Viewpoint

Does Bariatric Surgery Place Patients at Risk for Severe Depression?

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For the vast majority of patients, bariatric surgery does not precipitate an increased risk of severe depression.

Bariatric surgery overwhelmingly leads to positive physical changes and improvements. The psychological ramifications, too, are generally positive, although psychological problems evolve for certain patients relatively soon, or far into the postoperative course, the source(s) of which may be psychological, physical, or a combination of modalities. For a subset of patients, the months and years following surgery include a very real risk for the continuation, or development, of depression.

Preoperative Expectations and Risk of Postoperative Depression

For many patients, the instigation of depression lies in unrealistic preoperative expectations; the desired and imagined extent of weight loss, or of life-altering improvements in appearance, energy level, and overall quality of life (QoL) may not be forthcoming in actual postoperative outcomes. Patients often believe that fewer pounds will equal fewer problems. For some, there is the unrealistic hope that all disabilities, and life problems in general, will vanish

About the Viewpoint Article

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No therapy, however effective, is without psychologic consequences. Surgery, in particular, is a treatment that literally enters and alters the body, leaving a profound physical and psychologic legacy. The compl neurohormonal effects of bariatric/metabolic surgery are currently under exploration; increasingly, studies will reveal the physiology of the mind-body connectic in obesity—the satiety feedback loops; the relationsh between environmental pressures, obesity, and depression—as well as the fluctuating biochemistry o depression in relation to types and amounts of adiposity. The long-term safety and efficacy of bariatric surgery will be judged by medical and psychologic markers of wellbeing.

Preparedness for postoperative changes and potentia complications through preoperative patient educatior has been shown to positively affect self-reported psychologic surgical outcomes in a variety of specialties, including cardiac, orthopedic, and bariatri surgery. Most patients want detailed information abo potential changes and complications that may follow surgery, and feel that they are better able to cope successfully with postoperative obstacles, and in som instances, avert symptoms of depression, as a result (Ivarsson et al, 2005; Ronnberg et al, 2007; Apovian et al, 2009; Wee et al, 2009). The bariatric surgery data support the conclusion that comprehensive, preoperative patient instruction that includes psychologic education, as well as counseling/coachin that continues into the postoperative period, varying with the patient's needs, is indispensible, not optiona In this month's ***Viewpoint*** column, in her reflection patient depression following bariatric surgery, Dr. Cynthia Alexander emphasizes the centrality of preoperative psychologic education followed by lifelo psychologic support as a treatment priority.

along with the excess weight; when specific health problems or chronic pain are not alleviated, potentially severe depression that threatens the success of treatment may follow.

Although weight loss generally improves weight-related QoL issues, weight loss may exacerbate current psychological problems or create new ones. For example, central relationships may be strained, even to the point of divorce, and families and friends may not react to the changing patient as predicted. The loss of food as a mechanism to cope with feelings may be a more difficult obstacle than imagined. Although not a regular occurrence, short- and long-term complications leading to possible multiple hospital readmissions may occur. The impact of emotional upheavals of this type, and even the stress that may accompany the desired rapid weight loss, are generally underestimated by the patient and his/her primary physician. Patients' inadequate education surrounding surgically-induced change, and the novel life strains of significant weight loss, may place them on a course toward development of depression.

If, despite the satiety enhancement provided by most bariatric procedures, a patient's hunger and food cravings return, he/she is often not equipped to contend with the reassertion of these afflictions of his/her preoperative life. The shock and difficulty of managing anxious and compulsive eating may cause them to revert (as much as their procedure permits) to old habits thought left behind. If a highly structured eating pattern and regular exercise regimen are not successfully sustained long term, weight regain is likely to occur, even with the tool of the surgery, leading some patients into depression. After a lifelong struggle with weight, the reality of the maintenance diet and exercise routine may be extremely difficult to sustain as an ongoing lifestyle. Although the benefits of a healthier body are manifold, an unavoidable focus for many patients is sagging skin and wrinkles. Some patients become obsessed with pursuit of numerous plastic surgeries, never attaining a level of satisfaction with their transformed bodies.

