



Published in final edited form as:

*Surg Obes Relat Dis.* 2008 ; 4(5): 658–659. doi:10.1016/j.soard.2008.06.006.

## Health and Health-Related Quality of Life: Differences between Men and Women Who Seek Gastric Bypass Surgery

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As bariatric surgery has grown in popularity over the past decade, so has interest in the psychosocial aspects of extreme obesity. Within the past several years, a number of scholarly reviews have detailed the psychosocial burden associated with the experience of being extremely obese.<sup>1–6</sup> The paper by Kolotkin and her accomplished colleagues<sup>7</sup> adds to this literature and attempts to provide at least some answers to the question as to why vast majority of individuals who seek bariatric surgery are women, while the population-based statistics indicate that the rate of extreme obesity among men and women is not as disparate.<sup>8</sup>

Kolotkin and colleagues asked 794 candidates for bariatric surgery to complete two widely used psychometric measures of quality of life. Women, while being younger and less obese compared to men, endorsed lower levels of physical functioning as well as greater impairments in self-esteem and sexuality. Women also reported more than double the rate of clinically diagnosed and treated depression as compared to men. While these results are not particularly surprising to those who work with bariatric surgery patients on a regular basis, they underscore the emotional toll many women with extreme obesity experience.

One of the most novel and likely important findings from this study is the association between a greater number of comorbidities and reductions in both physical and mental health related quality of life. While research on all aspects of bariatric surgery is increasing, all too often studies are limited to either the physical or psychosocial aspects of extreme obesity. If we are to truly understand the experience of the bariatric surgery patient—both pre- and postoperatively—we must consider both the physical and psychological aspects of extreme obesity not in isolation, but as variables that often strongly impact one another. Such studies will advance our scientific knowledge and also hold the greatest potential to impact clinical care.

While the present paper adds to our understanding of the quality of life experiences of individuals interested in bariatric surgery, it tells us little about the postoperative changes that occur in these domains. As is widely known, a growing number of investigations have demonstrated improvements in mortality associated with surgically induced weight loss.<sup>9–16</sup> These weight losses are, in most cases, accompanied by significant improvements in many domains of psychosocial functioning, including quality of life and reductions in depressive symptoms.<sup>1–6</sup> Unfortunately, just as obesity related comorbidities do not improve or resolve for every patient, psychosocial issues also do not always improve. Every bariatric surgery program

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has witnessed patients who continue to struggle with disordered eating, depression, and extreme body image dissatisfaction even after experiencing a successful surgical outcome from a weight and comorbidity reduction perspective. As suggested by at least two recent studies, the emotional challenges associated with the experience of bariatric surgery unfortunately leads a greater than expected number of patients to turn to suicide.<sup>9,17</sup> While the reasons for this are not well understood at present, it underscores the need for additional quality research, like that found in the present study, to help us better understand the psychological factors that lead to the decision to undergo bariatric surgery, as well as the changes in these variables that occur postoperatively.

## References

1. Bocchieri LE, Meana M, Fisher BL. A review of psychosocial outcomes of surgery for morbid obesity. *J Psychosom Res* 2002;52:155–165. [PubMed: 11897234]
2. Herpertz S, Kielmann R, Wolf AM, Langkafel M, Senf W, Hebebrand J. Does obesity surgery improve psychosocial functioning? A systematic review. *Int J Obes Relat Metab Disord* 2003;27:1300–1314. [PubMed: 14574339]
3. Herpertz S, Kielmann R, Wolf AM, Hebebrand J, Senf W. Do psychosocial variables predict weight loss or mental health after obesity surgery? A systematic review. *Obes Res* 2004;12:1554–1569. [PubMed: 15536219]
4. Sarwer DB, Wadden TA, Fabricatore AN. Psychosocial and behavioral aspects of bariatric surgery. *Obes Res* 2005;13:639–648. [PubMed: 15897471]
5. van Hout GC, Boekestein P, Fortuin FA, Pelle AJ, van Heck GL. Psychosocial functioning following bariatric surgery. *Obes Surg* 2006;16:787–794. [PubMed: 16756745]
6. van Hout GC, van Oudheusden I, van Heck GL. Psychological profile of the morbidly obese. *Obes Surg* 2004;14:479–488.
7. Kolotkin RL, Crosby RD, Gress RE, Hunt SC, Engel SG, Adams TD. Health and health-related quality of life: Differences between men and women who seek gastric bypass surgery. *Surgery for Obesity and Related Diseases*.
8. Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999–2004. *JAMA* 2006;295:1549–1555. [PubMed: 16595758]
9. Adams T, Gress R, Smith S, et al. Long-term mortality following gastric bypass surgery. *N Engl J Med* 2007;357:753–761. [PubMed: 17715409]
10. Busetto L, Mazza M, Miribelli D, et al. Total mortality in morbid obese patients treated with laparoscopic adjustable gastric banding. A case control study. *Obes Revs* 2006;28:481–484.
11. Christou NV, Sampalis JS, Liberman M, et al. Surgery decreases long-term mortality, morbidity, and health care use in morbidly obese patients. *Ann Surg* 2004;240:416–423. [PubMed: 15319713]
12. Flum DR, Dellinger EP. Impact of gastric bypass operation on survival: a population based analysis. *J Am Coll Surg* 2004;199:543–551. [PubMed: 15454136]
13. MacDonald KG Jr, Long SD, Swanson MS, et al. The gastric bypass operation reduces the progression and mortality of non-insulin-dependent diabetes mellitus. *J Gastrointest Surg* 1997;1:213–220. [PubMed: 9834350]
14. Peeters A, O'Brien PE, Laurie C, et al. Substantial intentional weight loss and mortality in the severely obese. *Ann Surg* 2007;246:1028–1033. [PubMed: 18043106]
15. Sjostrom L, Narbro K, Sjostrom CD, et al. Effects of bariatric surgery on mortality in Swedish obese subjects. *N Engl J Med* 2007;357:741–752. [PubMed: 17715408]
16. Sowemimo OA, Yood SM, Courtney J, et al. Natural history of morbid obesity without surgical intervention. *Surg Obes Relat Dis* 2007;3:73–77. [PubMed: 17196439]
17. Omalu BI, Ives DG, Buhari AM, et al. Death rates and causes of death after bariatric surgery for Pennsylvania residents 1995 to 2004. *Arch Surg* 2007;142:923–928. [PubMed: 17938303]