The benefits of providing patients with psychological support following higher risk and complex MBS

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I have no potential conflict of interest to report



Metabolic and bariatric surgery is disruptive



Metabolic and bariatric surgery is disruptive demanding



Not all patients are created equally in their capacity to meet these demands



Higher risk and more complex MBS is more common amongst those with reduced capacity to meet these demands.



Psychological support functions to build and maintain the capacity to meet the long-term demands of MBS



Examples of higher risk and more complex MBS:

- Highest BMI group
- Revisional surgery
- Previous abdominal surgery
- General poor health and co-morbidities
- Disability
- Unstable mental health
- Pre-existing eating disorders



3 basic long-term scenarios





Possible outcomes:

- Expected weight loss is followed by expected long-term weight maintenance.
- YAY!
- The patient becomes adaptive and can change attitudes, behaviours and routines over time as required.
- Long-term changes are made in the way the patient approaches life in general, navigates problems, and overcomes adversity.
- Long-term changes are made in their relationship with food and the overall management of their health.





Possible outcomes:

- Expected weight loss followed by progressive weight regain.
- Sub-optimal weight loss followed by weight regain.
- Demands are initially met however there is a regression over time as this cannot be maintained due to their individual capacity.
- Capacity reduces over time, such as age, poor health, co-morbidities (related or unrelated to surgery).





Possible outcomes:

- Weight loss exceeds expectations and is maintained over time.
- Capacity is increased and the patient can take on greater and greater demands.
- SUPERSTARS!
- POSTER CHILD!
- Surgery unlocks potential to achieve far beyond their dreams of expectations, become leaders in the field, develop sporting prowess, reinvent themselves as a new person.











Our biggest concern.....





Possible adverse outcomes:

- Weight regain
- Regression to longstanding maladaptive coping mechanisms
- Health deterioration
- Psychological deterioration
- Addiction transfer
- Sense of shame and failure or regret

If this simple equation makes any sense, it leaves us with two critical questions





What are the demands of metabolic and bariatric surgery?

Who might have diminished capacity to meet these demands?





What?

Who?



Dietary Demands

- Stick to 3 meals and 3 snacks
- Stick to recommended portion sizes
- Eliminate foods that trigger dumping
- Meet daily protein requirements
- Continue taking a dietary supplement for life



WHAT?	WHO?
Dietary Demands	Diminished Capacity
 Stick to 3 meals and 3 snacks Stick to recommended portion sizes Eliminate foods that trigger dumping Meet daily protein requirements Continue taking a dietary supplement for life 	 Highest BMI group Poor routines and disorganisation in general Not in control of their diet Emotional eaters Diagnosed or undiagnosed ADHD



Behavioural demands

- Cessation of eating before being overly full
- Separation of eating and drinking
- Limiting alcohol intake
- Remaining abstinent of smoking or vaping for life



WHAT?	WHO?
Behavioural demands	Diminished Capacity
 Cessation of eating before being overly full Separation of eating and drinking Limiting alcohol intake Remaining abstinent of smoking or vaping for life 	People with poor mind-body connectionHistory of addiction



Psychological and relational demands

- Adjust to life in a different and unfamiliar body
- Cope or deal with loose skin
- Be satisfied with less of desirable foods
- Continue eating in a routine way despite life's challenges
- Navigate changes in relationships
- Navigate social situations involving food



WHAT?	WHO?
Psychological and relational demands	Diminished Capacity
 Adjust to life in a different and unfamiliar body Cope or deal with loose skin Be satisfied with less of desirable foods Continue eating in a routine way despite life's challenges Navigate changes in relationships Navigate social situations involving food 	 Food is an escape from misery in their life People already struggling in their relationships Pre-existing eating disorders and profound body image dissatisfaction



Self-care demands

- Priortise oneself and one's own needs.
- Taking better care of oneself

WHAT?	WHO?
Self-care demands	Diminished Capacity
- Priortise oneself and one's own needs.	- Profound history of low self- esteem, possibly background of abuse
- Taking better care of oneself	- High demands of caring roles for others



Exercise demands

- Regular cardiovascular exercise
- Progressive resistance training

WHAT?	WHO?
Exercise demands	Diminished Capacity
- Regular cardiovascular exercise	People with pre-existing injuriesPeople with disabilities
- Progressive resistance training	- Non-exercisers



Organisational demands

- Ongoing planning and food preparation
- Follow up with healthcare team

WHAT?	WHO?
Organisational demands	Diminished Capacity
Ongoing planning and food preparationFollow up with healthcare team	 Intellectual impairment or other cognitive challenges People with disabilities with limited support



Metabolic and bariatric surgery is disruptive demanding



DEMANDS					
Dietary	Behavioural	Psychological and relational demands	Organisati onal	Self-care demands	Exercise
 Stick to 3 meals and 3 snacks Stick to recommended portion sizes Eliminate foods that trigger dumping Meet daily protein requirements Continue taking a dietary supplement for life 	 Cessation of eating before being overly full Separation of eating and drinking Limiting alcohol intake Remaining abstinent of smoking or vaping for life 	 Adjust to life in a different and unfamiliar body Cope or deal with loose skin Be satisfied with less of desirable foods Continue eating in a routine way despite life's challenges Navigate changes in relationships Navigate social situations involving food 	 Ongoing planning and food preparation Follow up with healthcare team 	 Priortise oneself and one's own needs. Taking better care of oneself 	 Regular cardiovascular exercise Progressive resistance training









Psychological support

Patients who cannot meet the ongoing demands are unlikely to have long-term success.



The most complex and higher risk cases are likely the same population with the greatest limitations to their long-term capacity.

Psychological support can help build and maintain this capacity over time.



Thank you

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