

# Working with – still stigmatized – adolescents (1 )

## Arguments Pro Surgery

- Highly vulnerable in terms of their personal, sexual, and social development
- Mental disorders such as phobias and depressions are more likely the result of obesity rather than it is the reason (2)

## Arguments Against Surgery

- Worries of caregivers that instability of puberty could lead to a wrong decision in relation to the type of surgical intervention and the post operative long term consequences (3)

1) Latner J, Stunkard, A. Getting worse: The Stigmatization of obese children. *Obesity Research*, 2013;452-456.

2) Puhl RM, Latner JD. Stigma, obesity, and the health of the nation's children. *Psychological Bulletin*, 2007;4:557-580.

3) Luppino FS, de Wit LM, Bouvy PF, et al. Overweight, obesity, and depression: a systematic overview and meta-analysis of longitudinal studies. *Arch Gen Psychiatry*, 2010: 220-229.

# Practice of Psychiatric Diagnoses pre Surgery

- Desire to get approval for surgery leads to false answers in the clinical interview. In the second inquiry, after a psychologist had granted patients “clearance”, for instance the severity of depressions rose significantly (1).
- Pre-surgical instruments and examination practices differ vastly from psychologist to psychologist (2,3). Literature about predictors is often contradictory and “far from conclusive”. Studies about the „variability in clinical decision making“ are strongly advised (4).

1) Fabricatore AN, Sarwer DB, Wadden TA, et al. Impression management or real change? Reports of depressive symptoms before and after the preoperative psychological evaluation for bariatric surgery. *Obesity surgery*, 2007;17(9): 1213-1219.

2) Walfish S, Vance D, Fabricatore AN. Psychological evaluation of bariatric surgery applicants: procedures and reasons for delay or denial of surgery. *Obesity surgery*, 2007;17(12):1578-1583.

3) Livhits, M. et al. Preoperative Predictors of Weight Loss Following Bariatric Surgery: Systematic Review. *Obesity Surgery*, 2012; 22(1):70-89.

4) Van Hout GC, Verschure SK, van Heck GL. Psychosocial predictors of success following bariatric surgery, *Obesity Surgery*, 2005;15:552-660.

## Recommended Testing pre and post(!) Surgery

- Cognitions that control eating and movement patterns
- Addictive aspect of overeating of patients who are obese
- Including salutogenic patterns, like plasticity of eating behaviour, the ability to put suggestions into practice, nutritional preferences for healthy instead of fatty food and
- Intrinsic motivation to health-enhancing physical activity
- Mental disorders which display symptoms of disturbed eating behavior and strongly associated with obesity:  
Binge Eating Disorder (prevalence of 30% in adults and 24% in teenagers) as well as Bulimia (prevalence 7%/6%),
- Important to include preclinical eating disorders (preoccupation with weight and shape and preclinical bulimia) (prevalence of 30 % in teenagers (1,2) as well as
- Grazing, picking and nibbling – mostly post surgery (3)

1) Ardelt-Gattinger E, Meindl M (Hg.). AD-EVA. Ein Interdisziplinäres Testsystem zur Diagnostik und Evaluation bei Adipositas und anderen durch Ess- und Bewegungsverhalten beeinflussbaren Krankheiten. Bern: Huber, 2009.

2) Daniel Weghuber D; Miller K; Meindl M; Reeves G; Postolache T; Ring-Dimitriou S; Dämon S; Hattinger J; Caroli M; Neubauer M; Mangge H; Ardelt-Gattinger E. Interdisciplinary score for the evaluation of bariatric treatment in obese children (BAREV-C). Int J Disabil Hum Dev 2013; 12(1): 37–43. DOI 10.1515/ijdhhd-2012-0130

3) Zunker C et al. Eating behaviors post-bariatric Surgery: A qualitative study of Grazing. Obesity Surgery, 2012; 22(8) : 1225-123.

# Guidelines established by experts and representatives from the IFSO-EC (1)

In adolescents with severe obesity, bariatric surgery can be considered if the patient has the following characteristics:

1. Has a BMI > 40 kg/m<sup>2</sup> (or 99.5th percentile for respective age) and at least one co-morbidity
2. Has followed at least 6 months of organized weight reducing attempts in a specialized clinic
3. Shows skeletal and developmental maturity.
4. Is capable to commit to comprehensive medical and psychological evaluation before and **after** surgery.
5. **Is willing to participate in a post-operative multidisciplinary treatment program. (This aspect especially differs from the specific guidelines for adults.)**
6. Can access surgery in a unit with specialist paediatric support (nursing, anaesthesia, psychology, post-operative care).

1) Fried, M ; Hainer, V ; Basdevant, A ; Buchwald, H ; Deitel, M ; Finer, N ; Greve, J W M ; Horber, F ; Mathus-Vliegen, E ; Scopinaro, N ; Steffen, R ; Tsigos, C ; Weiner, R ; Widhalm, K. Interdisciplinary European guidelines on metabolic and bariatric surgery. Obesity facts, 2013;6: 449-468.

# Communication by Informed Decision Making & Dual Concern

- Interdisciplinary experts communicate in such a way that patients receive so much information that they can really make informed decision. Due to these patients, their parents, legal guardians, teachers etc. can share responsibility with the professional team. This eases the burden for the professionals and – as shown in the evaluation of dual concern - theory – leads to satisfaction of both groups (1,2).
- Especially youngsters could carry out their own ‘research’ in the internet and draft questions for the preliminary appointments (comp. Piercing etc.)


1) Manson N, & O'Neill, O. Rethinking informed consent in bioethics. Cambridge: Cambridge Univ. Press 2008.

2) Dimatteo MR. The role of effective communication with children and their families in fostering adherence to pediatric regimens. Patient Education and Counseling, 2004;339-344.

3) Armstrong ML, Ekmark E, Brooks B. Body piercing: promoting informed decision making. The Journal of School Nursing, 1995;11(2):20-25.

# Pre- /peri-/postoperative

<b>Medicine</b>	<b>Informed decision making Guidance &amp; Monitoring</b>  Testing new meals  Muscle Building	Metabolic (including oGTT, glucose clamp), surgical, orthopedic assessment	<b>Surgery</b>	Medical & surgical visit	Metabolic (12 mo including oGTT), vitamin/trace element status, surgical visit	Metabolic (including oGTT), vitamin/trace element status, surgical visit	
<b>Nutrition</b>		Dietary assessment	Transition to a normal diet, advice regarding protein demand and supplements	Transition from mash and soft to ordinary food should be completed			
<b>Physical fitness / activity</b>		Spiroergometry (Cardiopulmonary Fitness)		<b>Individualized training:</b>  Adaptation and expansion of eating and exercise patterns  Understanding of the cognitive processes steering nutritional and exercise patterns  Training of acceptance of one's own (not perfect) body & training of self-confidence and self esteem			
<b>Psychology</b>		AD-EVA test tool		AD-EVA test-tool			



pre OP	OP	3 weeks	7, 11, 15 weeks	6, 12 months	2 years	3 years
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