

Is There an Association between Bariatric Surgery and Depressive Symptoms?

COMMENTARY

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Abstract

Morbid obesity is a serious public health problem due to its effect in the long term morbidity and mortality. The bariatric surgery came as an effective therapeutic arsenal to reduce the rate of this pathology. However, depressive symptoms and other psychopathologic disorders seem to occur in the post operation of these individuals. In this context, the present study aims at availing if bariatric surgery for the reduction of the Body Mass Index (BMI) is associated to the permanence, worsening or even development of depressive symptoms in populations indicated for this procedure.

Morbid obesity is associated with increase in morbidity, mortality and represents an important health problem as its incidence increases worldwide. [1]. Individual experiences show that morbid obesity (BMI-Body Mass Index greater than 40Kg/m - (World Health Organization) is not only associated with systemic comorbidities but also to mental pathologies, like anxiety, depression and alimentary disorders. Bariatric surgery (BS) has been seen as one of the efficient treatments for these cases. [2]

BS leads to a significant improvement in the depressive symptoms and a reduction in its prevalence. Evidences show a global reduction in about 65% of depression in individuals given to this tropical condition surgical treatment and such association appears to be linked to the "dose dependent" effect between the weight loss and the relief from detrimental mental symptoms. [3]

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Though studies have related a post operational loss of weight with an improvement of the unsatisfactory body image, some individuals have shown worries associated after the surgical procedure. These worries are connected to the increase in depressive symptoms and reduction of self esteem in these group of persons probably due to various factors like post surgical weight gain, unmet expectations and the adoption of stressful routines.

The prevalence of depression in the obese population is significant and more than half of the obese patients that need surgical treatment due to their conditions show criteria for installation and development of psychiatric disorders. [3]

Ashleigh et al (2016) proposed a study in which 229 patients were analyzed, three (3) months after the surgery, all submitted to bariatric surgery. In the referred research, screening was made for the identification of comorbidities of psychopathologic nature as well as the attainment of results after evaluation of depressive state through appropriate rating scales. It was observed that patients submitted to bariatric surgery that had psychopathologic comorbidities or risk factors for these showed more probability in developing early worry about body image after the surgery [4].

From another perspective, Brandão et al, (2016) compared the efficacy and the impact of the types of bariatric surgery in the course of depression, systematic diseases and other mental disturbances and obtained a result in which the pathology in question evolved favourably after the surgery but only when the analysis was not controlled by the type of surgery, "the gastric by-pass" having a better prognosis, maybe because it caused greater weight loss, fewer side effects associated and more satisfaction [5].

Another peculiar aspect between the association of bariatric surgery and depression is in respect to the adolescent group. In this aspect, Kajsa Jarvholm et al, 2016 proposed a study in which 82 of 88

adolescents (with a mean age of 16.8 and 67% females) were followed and evaluated for mental health before and after an interval of time of 1-2 years after the realization of a bariatric surgery. It was noted that adolescents with a pre operational mental health issues were predictive for a worsening of the symptoms, principally after the second year of surgery. The index for suicidal ideas in this group was greater when compared with the result of the adolescents without pre-operational psychopathologies [6].

An implementation of the surgical treatment for the cases of morbid obesity possesses natural systematic advantages in terms of a better organic prognosis, however, though the levels of satisfaction and good health appear to be associated after the procedure, there is a good part of the individuals that continue or even worsen depressive symptoms after bariatric intervention, including among the adolescent age group. [3, 4, 6]. However, authors agree with the fact that the systematic benefits of the procedure suppress not undergoing the surgery and that the psychologic manifestations should be treated concomitantly, through mental therapy [6]. Other lines of researches lack realizations especially those that analyze the wide range of effects of the bariatric surgery under the depressive optics, excluding the factors that can turn the data analysis ambiguous and incomplete.

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