after gastric bypass, 16% of patients with "psychological risk factors" achieved an excellent result (%EWL > 75) versus 39% of those without (p < 0.05). About 1 out of 4 patients was in postoperative psychiatric treatment, but only half of them were identified as having...
“psychological risk factors” at baseline. Weight loss of patients initiating a psychiatric treatment only after surgery was less than of patients who continued psychiatric treatment already initiated before surgery (55.7 + 14.8 versus 66.5 + 14.2 %EWL). Conclusions: A single semi-structured psychological interview may identify patients who are at risk for diminished postoperative weight loss; however, psychological assessment did not identify those patients who were in need of a psychiatric postoperative treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO

Citation: The American Journal of Psychiatry, March 2009, vol./is. 166/3(285-291), 0002-953X;1535-7228 (Mar 2009)
Author(s): Marcus, Marsha D; Kalarchian, Melissa A; Courcoulas, Anita P
Abstract: In light of the limited success of medically supervised dietary interventions, behaviour modification, and medication in the management of severe obesity, a National Institutes of Health (NIH) Consensus Panel recommended bariatric surgery for well-informed, motivated obese patients with BMIs >=40 or BMIs of 35-40 with significant obesity-related comorbidity who have acceptable risks for operation. Although numerous bariatric surgery procedures are in use, they can be divided into those that reduce food intake by gastric restriction only, those that bypass varying amounts of the upper intestine in order to reduce uptake of food in the digestive tract through malabsorption, and combined restriction and bypass procedures. Bariatric surgery requires a dramatic alteration in eating behavior. Patients seeking bariatric surgery are usually required to participate in an assessment to provide psychological/psychosocial clearance prior to surgery. Identification of contraindications to surgery is only one function of a thorough assessment, however. The consultation provides the opportunity to work with the patient to clarify expectations, provide education, identify potential barriers to compliance, and plan for postsurgical follow-up. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Publication Type: Journal; Peer Reviewed Journal
Source: PsycINFO
Full Text: Available from Grantham Hospital Staff Library (lib330745) in American Journal of Psychiatry; Note: ; Notes: Username: ulhtlibraries/Password: POL_828094394

Citation: Clinical manual of eating disorders., 2007(225-253) (2007)
Author(s): Mitchell, James E; Swan-Kremeier, Lorraine; Myers, Tricia
Language: English
Abstract: (from the chapter) It is now widely appreciated that the majority of adult Americans are overweight or obese and that the rate of obesity has markedly accelerated over the last two decades. Severe obesity has been associated with a plethora of medical complications, including diabetes mellitus, hypertension, dyslipidemia, urinary incontinence, cardiovascular disease, respiratory problems (including obstructive sleep apnea), osteoarthritis, and a variety of cancers (including cancer of the breast, uterus, prostate, and colon). Paralleling this increase in obesity has been the increasing use of bariatric surgery procedures as a means of treating individuals with severe obesity, in particular those with a body mass index (BMI) greater than 40 or a BMI greater than 35 in patients with certain comorbid conditions such as hypertension, type 2 diabetes, and dyslipidemia. Our purpose in this chapter is to provide an overview of the current state of knowledge concerning bariatric surgery, including the history of the procedures, procedures currently being used, and complications resulting from these procedures. We then discuss the psychological assessment of patients who are candidates for bariatric surgery, relationships between psychopathology and bariatric surgery, psychosocial outcomes of patients who undergo bariatric surgery, and the psychological management of these patients pre- and postoperatively. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Publication Type: Book; Edited Book
Source: PsycINFO

12. Wee CC
A 52-year old woman with obesity: review of bariatric surgery
Abstract

Ms J is a 52-year-old woman with severe obesity and depression, anxiety, and osteoarthritis who has not been able to sustain weight loss through dieting and is now considering having weight loss surgery. She would like to know the long-term effects of surgery, including its psychological consequences. The article discusses the consequences of the 2 most commonly performed bariatric procedures, Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding, and their effects on weight loss, comorbidities, psychological function, and overall quality of life. Evidence suggests average weight loss at 10 years after surgery of 25% and 13%, respectively. The risk of perioperative mortality varies with patient factors and surgeon experience but is typically less than 1% with experienced surgeons. Roux-en-Y gastric bypass has a higher complication rate than laparoscopic adjustable gastric banding. Many obesity-related comorbidities such as diabetes and hypertension resolve or improve with weight loss, and quality of life generally improves in parallel with weight loss. However, depression and anxiety, as Ms J experiences, do not necessarily improve as a result of surgery.

13. Lier HO, Biringer E, Hove O et al
Quality of life amons patients undergoing bariatric surgery: associations with mental health – A 1 year follow-up study of bariatric surgery patients

14. Pataky Z, Carrard I, Golay A
Psychological factors and weight loss surgery in bariatric surgery

Abstract

PURPOSE OF REVIEW: Morbid obesity is associated with a high prevalence of psychopathological conditions that might have an impact on postsurgery outcomes. This review summarizes recent data about psychological disorders in obese patients before and after bariatric surgery as well as the assessment and impact of these factors on postsurgery outcomes.

