



XXXII CONGRESSO
NAZIONALE SICOB

23 - 25 MAGGIO 2024
G I A R D I N I
N A X O S



UPGRADE DELLE PROCEDURE PSICOLOGICO PSICHIATRICHE IN CHIRURGIA BARIATRICA

LA VALUTAZIONE CLINICA

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OBESITÀ E PSICOPATOLOGIA

Current and Lifetime Psychiatric Diagnoses Assessed Prior to Bariatric Surgery

	n (%) or mean ± Standard Deviation	
	Current	Lifetime
Any psychiatric diagnosis	128 (47.76)	210 (78.07)
Number of psychiatric diagnoses	0.94 ± 1.33	2.23 ± 2.10
0 Psychiatric Diagnoses	140 (52.24)	58 (21.64)
1 Psychiatric Diagnosis	61 (22.76)	67 (25.00)
2 Psychiatric Diagnoses	36 (13.43)	47 (17.54)
3+ Psychiatric Diagnoses	31 (11.57)	96 (35.82)
Any Bipolar and Related Disorder or Depressive Disorders	19 (7.09)	130 (48.69)
Bipolar I Disorder	4 (1.49)	6 (2.24)
Bipolar II Disorder	2 (0.75)	4 (1.49)
Depressive Disorders		
Major Depressive Disorder	7 (2.61)	119 (44.40)
Persistent Depressive Disorder	9 (3.36)	23 (8.58)
Premenstrual Dysphoric Disorder*	23 (8.58)	23 (8.58)
Any Anxiety Disorder	68 (25.37)	88 (32.84)
Panic Disorder	7 (2.61)	22 (8.21)
Agoraphobia	10 (3.73)	12 (4.48)
Social Anxiety Disorder	19 (7.09)	22 (8.21)
Specific Phobia	41 (15.30)	47 (17.54)
Generalized Anxiety Disorder	12 (4.48)	22 (8.21)
Other Specified Anxiety Disorder	1 (0.37)	2 (0.75)
Alcohol Use Disorder	7 (2.61)	66 (24.63)
Substance Use Disorders	9 (3.36)	50 (18.66)

	n (%) or mean ± Standard Deviation	
	Current	Lifetime
Bulimia Nervosa	2 (0.75)	6 (2.24)
Binge Eating Disorder	16 (5.97)	27 (10.07)
Adult Attention-Deficit/Hyperactivity Disorder*	15 (5.60)	15 (5.60)

La presenza di una diagnosi psichiatrica attuale risulta associata a sintomi depressivi, food addiction e night eating.

PSICOPATOLOGIA E OUTCOME IN CHIRURGIA BARIATRICA

Bariatric surgery and mental health outcomes: an umbrella review

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Cunchuan Wang¹ and Zhiyong Dong^{1*}

Frontiers in **Endocrinology**

TYPE Review
PUBLISHED 02 November 2023
DOI 10.3389/fendo.2023.1283621

Bariatric Surgery and Psychological Health: A Randomised Clinical Trial in Patients with Obesity and Type 2 Diabetes

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Received: 23 May 2022 / Revised: 2 March 2023 / Accepted: 7 March 2023 / Published online: 24 March 2023
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*Dopo la chirurgia bariatrica migliorano i
sintomi di depressione, ansia e il BED.*

*La chirurgia bariatrica è associata ad un miglioramento
del funzionamento psicosociale, della sintomatologia
depressiva e della qualità della vita.*

DEPRESSIONE, ANSIA, IMMAGINE CORPOREA

Psychopathology predicts mental but not physical bariatric surgery outcome at 3-year follow-up: a network analysis study

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Received: 2 February 2022 / Accepted: 29 July 2022 / Published online: 27 August 2022

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Abstract

Purpose This study aimed to explore the psychopathological variables that may predict bariatric surgery outcomes after 3 years.

Methods One hundred ninety-six candidates for bariatric surgery completed self-report questionnaires to assess eating attitudes, eating disorder (ED)-related psychopathology, affective symptoms, interpersonal and psycho-social functioning. One-hundred patients repeated this assessment 3 years after bariatric surgery. A network analysis was run including the pre-surgical measurements in the network. A composite score derived from the combination of the most central network nodes, as well as clinical and socio-demographical variables, was included in a multivariate regression analysis with weight loss, ED psychopathology and psycho-social functioning as outcomes.

