“Bariatric surgery in severe adolescent obesity: a retrospective study of 35 clinical observations”

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Introduction

- Obesity is a **growing phenomenon** in the world.

- In France, 18 % of children and adolescents are obeses, and 70 % remain so in adulthood.

- Early treatments improve outcomes in short and long term preventing morbidities and reducing mortality.

- However, there is a low efficency of the only medical treatment, so the **bariatric surgery is questionned for adolescents**
Bariatric surgery indications in adolescent

- Extrem obesity (BMI>40 or >35 with comorbidities), and resistant obesity

- Long term follow up before and after surgery is recommended
Materiel and Methods

• In the University Hospital of Angers:
• “Obesity network”: Multidisciplinary follow-up of obeses pediatrics patients +/- bariatric surgery with laparoscopic gastric banding (LAGB).

• Study: Retrospective, single-center and descriptive.
• n = 35 patients for whom bariatric surgery was considered.

• Inclusion: on 4 years.

• Primary objective: Studying so categorical and dimensional population and specific psychopathology of morbidly obese patients candidates for bariatric surgery.
• Secondary objective: Define a rational decision of surgical management.
• **General characteristics**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Min ; Max</th>
<th>Boys</th>
<th>Girls</th>
<th>p</th>
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</thead>
<tbody>
<tr>
<td>Number (%)</td>
<td>35</td>
<td></td>
<td>17 (51,4)</td>
<td>18 (48,6)</td>
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<tr>
<td>Age (years)</td>
<td>15,3 +/-1,15</td>
<td>12,3 ; 17,7</td>
<td>14,9 +/-1,27</td>
<td>15,7 +/-0,89</td>
<td>&lt;0,05</td>
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<td>BMI (kg/m2)</td>
<td>39,9 +/-4,49</td>
<td>30,8 ; 48,6</td>
<td>39,0 +/-4,85</td>
<td>40,7 +/-4,08</td>
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88,6 % of patients had at least one comorbidity: endocrine, metabolic, respiratory or musculoskeletal...
• **Psychiatric background:** 54.3% (depression, anxiety, conduct disorder, self-harm, suicidal ideation).

• **Mental suffering:** 85.3%
  - Body dissatisfaction: 67.6%
  - Bullying: 58.8%
  - Loneliness: 47.1%
  - Depression: 45.5%
  - Low self-esteem: 39.4%
  - Anxiety: 35.3%
  - Suicidal ideation: 8.8%
• **Eating disorder**: 68.6%. Among them, 65.7% of binge eating disorder.

• 41.1% verbalized no affects related to food intake
  – Pleasure for 17.2%, fight against annoyance and consolation for 13.8% each, and angry and complulsion in 6.9% each)
• Social and family situation

• 60.2 % had at least one obese or overweight parent, 23.1 % had 2 parents with obesity or overweight and 30.8 % had no parental background

• For 42.9 % of patients the father was missing (dead, unknown or without news from him)
• **Age of weight gain** = 4,8 years
  – Linked by young patients and family to a significant life event in 71,9 % of cases (divorce, parental death....)

• **Delay between weight gain and specialized consultation** = 7,5 years
  – Significantly linked with psychiatric background (5,89 years against 9,47 years ; p=0,006)
• **Surgery**

• 16 patients operated (45.7 %), 67 % of girls / 23 % boys (p=0.01)

• **16.49 months** between entering the network and the surgery.

• **13.39 months** between the first child psychiatry consultation and the surgery.

• Patients who had a good and very good compliance to the network, were more operated than others (p<0.001)
Percentage of excess weight loss

- Before: -11.9%
- 6 months: 32.6% (p=0.001)
- 12 months: 45.96% (p=0.003)
- 18 months: 42.84% (p=0.003)
- 24 months: 51.04%
Changes in median scores of the health-related quality of life General PedsQL™, from the preoperative period (initial) to two years (M24) follow-up.

Fig. A: evolution of the total General PedsQL™ score and associated Physical Health Summary Score (PHSS) and Mental Health Summary Score (MHSS).

Fig. B: evolution of the three items composing the MHSS: emotional functioning, social functioning and school functioning.
Discussion

• Lot of psychiatric comorbidities and psychiatric background in young obese patients.

• Must draw our attention on the vulnerability of these patients.
• **Obesity: a loss issue?**

• Failure of physic but also psychic loss

• Eating to protect against the loss?

• Incorporation instead of introjection?

• Importance of psychiatric follow up to take care and prevent the risk of expression of suffer in other way than BED (self harm...)

• Is adolescence a good moment?

• Many psychiatric complications in adulthood (suicidal ideations, couple issues...)

• Surgery in adolescence?

And if it particularly was the best moment?
  – Synaptogenesis and brain transformation, body transformation...
Conclusion

• For bariatric surgery, the psychotherapeutic approach must accompany the "doing", without sacrificing the "understanding."

To further studies...
Thank you for your attention

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