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PSYCHOPATHOLOGIC ASPECTS OF OBESITY: PSYCHODIAGNOSTIC EVALUATIONS OF BARIATRIC SURGERY APPLICANTS

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Introduction: Psychiatrists play an important role as members of the bariatric surgery team. A preoperative psychiatric evaluation is considered as part of a mandatory workup before approving surgery.

Aims: This evaluation focuses on the identification of any pre-existing psychiatric disorders among candidates for TOGa[1], a new experimental technique of bariatric surgery, and their correlations with post surgical weight loss.

Method: 45 obese patients underwent a psychiatric interview and several psycho diagnostic questionnaires (SCL-90; HAM-D; HAM-A; EDI; TAS).

A follow-up was set each 3 months.

Results: We found that 34.1% of surgery candidates had a current diagnosis of depression; the majority showed anxiety symptoms. We also documented dissatisfaction about body shape, desire of slimness, fear of maturity, perfectionism, bulimia and binge eating disorder. Other frequent psychiatric symptoms were somatization, sensitivity, obsession and compulsion. After 3 months from surgery we found that the best weight loss was associated to low score in HAM-A, high score in hunger-hostility item (SCL-90) and low score in sensitiveness item (SCL-90).

Conclusion: The diagnosis of a psychiatric pathology during the pre-surgical evaluation can be considered a predictive negative factor for the outcome of the surgery. The predictive positive factors are firstly the nonexistence of psychiatric symptoms, secondly the high score in sensitiveness-insight item (SCL-90) and the high score in the ability to express feelings.

[1] (TransOral Gastroplasty)