

**16. ANGER EXPRESSION ASSOCIATED WITH THE OCCURRENCE OF BRUXISM AFTER ROUX-EN-Y GASTRIC BYPASS**

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**Background:** Through studies and clinical observations there was verified inappropriate manifestations of aggressiveness; difficulties of control and expression of anger feelings, and inadequate aiming of these feelings. Correlation was observed between manifestation of anger and obesity, suggesting that obese patients transfer to eating behavior their difficulty in anger expression. The objective of this study is to observe if the operated patients present eccentric bruxism (habit to creak the teeth during sleep) to express anger, either repressed or manifested after food ingestion surgically reduction.

**Methods:** 48 patients submitted to RYGBP were studied 5 years or more after the operation, using the evaluation of the State-Trait Anger Expression Inventory (S.T.A.X.I.) and to the detailed dental Questionnaire, panoramic face x-ray, test of Helkimo (Index of craniofacial dysfunction), combined with the Index of Quality of Sleep of Pittsburg.

**Results:** 58,5% of the patients with eccentric bruxism present a repressed anger score above average and 63.5% of the same group present an expressed anger score below average, suggesting that anger expression is transferred to tension of the teeth. The variables Expressed Anger and Repressed Anger are different according to the groups with eccentric bruxism present or not (value of  $p > 0.05$ ).

**Conclusions:** Eccentric bruxism after RYGBP is related to the repressed anger expression.

**17. WORK-RELATED QUALITY OF LIFE IN OBESE PATIENTS WHO ARE WAITING FOR BARIATRIC SURGERY AND PATIENTS WHO WERE ALREADY SUBMITTED TO THIS SURGICAL PROCEDURE**

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**Background:** Obese patients often report discrimination and prejudice in the job market, and research reveals that obesity is positively associated to workdays lost, restricted activity, doctors' office visits made and bed-bound days.

**Methods:** The aim of this study was to analyse the differences in job related quality of life between patients who were submitted to bariatric surgery and patients who are still waiting for this procedure. Two groups were studied: - A cohort of 37 obese patients waiting for bariatric surgery; mean age of 37.54; 89.2% female; with a mean BMI of 47.58. - A cohort of 37 obese patients who had been submitted to bariatric surgery (78.4% gastric band and 21.6% bypass); mean follow-up of 30.69 months; with a mean BMI before surgery of 50.36; mean age of 44.57; 86.5% female; with a mean current BMI of 34.62. Participants answered to ORWELL 97 Portuguese version. Clinical data were collected from patient's hospital records, after their informed consent. Data was analyzed through Student t-test.

**Results:** Data analysis demonstrates that there are no significant difference between the two groups concerning how important they consider to have success in their job is. However, patients who are still waiting for bariatric surgery report lower quality of life in the job domain generally considered ( $t(70)=5.77$ ;  $p < .0001$ ), as

well as they consider that their body weight constitutes a higher obstacle to accomplish their job tasks ( $t(70)=6.11$ ;  $p < .0001$ ). **Conclusion:** Although job is equally important for the two groups studied, quality of life related to job domain seems to improve after surgery induced weight loss.

**18. BINGE EATING DISORDER BEFORE AND AFTER BARIATRIC SURGERY: EXPLORATORY STUDY**

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**Background:** A substantial percentage of bariatric surgery patients suffer from binge eating disorder (eating disorder which symptoms include overeating episodes, accompanied by a subjective loss of control and significant emotional distress). Some researchers consider that the presence of binge eating disorder before surgery is associated with poor surgery outcomes.

**Methods:** The aim of this study was to analyze the differences in binge eating disorder between patients who were submitted to bariatric surgery and patients who are still waiting for this procedure. Two groups were studied: - A cohort of 37 obese patients waiting for bariatric surgery; mean age of 37.54; 89.2% female; with a mean BMI of 47.58. - A cohort of 37 obese patients who had been submitted to bariatric surgery (78.4% gastric band and 21.6% bypass); mean follow-up of 30.69 months; with a mean BMI before surgery of 50.36; mean age of 44.57; 86.5% female; with a mean current BMI of 34.62. Participants were submitted to a psychological assessment in the context of a personal interview, and clinical data were collected from patient's hospital records, after their informed consent. Data was analyzed through Chi-Square Test.