Results Depression, stress, and shape concerns were the most central network nodes. The composite network score predicted higher ED psychopathology and worse psycho-social functioning at 3-year follow-up, but not weight loss. Higher age, restricting type of bariatric surgery and higher pre-operative BMI were further predictors of reduced weight loss and greater ED psychopathology.

Conclusions Affective symptoms and shape concern play a central role in the psychopathology of candidates to bariatric surgery and predict post-surgery ED psychopathology and psycho-social functioning. These variables may allow to identify patients with higher pre-operative risk and in need of further psycho-social interventions.

Level of evidence III, evidence obtained from well-designed cohort study.

La depressione, lo stress e la preoccupazione per la forma del corpo prima dell'intervento predicono il rischio di sviluppare disturbi alimentari e compromettere il funzionamento psico-sociale nel post-intervento.

I FATTORI PSICOLOGICI PREDITTORI DI QUALITÀ DI VITA

Journal of Psychosomatic Research 178 (2024) 111590

Longitudinal trajectories and psychological predictors of weight loss and quality of life until 3 years after metabolic and bariatric surgery

I fattori psicologici non sono risultati predittori significativi di perdita di peso.

Il 25-30% dei pazienti mostra miglioramenti iniziali seguiti da un declino in termini di qualità di vita.



Buona autostima, estroversione e coscienziosità associati ad una qualità di vita favorevole nel post intervento.

Sintomi depressivi e ansiosi, nevroticismo, attaccamento insicuro e coping disadattivo predittori sfavorevoli di qualità di vita nel post intervento.

OBIETTIVI DELLA VALUTAZIONE PSICOLOGA

ASSESSMENT
PRELIMINARE

INTERVENTO

FOLLOW-UP
PSICOLOGICO

- Individuare controindicazioni psicologiche all'intervento
- Identificare la necessità di un trattamento psicologico precedente e/o successivo all'intervento chirurgico



Pianificare percorsi di trattamento psicologico personalizzati

Monitorare tutte le aree di funzionamento del paziente e programmare eventuali interventi psicoterapeutici

Assessment
Pre-intervento

CHIRURGO

ENDOCRINOLOGO

PSICOLOGO

DIETOLOGO/DIETISTA

NON IDONEO

CANDIDABILE

PROGRAMMA
TERAPEUTICO

INTERVENTO

Assessment
Post-intervento

FOLLOW-UP
CHIRURGO

FOLLOW-UP
ENDOCRINOLOGO

FOLLOW-UP
PSICOLOGO (6 MESI)

FOLLOW-UP
DIETOLOGO/DIETISTA

PROGRAMMA
TERAPEUTICO

STRUMENTI DI VALUTAZIONE PSICOLOGICA

Colloquio psicologico

SINTOMATOLOGIA PSICOPATOLOGICA,

FUNZIONAMENTO relazionale, familiare, lavorativo

IMMAGINE CORPOREA

COMPORTAMENTO ALIMENTARE

FATTORI DI VULNERABILITÀ attuale e pregressa

RISORSE PSICHICHE PRESENTI

ADERENZA TERAPEUTICA

Valuzione testologica

Symptom Checklist-90 Revised

Difficulties in Emotion Regulation Scale

Binge Eating Scale

Barratt Impulsiveness Scale

The Body Uneasiness Test

The Connor–Davidson Resilience Scale

FRAGILITÀ E RISORSE PSICOLOGICHE

220 pazienti	Disagio legato all'immagine Corporea	69%
BMI: media 42,5	Disregolazione Emotiva	46%
Std.Dev 5,91.	Binge Eating	38%
	Sensibilità Interpersonale	30%
	Depressione	26%
	Ansia	23%
	Disagio psicologico	23%
	Impulsività	10%

