Improving weight loss post bariatric surgery and the need for psychological support

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Overview

- The need for psychological support pre and post surgery
- Our RCT
- Findings
The need for psychological support pre and post surgery....
1. The patient’s view....
Success vs failure?

- Qualitative studies
  - Pts n=25
  - Post surgery (up to 10yrs)
  - Weight loss / weight regain

(Ogden et al, 2005; 2006; Ogden, Avenell and Ellis, 2011)
Success?
Hunger

‘The most incredible thing that has happened is lack of appetite... the hunger pangs have gone... I’m sated when I eat’
Role of food

‘I used to think about food all the time...before I got married I’d sit in bed reading recipe books thinking cor I fancy that...now I think that would be good and that wouldn’t’
Control over food

‘I think the stomach is now controlling my mind’
The paradox of control

- Surgery takes away control
- (and choice)
- People feel more in control
Failure?
Emotional regulation

“*If you’ve used food as your comfort, your security blanket, as your friend, then how do you deal with it if you can’t use that anymore? There’s no mechanism for me as to how I should deal with things apart from eating.*”
The neglected mind

‘we know how to cut you open, we know how to solve all that problem side of things, we get all that done and you get on with it... everybody takes care of the physical but nobody takes care of the mental side of it. Nobody’s actually dealt with that’
Patient support groups..

- BOSPA
- Wlsinfo

Consultation ..... 

Patients want psychological support to maximise weight loss
2. Predictors of success
Predictors of success?

- 49 patients (13 males and 36 females)
- Before and after Gastric Band
- 2 weeks prior / 3, 6 months post surgery
- Baseline emotional overeating
- Change in emotional overeating

(Wood and Ogden, 2012)
Results

Baseline emotional overeating

Change in emotional overeating

Change in weight (kg)
Predictors of success

- Bocchieri et al, 2002
- Odem et al, 2010
- Semanscin-Doerr et al, 2010
3. Guidelines / recommendations...
Guidelines

- NICE (2009)
- AACE, OS, ASMBS (2013)
- Heinberg, (2012)
4. Empirical evidence
Empirical data

- Livhits et al (2011)
  - Post operative support groups
  - 4 retrospective cohort studies
  - Increased weight loss
Empirical data

- Rudolph and Hilbert (2013)
- 5 RCTs
- 2 prospective cohorts
- 8 retrospective cohorts
- Behavioural lifestyle interventions
- Support groups

‘Behavioural management had a positive effect on weight loss following surgery’
Empirical data

- Kalarchian et al (2013)
  - Pre operative lifestyle intervention improves weight loss

- Kalarchian et al (2012)
  - 6 month behavioural intervention post op
  - Improved weight loss and decreased weight regain
What is needed....

- Powered RCT
- Pre and post surgery
- Based upon qual and quant research
- Delivered using effective methods of psychological support
Our study

- Based at St Richards Hospital Chichester
- Funded by RfPB NIHR (£250,000)
- 1 year follow up
- Primary outcome: weight loss
- Secondary outcomes: psychological factors

(Hollywood, Ogden and Pring, 2012)
Method

Sample

- n=162 at baseline (RR: 79.8%)
- Roux on Y Gastric Bypass
- TAU n=80; Intervention: n=82
- FU weights n=142
- TAU n=72; Intervention: n=73
The intervention

- 3X 50 minutes sessions
- Health psychologist
- 2 wks Pre-op, post op (pre discharge), post op (3 months)

- TAU
  - Specialised diet sheets, returned at 6 wks, 3 / 6 / 12 mths to see nurse / dietician
The intervention
Results

1. ?????????

(Ogden, Hollywood and Pring, 2014)
Results \((n=162; \ p=0.8, \ \eta^2=0.004)\)
• ???????
BUT...

- Other outcomes?
- QoL / BE / coping ....
- Longer term follow up?
In summary

- Need for support...
  - Patients
  - Guidelines
  - Prospective research
  - Empirical studies

- But
  - Our RCT: doesn’t improve weight loss
BUT...

- Behavioural interventions IMPROVED EWL
  - NOT significant

- Support groups IMPROVED EWL
  - NOT significant (but sessions improved weight loss)

- Meta analysis: improved EWL
  - Standardised mean difference 1.6 %EWL
Conclude

- Psychology is important
  - For some people
  - At some time points
  - For outcomes other than weight?
AND....

- Do good
- Do no harm
- Spend limit public resources well

- Offer psychological support to those who need it when they need it
  - Probably later (one year)
  - Probably to selected patients