Minimal important difference in weight loss and bariatric surgery: Enhancing BODY-Q interpretability

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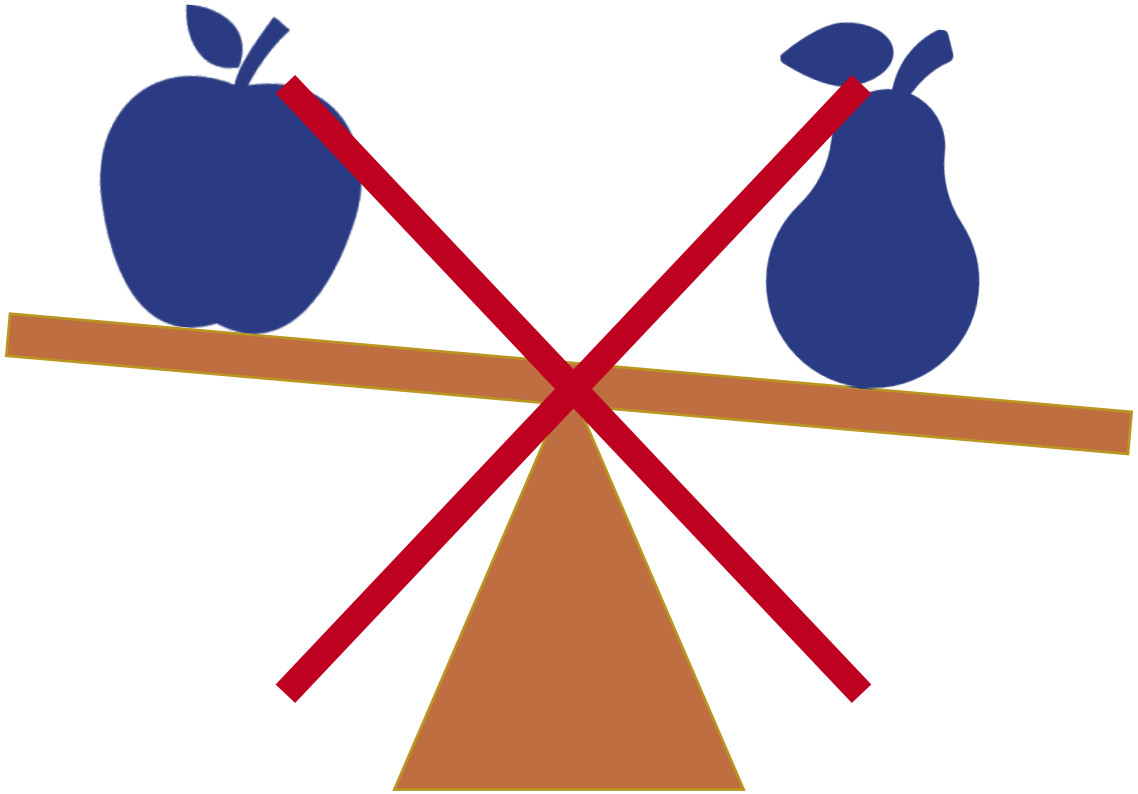
I have no potential conflict of interest to report.

Patient-reported outcome (PRO)

*"A measurement based on a report that comes **directly from the patient** about the status of a patient's health condition, without the amendment or interpretation of the patient's response by a clinician"*

Standardizing Quality of life measures in Obesity Treatment



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ORIGINAL CONTRIBUTIONS

Core Set of Patient-Reported Outcome Measures for Quality of Life in Clinical Obesity Care

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Abstract

Purpose The focus of measuring success in obesity treatment is shifting from weig
life. The objective of this study was to select a core set of patient-reported outcomes
to be used in clinical obesity care.

Materials and Methods The Standardizing Quality of Life in Obesity Treatment III
including people living with obesity as well as healthcare providers, was held in Ma
preceded by two prior multinational consensus meetings and a systematic review.

