Using the BODY-Q to Assess Eating-related Distress and Behavior after Sleeve Gastrectomy vs. Roux-en-y Gastric Bypass

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Introduction

Bariatric surgery success has been traditionally defined by weight loss and medical comorbidity remission. However, this inadequately captures the patient's perspective.

Patients may experience good weight loss but suffer debilitating GI symptoms. This can be captured with patient-reported outcomes measures (PROMs).

We used the new BODY-Q PROM that assesses eating-related behavior and eating-related distress to compare laparoscopic sleeve gastrectomy (LSG) and Roux-en-Y gastric bypass (RYGB) patients.

Methods

The BODY-Q assesses eating-related behaviors (e.g., self control) and eating-related distress (e.g., feeling guilty).

This PROM was administered to post-operative patients at 3 hospitals in the U.S., the Netherlands, and Denmark.

Chi-square statistics were used to compare the reported symptoms.

Characteristics		LRYGB (n=920)	LSG (n=500)	All	p-value
Gender	*Female n(%)*	760 (82.6)	400 (80)	1160 (81.7)	0.225
	Male n(%)	160 (17.4)	100 (20)	260 (18.3)	
Country	*USA n(%)*	129 (31.8)	277 (68.2)	406 (28.6)	<.001
	Netherlands n(%)	228 (67.9)	108 (32.1)	336 (23.7)	
	Denmark n(%)	563 (83.0)	115 (17.0)	687 (47.7)	
Age	*Mean (SD)*	47.16 (10.10)	45.07 (11.69)	46.42 (10.73)	.001
Current BMI	*Mean (SD)*	30.38 (6.37)	33.43(6.91)	31.46(6.72)	<.001
% Total weight loss	*Mean (SD)*	30.27 (10.96)	22.76 (12.08)	27.64 (11.92)	<.001
Months since surgery	*Median* (25-75 IQR)*	24 (11-60)	12 (6-24)	16 (8-48)	<.001
Current Comorbidities	*Diabetes n(%)*	102 (11.1)	65 (13)	167 (11.8)	.285
	Hypertension n(%)	171 (18.6)	121 (24.2)	292 (20.6)	.012
	Hyperlipidemia n(%)	84 (9.1)	74 (14.8)	158 (11.1)	.001
	OSA n(%)	117 (12.7)	124 (24.8)	241 (17.0)	<.001
	Osteoarthritis n(%)	172 (18.7)	88 (17.6)	260 (18.3)	0.610
	Cardiovascular n(%)	45 (4.9)	22 (4.4)	67 (4.7)	0.677
	Reflux n(%)	142 (15.4)	111 (22.2)	153 (17.8)	0.001
	None n(%)	442 (48)	173 (34.6)	615 (43.3)	<.001
Race	*White*	274 (76.8)	256 (66.5)	530 (71.4)	.002
Smoking	*Active*	111 (12.4)	41 (8.3)	152 (10.9)	.027
	Former	361 (40.2)	189 (38.4)	550 (39.6)	
	Never	425 (47.4)	262 (53.3)	687 (49.5)	

Table 1: Baseline demographics of RYGB patients and LSG patients

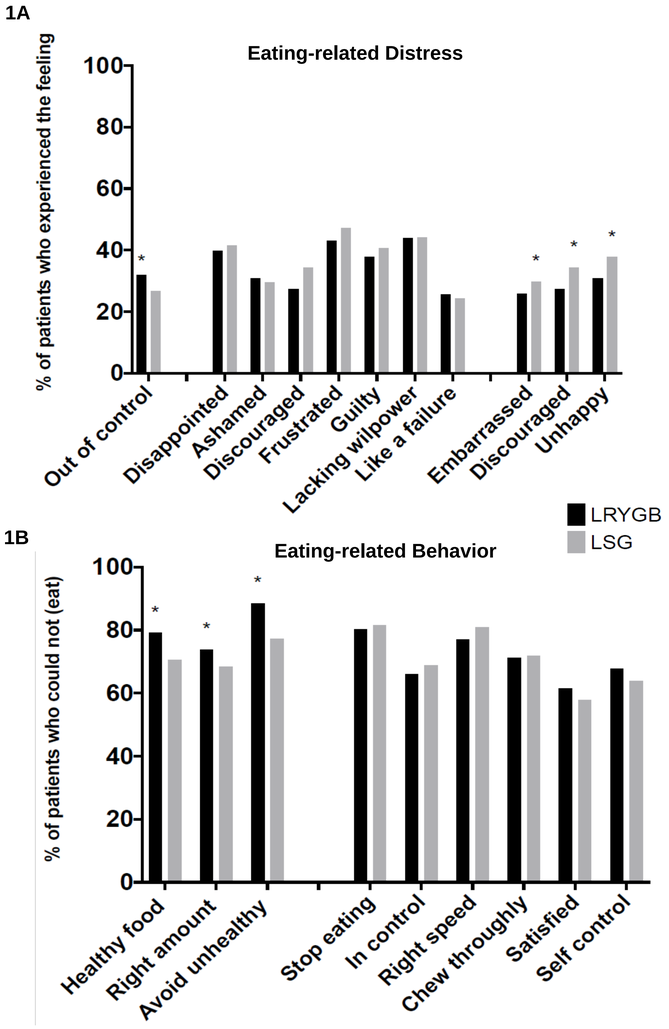

Figure 1. % of RYGB and LSG patients who experienced the eating-related feelings (A). % of RYGB and LSG patients who experienced the eating-related behaviors (B). All comparisons with * are statistically significant (P <0.05).

Results

920 patients had RYGB and 500 had SG. Average post-operative follow-up was 16 months (Table 1).

For eating-related distress, significantly more LSG patients endorsed feeling embarrassed, discouraged, or unhappy when eating while significantly more RYGB patients endorse feeling out of control when eating (P<0.05; Figure 1A).

For eating-related behavior, significantly more RYGB patients felt that they could not eat healthy food, the right amount of food, or avoid unhealthy food (P<0.05).

Conclusion

There are meaningful differences of PROMs after RYGB and SG. These findings are important to help counsel patients in the pre-operative setting.

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