RECENT FINDINGS: Psychological health and quality of life were found to improve after bariatric surgery. Weight loss could not be clearly related to any specific psychological condition prior to surgery, but the presence of more than one psychiatric condition might play a role. A multi-intervention treatment, including approaches for lifestyle changes after bariatric surgery showed positive long-term results in term of weight loss and weight loss maintenance. Recent studies focused on eating behavior changes following bariatric surgery providing important information on the topic of eating disorders after bariatric surgery.

SUMMARY: Psychological assessment before bariatric surgery and systematic follow-up are necessary to guarantee optimal weight loss and weight loss maintenance. The field of psychological factors in bariatric surgery is still in need of controlled randomized prospective trials to better understand relation between psychological presurgery conditions and surgical outcomes. Self-monitoring and cognitive behavioral programs could prevent weight regain.

Psychological characteristics of morbidly obese candidates for bariatric surgery

Abstract

BACKGROUND: Morbid obesity has multiple negative consequences for psychological health. These patients are described as depressed, anxious, and impulsive, with low self-esteem and impaired quality of life. The severity of these psychological disorders has been related to the degree of obesity. The aim of this study was to analyze the psychopathological characteristics of obese candidates for bariatric surgery, determining differences and similarities in general and specific psychopathologic symptoms among patients with different degrees of obesity and normal-weight individuals.

METHODS: The study included 50 patients (26 type III obesity, 24 type IV obesity) and 25 normal-weight volunteers. They were all assessed for: stress (CED44-B), anxiety-depression (General Health Questionnaire), self-esteem (Rosenberg Self-Esteem Scale), family function (Apgar Family Function Questionnaire), quality of life (Spanish version of the Quality of Life Index), personality (Eysenck Personality Questionnaire-Revised), food craving (Food Craving Questionnaire-Trait), and eating behavior disorder (EBD)
RESULTS: The obese patients had higher levels of stress, anxiety, depression, food craving, and EBD symptoms and lower levels of self-esteem and quality of life compared with normal-weight controls. No personality or family function disorders were observed in any of the obese or normal-weight subjects. Patients with type III and type IV obesity differed only in anxiety and personality findings.

CONCLUSIONS: Although the presence of psychological disorders cannot be taken as an absolute criterion for exclusion of candidates for obesity surgery, a better understanding of the relationship of these variables with weight loss and other outcomes of bariatric surgery may improve patient selection and facilitate more appropriate interventions.

Published Research - Google Scholar

From 1st fifty results:

Psychiatric evaluation and follow-up of bariatric surgery patients
http://www.dsm.psychiatryonline.org/data/Journals/AJP/3885/09aj0285.PDF

17. Greenberg I, Sogg S, Perna F M
Behavioural and psychological care in weight loss surgery: Best practice Update
The objective of this study is to update evidence-based best practice guidelines for psychological evaluation and treatment of weight loss surgery (WLS) patients. We performed a systematic search of English-language literature on WLS and mental health, quality of life, and behavior modification published between April 2004 and May 2007 in MEDLINE and the Cochrane Library. Key words were used to narrow the search for a selective review of abstracts, retrieval of full articles, and grading of evidence according to systems used in established evidence-based models. Our literature search identified 17 articles of interest; 13 of the most relevant were reviewed in detail. From these, we developed evidence-based best practice recommendations on the psychological assessment and treatment of WLS patients. Regular updates of evidence-based recommendations for best practices in psychological care are required to address the impact of mental health on short- and long-term outcomes after WLS. Key factors in patient safety include comprehensive preoperative evaluation, use of appropriate and reliable evaluation instruments, and the development of short- and long-term treatment plans.

18. Pull, Charles B
Current psychological assessment practices in obesity surgery programs: what to assess and why

19. Van Hout G, van Heck, G
Bariatric psychology, psychological aspects of weight loss surgery
Obesity Facts 2009, Vol 2, No 1, p 10 – 15
Abstract
Obesity is the ‘disease of the 21st century’ and results in physical and psychosocial co-morbidities as well as poor quality of life (QoL). In contrast to the nonsurgical treatment of obesity, bariatric surgery is treatment of choice for morbid obesity. Since improved QoL and enhanced psychosocial functioning are important goals of bariatric surgery, success following bariatric surgery should not only include weight loss and improvement or cure of co-morbid conditions, but also improvements in eating behavior, psychosocial variables, and QoL. Unfortunately, bariatric surgery does not lead to identical results in every patient.
Patients who fail to adjust their eating behavior and lifestyle after bariatric surgery may experience adverse reactions. Compliance and adjustment may be attributed largely to psychological factors, implying that the operation on its own represents only one element in bariatric surgery. Considering the role of psychosocial factors in the outcomes of bariatric surgery and the impact of the operation on the psychological and social situation, mental health professionals should be a part of the process of evaluation and treatment of bariatric surgery patients. In the Netherlands, between 2000 and 2005, bariatric surgery has increased tremendously, and most Dutch hospitals have a multidisciplinary selection process.

20. Sogg S, Mori, De Anna

**Psychosocial evaluation for bariatric surgery: The Boston interview and opportunities for intervention**