	RESILIENCE	IMPULSIVIT	BINGE EATING DISORDER	DEPRESSIO	ANXIETY	EMOTIONAL DYSREGULATION
RESILIENCE	1.00000	-0.31592	-0.46048	-0.34544	-0.27606	-0.49224
		<.0001	<.0001	<.001	<.0001	<.0001
IMPULSIVITY	-0.31592	1.00000	0.37126	0.33917	0.32653	0.49818
	<.0001		<.0001	<.0001	<.0001	<.0001
BINGE EATING	-0.46048	0.37126	1.00000	0.49588	0.38649	0.57981
	<.0001	<.0001		<.0001	<.0001	<.0001
DEPRESSION	-0.34544	0.33917	0.49588	1.00000	0.75544	0.67739
	<.0001	<.0001	<.0001		<.0001	<.0001
ANXIETY	-0.27606	0.32653	0.38649	0.75544	1.00000	0.55287
	<.0001	<.0001	<.0001	<.0001		<.0001
EMOTIONAL DYSREGULATION	-0.49224	0.49818	0.57981	0.67739	0.55287	1.00000
	<.0001	<.0001	<.0001	<.0001	<.0001	

Sisto, A., Barone, M., Giuliani, A., Quintiliani, L., Bruni, V., Tartaglino, D., ... & Tambone, V. (2023). The body perception, resilience, and distress symptoms in candidates for bariatric surgery and post bariatric surgery. *European Journal of Plastic Surgery*, 46(3), 417-425.

IMMAGINE CORPOREA E BENESSERE PSICOLOGICO

Translational aspects of body image research for obesity-related quality of life and weight loss maintenance post-bariatric surgery

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Background: The Aim of the study was to examine obesity health-related quality of life and body image satisfaction in a group of individuals having undergone bariatric surgery.

Methods: One hundred and forty-two persons who had undergone bariatric surgery answered an online survey which included measures of well-being and body image. The Multidimensional Body Self-Relations Questionnaire-Appearance Scales (MBSRQ-AS 34) was used to assess body image in relation to appearance evaluation (AE), appearance orientation (AO), overweight preoccupation (OP), self-classified weight (SCW), and body areas satisfaction (BASS). Obesity-related quality of life was assessed with the obesity related well-being scale (Orwell 97).

Results: Hierarchical multiple regression indicated that 50.2% of the variance in well-being post-surgery was explained by body image variables [$F(6,84) = 18.54, P < 0.01$], with the strongest predictor being satisfaction with body areas ($B = -0.360, P < 0.01$). Regression analysis of the data for the group of patients who had received the vertical sleeve surgery was also significant, [$F(6,56) = 10.16, P < 0.001$] with satisfaction with different body areas being the best predictor of well-being ($B = -0.365, P < 0.05$), followed by OP ($B = 0.313, P < 0.05$) and SCW ($B = 0.281, P < 0.05$).

Conclusions: Body image concerns are more important predictors for well-being post bariatric surgery than weight lost. Psychological factors such as the perception of body areas, continued weight preoccupation and SCW rather than an objective weight were better predictors of well-being, symptoms that impacted on well-being and on the subjective relevance of the symptoms to well-being. Recommendations for the translation of the present research findings for the surgical preparation of the bariatric patient and for post-surgery care are suggested.

A differenza del calo ponderale oggettivo, i fattori psicologici legati alla soddisfazione corporea risultano essere predittori significativi di benessere.

MOTIVAZIONE ED ASPETTATIVE

Valutare la rappresentazione mentale che il paziente ha dell'intervento



«L'intervento mi farà
cambiare vita»

«Voglio cambiare vita e
l'intervento mi sarà di aiuto»

Una buona aderenza terapeutica è favorita da motivazioni consapevoli ed aspettative realistiche

DALLA VALUTAZIONE AL TRATTAMENTO PSICOLOGICO



Sollecitare la consapevolezza di sé

Trattare eventuali sintomi psicopatologici

Promuovere strategie funzionali di autoregolazione

Favorire un cambiamento globale dello stile di vita

Osservare ed implementare le risorse di resilienza

Psicoterapia Individuale

Psicoterapia di gruppo

Sostegno psicologico

CONCLUSIONI

La valutazione psicologica

- Definizione di un timing strutturato di valutazione psicologica nel periodo precedente e successivo all'intervento.
- Pianificazione di un trattamento psicologico nel periodo precedente e successivo all'intervento.

Elaborare protocolli di valutazione standardizzata

Considerando l'unicità del paziente per pianificare un trattamento psicoterapeutico personalizzato.



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Grazie