A bariatric surgery patient's ability to acknowledge and manage the many postoperative challenges that may arise and, thus, to avoid or minimize depression, is heavily dependent on the quality and comprehensiveness of the preoperative education received.

Preoperatively Depressed Patients and Postoperative Psychiatric Stability

A common theme is the person who may be depressed before surgery, but believes depression is due entirely to weight. Upon examination, it becomes clear that weight has been increased as a symptom of depression. When major weight loss occurs for these patients, psychiatric disorders such as depression, anxiety or binge eating possibly diminish initially, but tend to return approximately two years after surgery.

Absorption of medication may play a role in patients with serious mental illness. A patient with a preoperative diagnosis of depression, bipolar disorder, or schizophrenia may be at a higher risk for

increased symptoms after surgery due to changes in medication absorption. It has been recommended that after a malabsorptive procedure, patients prescribed Seroquel, Lamictal, Zyprexa, Lithium, or extended-release antidepressants be closely monitored for changes in mental status. If, prior to surgery, a patient is psychiatrically stable on psychotropic medication, particularly a carefully tuned cocktail of medications, psychiatric instability may develop after surgery and its attendant chemical alterations.

Suicide is strongly associated with major mental illness, especially depression. It is now common knowledge in the bariatric community that suicide rates are higher in bariatric patients following surgery than in the general population. The causes for this are not completely understood, but stress and depression, which may be triggered by all that surgery entails, are risk factors for suicide. Fluctuating hormone levels and dietary deficiencies may be the cause of depression in some bariatric surgery recipients postoperatively.

Weighing Psychiatric Risk Against Bariatric Surgery Benefits

Although there is a risk of ongoing depression or novel depressive episodes for some, in general, this risk should not prevent a person from pursuing bariatric surgery. The benefits of bariatric surgery are extensive, including dramatic improvements in overall health, reduction of comorbidities (including depression), increased mobility, enhancement of perceived quality of life, strengthened self-esteem, and augmented social and economic opportunity.

I believe that the best way to help bariatric surgery patients avoid postoperative depression is to educate both the patient and his/her primary and psychologic/psychiatric providers preoperatively, and to arrange sufficient support with these providers during the most stressful timeframe, immediately following surgery, and over the long term, according to patient need. Exceptions to this would be patients presenting preoperatively with severe depression and suicidal ideation, or active psychosis, severe eating disorder(s), or those recovering from a recent psychiatric hospitalization. These patients require immediate referral to psychologic/psychiatric therapy. If treated patients achieve stabilization, they may proceed with surgery, with carefully coordinated postoperative outpatient support.

The bottom line: Accurate preoperative portrayal of physical as well as psychological risks and benefits after surgery is essential to ensure a well-informed, psychologically empowered patient. We have a choice: We can set our patients up for unhappiness, and even, failure, by providing minimal education focused mainly on the positive effects of bariatric surgery; or, we can equip them with comprehensible and comprehensive knowledge and realistic expectations of what may, or is likely to occur following bariatric surgery. Preparing patients with this knowledge is an indispensible part of therapy to help them navigate the challenges and rewards of the postoperative months and years ahead.

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Dr. Alexander is a psychologist at Cleveland Clinic Florida (CCF) and works with the 17th Circuit Court of Florida Examining Committee for incapacity evaluations. She served her internship at Broward General Medical Center, managing patients in cardiac rehabilitation, and in the Dean Ornish Program. Dr. Alexander worked at University Hospital and Medical Center with both psychiatric and medical patients, and for the past six years, has been on staff at CCF. Now focused exclusively on the field of bariatrics, Dr. Alexander coordinates the CCF clinical bariatric program and is Director of the Practicum Training Site for doctoral students at NSU. As the only psychologist at CCF, she is often involved in crises with patients in the clinic, and delivers presentations on this and other topics to many CCF departments. Dr. Alexander has spoken on radio and television on the subject of psychology, she is the author of several peer reviewed articles and the book, *The Emotional First Aid Kit: A Practical Guide to Life After Bariatric Surgery* (2006, and 2009, Matrix Medical Communications), a highly regarded resource recommended by insurance companies and psychologists in numerous bariatric programs.