Results The meeting was attended by 27 participants, representing twelve countrie
included healthcare providers, such as surgeons, endocrinologists, dietitians, psycl
with obesity, most of whom were involved in patient representative networks. Th
(patient-reported outcomes) were selected: the Impact of Weight on Quality of Life-
(physical function, physical symptoms, psychological function, social function, ea
Quality of Life for Obesity Surgery questionnaire (excess skin). No patient-reported c

Conclusion A core set of patient-reported outcomes and patient-reported outcome
clinical obesity care is established incorporating patients' and experts' opinions. Th
measuring quality of life in routine clinical practice. It is essential that individual pati
shared with people living with obesity in order to enhance patient engagement and sl

ICHOM

Adult Obesity

Conditions: Pharmacological treatment | Non-Pharmacological treatment | Surgical treatment
Populations: Adults aged 18 years and above

Details
1 Cardiometabolic Risk including blood pressure, glycemic control, lipids, hepatic parameters, and renal function
2 Anthropometrics including height, weight, and waist circumference
3 Nutritional Status including Vitamin D, Vitamin B12, Ferritin, and Folic Acid
4 Sarcopenia measured with grip strength via a hand dynamometer
5 Quality of life reported with the EQ-5D-5L
6 Mental Health reported with EQ-5D-5L and Psychological Function Module of the BODY-Q
7 Social Function reported with Social Function Module of the BODY-Q
8 Dietary Behaviors reported with the Dietary Behavior Module of the BODY-Q
9 Sexual function reported with the Sexual Function Module of the BODY-Q
10 Physical Function reported with the Physical Function Module of the BODY-Q
11 Sleep reported with the STOP-BANG Questionnaire
12 Pain reported with the EQ-5D-5L
13 Energy Levels reported with the EQ-5D-5L
14 Daily Function reported with the EQ-5D-5L
15 Surgical Complications reported with the Clavien-Dindo Classification System
16 Obstetric & Gynecological Outcomes including fertility, menstruation irregularities, and pregnancy-related outcomes

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global multidisciplinary consensus sons living with obesity to standardize ome measurement in obesity treatment

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BODY-Q

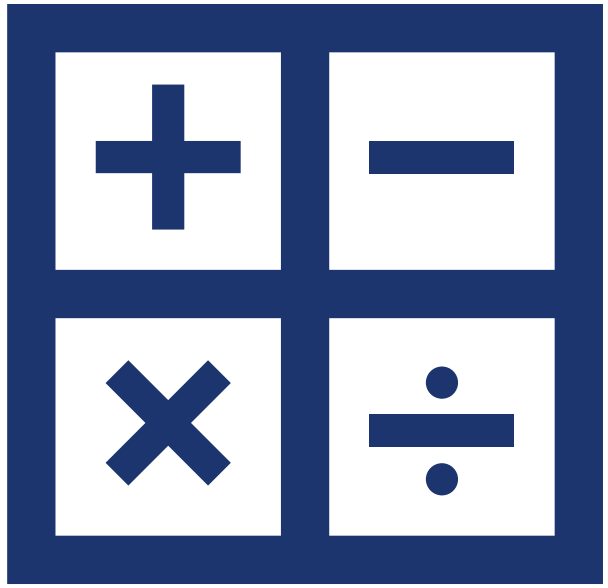
MEASURING WHAT MATTERS TO PATIENTS

APPEARANCE

QUALITY OF LIFE

EXPERIENCE OF CARE

Minimal important difference (MID)