**Results:** Data analysis demonstrate that patients who were already submitted to bariatric surgery report less frequently to present binge eating disorder ( $\chi^2(1,72)=24.66$ ;  $p < .0001$ ) than those who are still waiting for this surgery.

**Conclusion:** As binge eating was not considered as a contra-indication for bariatric surgery, we can conclude that this surgical procedure contributed to the improvement of this eating disorder.

**19. SEXUAL LIFE: DIFFERENCES BETWEEN OBESE PATIENTS WAITING FOR BARIATRIC SURGERY AND PATIENTS ALREADY SUBMITTED TO THIS PROCEDURE**

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**Background:** One of the most usual complaints in obese patients' psychological consultation is the diminished libido and body weight as a physical obstacle to sexual performance. Nevertheless, sexual domain is very often neglected by the health care team.

**Methods:** The aim of this study was to analyze the differences in sexual life between patients who were submitted to bariatric surgery and patients who are still waiting for this procedure. Two groups were studied: - Group 1: A cohort of 37 obese patients waiting for bariatric surgery; mean age of 37.54; 89.2% female; mean BMI of 47.58. - Group 2: A cohort of 37 obese patients who had been submitted to bariatric surgery (78.4% gastric band and 21.6% bypass); mean follow-up of 30.69 months; mean BMI before surgery 50.36; mean age 44.57; 86.5%

female; with a mean current BMI of 34.62. Participants answered to ORWELL 97 Portuguese version. Clinical data were collected from patient's hospital records, after their informed consent. Data were analysed through Student t-test.

**Results :** Results show that Group 1 patients consider their sexual life as important as Group 2 patients. However, Group 1 patients report lower quality of life in the sexual domain generally considered ( $t(68)=7.45$ ;  $p<.0001$ ), and report that their body weight more frequently constitutes a physical obstacle to their sexual performance ( $t(68)=5.45$ ;  $p<.0001$ ).

**Conclusion:** Although sexual life is equally important for the two groups studied, quality of life related to sexual domain seems to improve after surgery induced weight loss.

## 20. QUALITY OF LIFE IN PATIENTS WITH MORBID OBESITY SUBMITTED TO BARIATRIC SURGERY BY DUODENAL SWITCH

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**Background:** To evaluate the quality of life of patients with morbid obesity submitted to surgery by duodenal switch.

**Methods:** In a series of 118 patients (10 men and 90 women, with an average age of 41.8 years and average BMI of 49.2), the post-operative quality of life is evaluated following the B.A.R.O.S score. We excluded 18 patients because they did not arrive to a year of follow-up.

**Results.** All the patients have responded the questionnaire ( $n=100$ ), and more than 50% have had a follow-up of two years at least and the whole more than a year. No patient considered its self-esteem "much worse" and only in two cases was "worse", "equal" in 18, "better" in 48 and in 32 "far better". In the physical activity, there were no cases "much worse" nor "worse", "equal" 28, 50 "better" and 22 "far better" attending to patient's answers. The social activity showed that there was no patient who had it "much worse", "worse" in one case, 20 "equal", 46 "better" and 33 "far better". In the labor activity, 3 patients were "much worse", 4 "worse", 28 "equal", 38 "better" and 27 "far better". No patient responded to be "much worse" in his/her sexual relations, 2 "worse", 36 "equal", 40 "better" and 22 than "far better".

**Conclusions.** The quality of life in morbid obesity patients submitted to duodenal switch improves dramatically, so that 71.6% of the patients consider that quality of life is better or far better.

## 21. VARIATION AND EFFICACY OF PREOPERATIVE PSYCHOLOGICAL EVALUATION FOR BARIATRIC SURGERY

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**Background:** Bariatric surgery remains the only effective and enduring treatment for morbid obesity. A hallmark of bariatric surgery pre-operative preparation includes a psychological evaluation. The purpose of this study is to determine the adequacy of the psychological evaluation and its potential prediction of future weight loss.

