

## ABSTRACTS – 12th World Congress of IFSO, Porto, Portugal

**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%