VS

Statistical significance

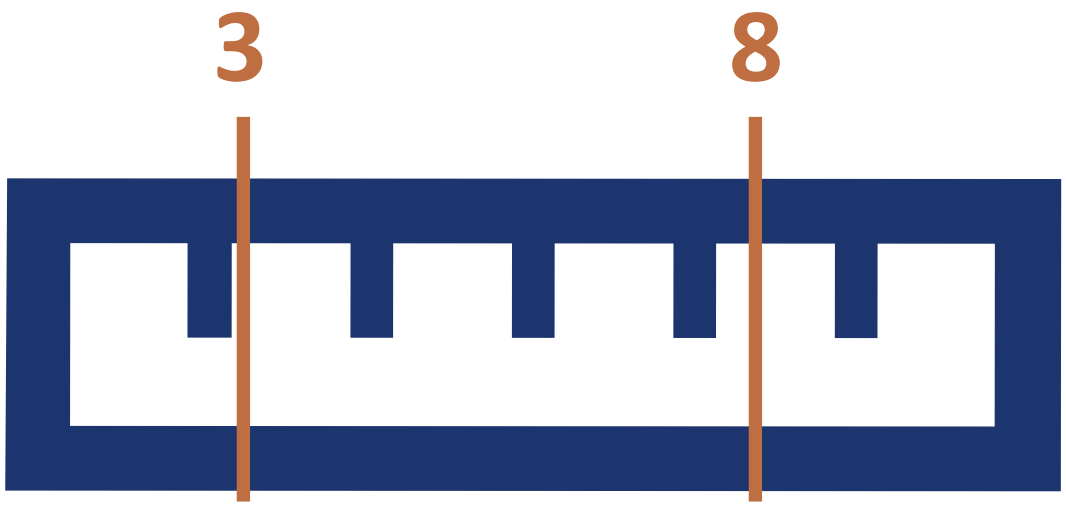
Clinical relevance

Denmark

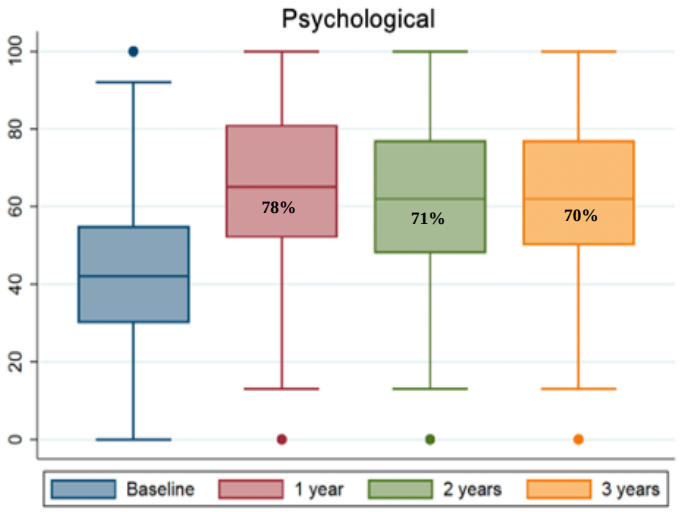
The Netherlands

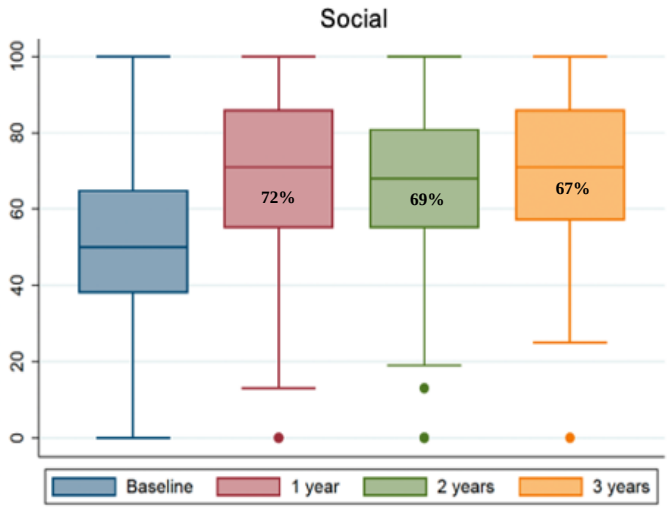
Baseline – 3-years postoperatively

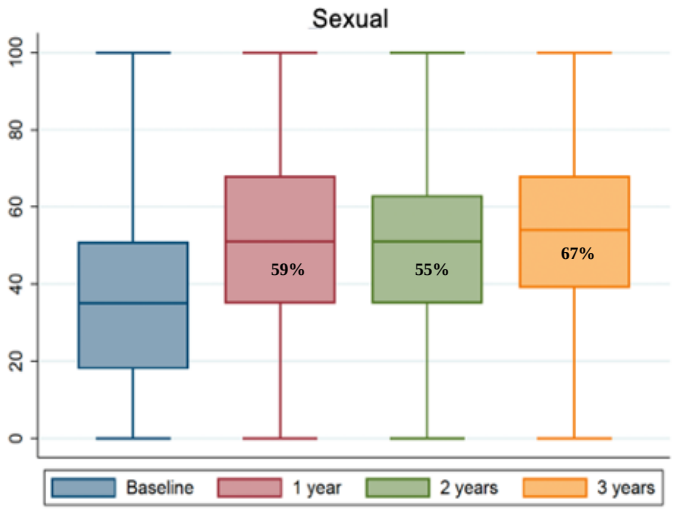
5,476 assessments from 2,253 participants

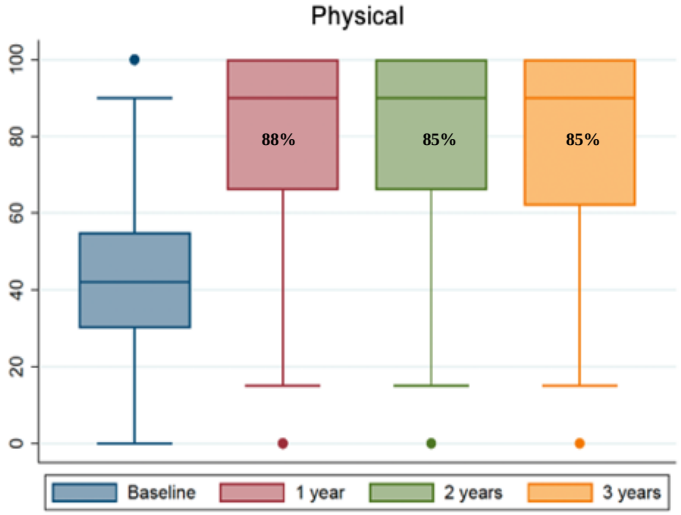


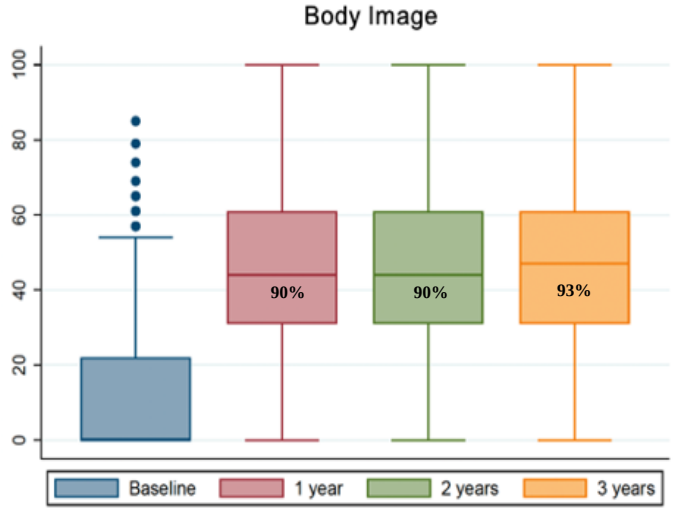
The estimated MID for the change in BODY-Q quality of life and appearance scales


Psychological
0
20
40
60
80
100
78%
71%
70%
Baseline
1 year
2 years
3 years


Social
0
20
40
60
80
100
72%
69%
67%
Baseline
1 year
2 years
3 years


Sexual
0
20
40
60
80
100
59%
55%
67%
Baseline
1 year
2 years
3 years


Physical
0
20
40
60
80
100
88%
85%
85%
Baseline
1 year
2 years
3 years


Body Image
0
20
40
60
80
100
90%
90%
93%
Baseline
1 year
2 years
3 years

The estimated MID is recommended for use to interpret BODY-Q scores and assess treatment effects in bariatric surgery