**Methods:** At a single academic institution, clinical records for 179 bariatric surgery patients were reviewed from 2005-2006. Demographic, co-morbidity, and weight loss data were recorded. Psychological evaluation was required prior to surgery but the evaluation could be obtained by outside providers. All psychological evaluations were reviewed by two independent observers for diligence of evaluation and its correlation to weight loss. Continuous and categorical variables were compared by t-test and chi-square analysis respectively with  $p<.05$  set as significant.

**Results:** Of the 179 patients, 82% were female with an average age of 43 and diabetes rate 33%. There was large variation in which items were reported in the psychological evaluation. The

following items and their frequency of reporting of any response follows: educational level, 35%; employment, 69%; living situation, 66%; family psychiatric history, 45%; number of anti-depressants, 32%; suicidal ideation, 37%; alcohol use, 51%; Axis I-V, 10%; thought process, 38%; mood, 46%; and affect 40%. The only psychological evaluation item associated with poorer one year weight loss was poor energy level ( $p<.05$ ).

**Conclusion:** Considerable variation exists in psychological evaluation reporting for bariatric surgery. Additionally, there is poor documentation of important psychological data with little correlation of any psychological finding to long-term weight loss. These results may indicate a need for a dedicated program psychologist and a consensus regarding appropriate psychological data reporting.

## 22. QUALITY OF LIFE, PSYCHOSOCIAL ADJUSTMENT AND SYMPTOMS: ARE THERE DIFFERENCES BETWEEN OBESE PATIENTS WAITING FOR BARIATRIC SURGERY AND PATIENTS WHO WERE ALREADY SUBMITTED TO THIS PROCEDURE?

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**Background:** One of the most important bariatric surgery outcomes is, patients' quality of life and psychosocial well-being.

**Methods:** The aim of this study was to analyze the differences in quality of life, psychosocial adjustment and symptoms between patients who were submitted to bariatric surgery and patients who are still waiting for this procedure. Two groups were studied:

- A cohort of 37 obese patients waiting for bariatric surgery; mean age of 37.54; 89.2% female; with a BMI ranging between 30.37 and 71.98 ( $M=47.58$ ;  $SD=8.54$ ). - A cohort of 37 obese patients who had been submitted to bariatric surgery (78.4% gastric band and 21.6% bypass); mean follow-up 30.69 months, with a mean BMI before surgery of 50.36; mean age of 44.57; 86.5% female, with a current BMI ranging between 23.32 and 49.24 ( $M=34.62$ ;  $SD=6.46$ ). Participants answered to SF-36 and ORWELL 97 Portuguese versions in the context of a personal interview, and clinical data were collected from patient's hospital records, after their informed consent. Student t-test analysis was used.

**Results:** Data analysis demonstrate that patients who were already submitted to bariatric surgery report higher psychosocial adjustment and higher quality of life in all the domains studied (namely, physical functioning, role-physical, body pain, general health, vitality, social functioning, role-emotional, mental health, and health transition), as well as less symptoms.

**Conclusion:** Surgery induced weight loss is accompanied by positive changes in quality of life, psychosocial adjustment and symptoms.

## 23. DO OBESE PATIENTS WHO CHOOSE BARIATRIC SURGERY DIFFER IN CLINICAL CHARACTERISTICS, EATING DISORDERS OR PSYCHOPATHOLOGY FROM THOSE WHO CHOOSE TRADITIONAL TREATMENT?

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**Background:** Bariatric surgery is a radical intervention that requires subsequent adjustment to the post-operative condition. Information on the morbidly obese prone to select a surgical intervention is needed.

**Methods:** Clinical characteristics of patients selecting bariatric surgery vs non-surgical treatments were evaluated in 281 patients (188 women, 93 men) with a mean BMI of 41.3 kg/m<sup>2</sup> and a mean age of 43.6 years from May 2003 to December 2004. Basic background data, eating disorders (Binge Eating Disorder