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

Riquin E.[1], Malka J.[1], Schmitt F.[2], Beaumesnil M.[2], Robin M.[3], Curt F.[3], Corcos M.[3], Coutant R.[2], Duverger Ph.[1]

[1]University Department of Child and Adolescent Psychiatry, Angers ; [2]University Department of Pediatrics, Angers ;
[3]University Department of Child and Adolescent Psychiatry, Institut Mutualiste Montsouris, Paris.

CHU ANGERS CENTRE HOSPITALIER UNIVERSITAIRE

université angers

GHMF L'INSTITUT MUTUALISTE MONTSOURIS

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Introduction

- Obesity is a **growing phenomen** 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.

Results

- **General characteristics**

	Total	Min ; Max	Boys	Girls	p
Number (%)	35		17 (51,4)	18 (48,6)	
Age (years)	15,3 +/-1,15	12,3 ; 17,7	14,9 +/-1,27	15,7 +/-0,89	<0,05
BMI (kg/m2)	39,9 +/-4,49	30,8 ; 48,6	39,0 +/-4,85	40,7 +/-4,08	ns

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)

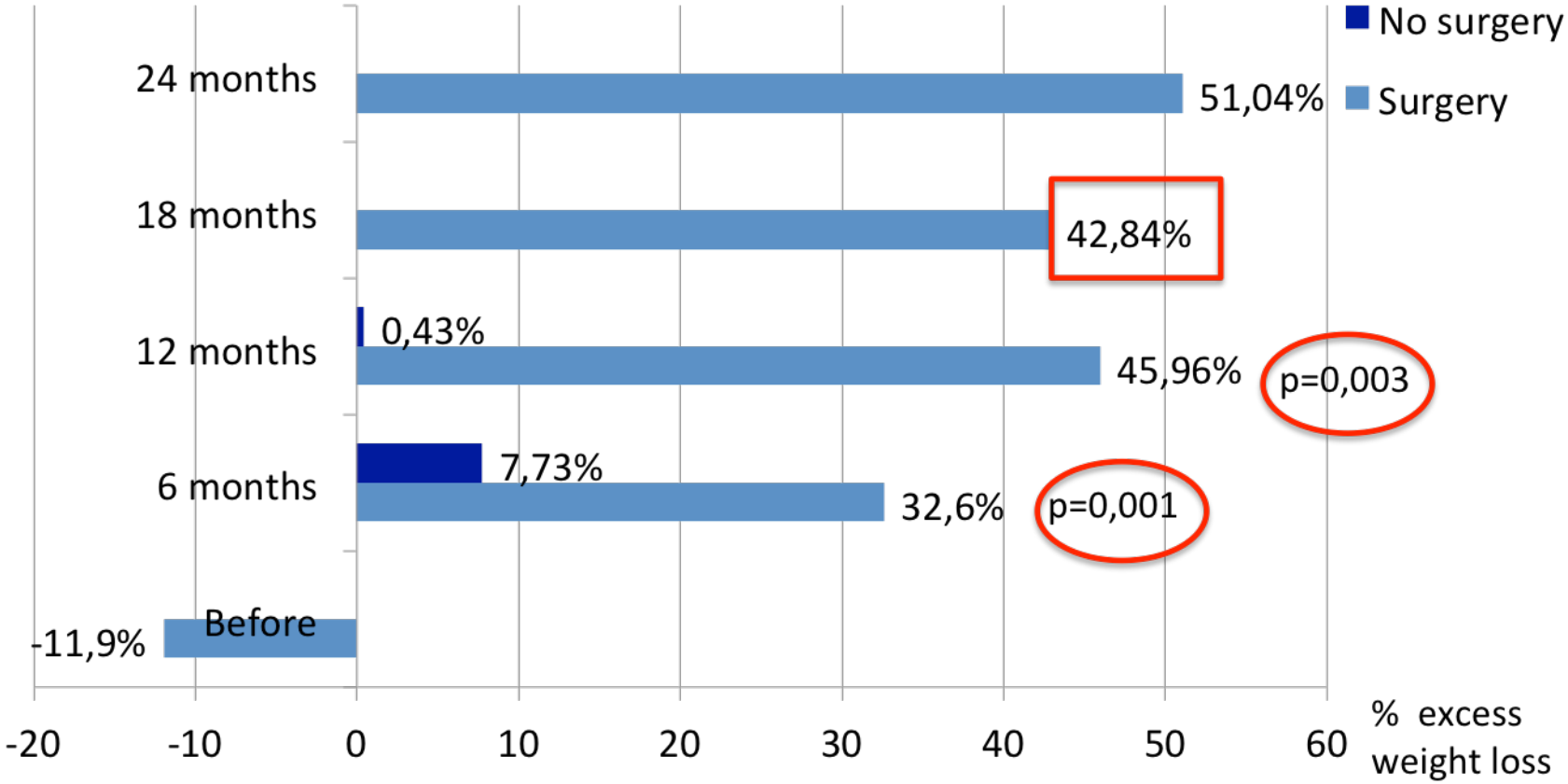
- **Surgery**

- 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



Changes in median scores of the health-related quality of life General PedsQL™, from the preoperative period (initial) to two years (M24) follow-up.

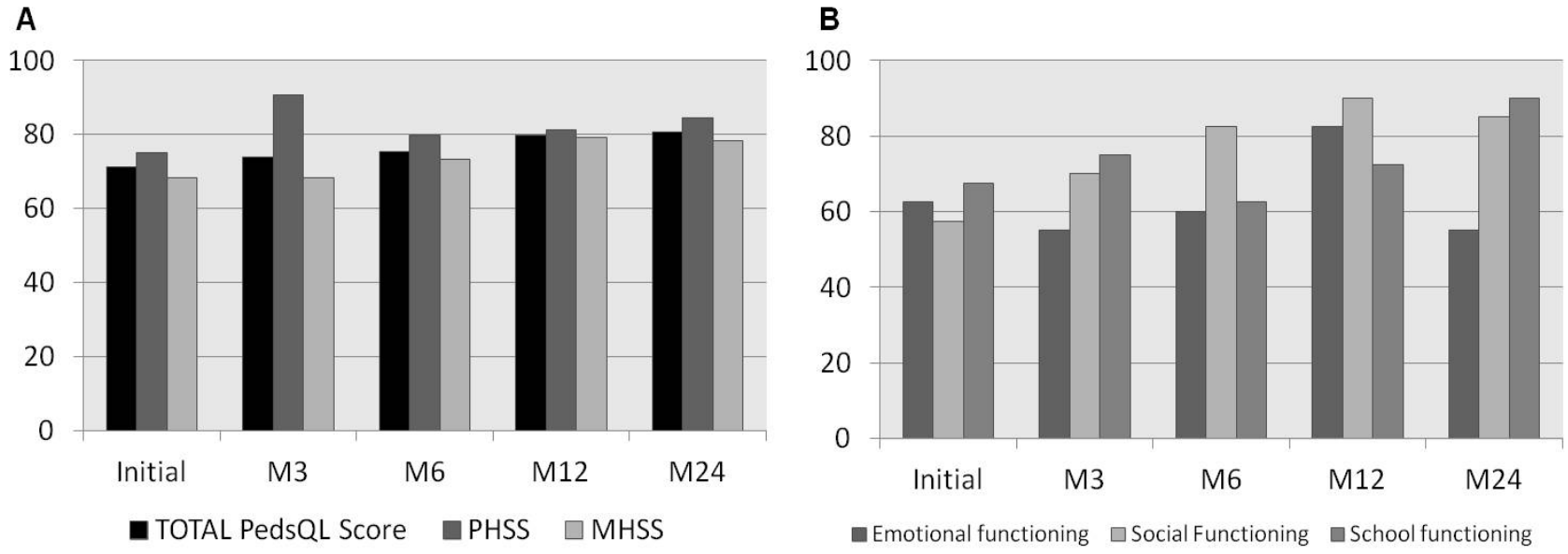


Fig. A: evolution of the total General PedsQL™ score and associated Physical Health Summary Score (PHSS) and Mental Health Summary Score (MHSS).

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 obeses 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 particulary 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

elise.riquin@chu-angers.fr