Psychiatry, Medications and Bariatric Surgery

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Psychiatric Morbidity in Bariatric Patients

Lifetime prevalence of any psychiatric disorder:

Kalarchian et al: 66.3%
Mühlhaus et al: 72.6%

LABS 3 Psychosocial Study:

Major Depressive Disorder: 39%
Alcohol Use Disorder: 33%
Eating Disorders: 16%

- Most common medication class used in the past 90 days was anti-depressant drugs (40.7%).
- 82% continue to take psychiatric medications after bariatric surgery.

Pharmacokinetic Effects of Bariatric Surgery

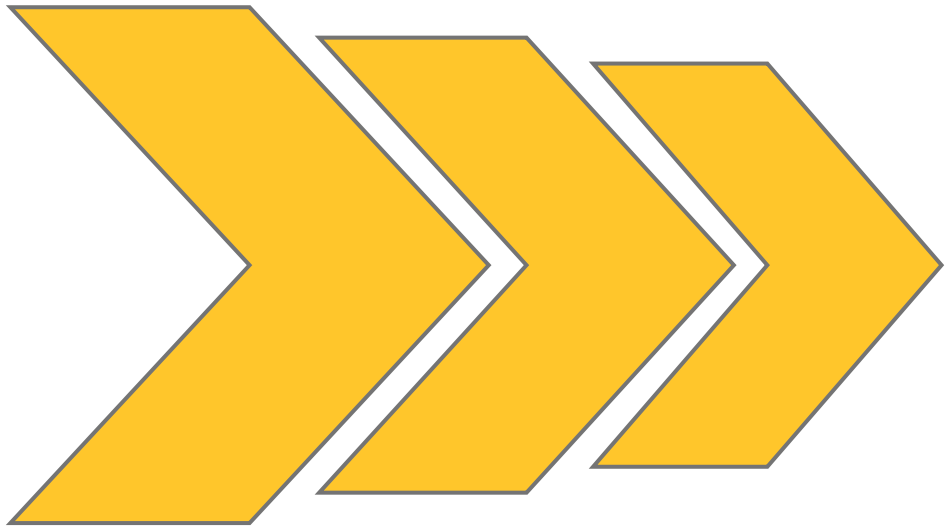
Restrictive procedure
(especially those that make a pouch)

- Can impede passage of pills: painful, delay/irregularities in medication passage, absorption, and subsequent effect.
- Will restrict the amount of available caloric intake in one setting.

Malabsorptive procedure

- Can have decreased or sporadic absorption
- Could also have supra-therapeutic/toxic drug levels

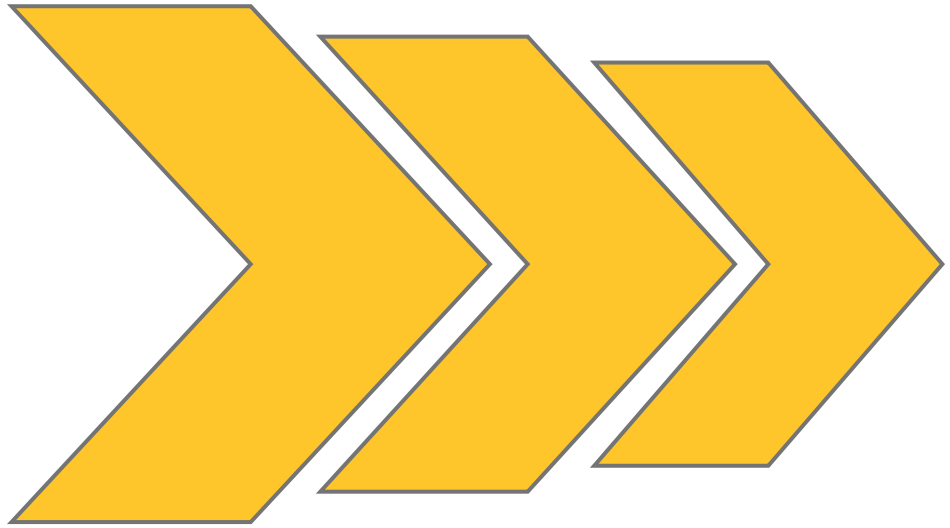
Actions Before Surgery



- Get a Baseline: MSE, standardized rating scales, plasma levels
- Investigate type of surgery (restrictive vs malabsorptive vs combination):
  - Current Mediations: Site of absorption? Alternate formulations? Lipophilic? Caloric requirements
  - Vulnerable to fluid shifts? Pill size? CYP 3A4 or 1A2 metabolic pathways?
- Educate Patient on any potential for:
  - Malabsorption
  - Withdrawal symptoms vs symptom recurrence/exacerbation
  - Increased side effects
- The only currently agreed upon proactive psychopharmacology intervention:
  - Change from MR to IR
  - DO NOT make major changes to the patient's regimen if they are stable prior to surgery

Considerations Post-Bariatric Surgery

- Attempt to keep the metabolic burden of the medication regimen as low as possible.
- However, no differences in %TWL in those taking psychotropics cf those without psychotropics prior to Sx
- No difference in %TWL in those taking psychotropics at 1 year post SX cf those not on medication at the same time-point (Hawkins et al)
- Monitor mental state closely post-Sx for:
  - The onset of alcohol and other substance disorders
  - The onset of body image disturbance and eating disorders
  - Adjustment issues in regard to eating, lifestyle, coping mechanisms



Role for Psychiatry and Psychology in Bariatric Surgery

Pre-surgery

- Pre-surgical assessment may identify at-risk patients who may benefit from interventions post-Sx (Not “gate-keepers”)
- Optimising mental state and motivational interviewing
- Group therapy: Psychoeducation about the surgery, mutual sharing of emotions, their attitude towards obesity and bariatric surgery, and learning from the experiences of others.

Post-surgery

- MSE and medication review
- CBT, DBT (for more adaptive eating patterns, regular exercise, functional coping strategies), relapse prevention strategies (cue-induced abnormal eating pattern), inter-personal therapy (to deal with the relationship issues)

THANK YOU

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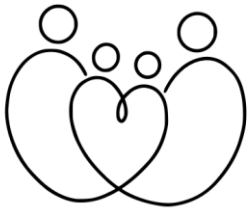

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