BARIATRIC SURGERY: A SAFE OPTION FOR TREATMENT OF OBESITY IN PATIENTS WITH SCHIZOPHRENIA

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INTRODUCTION

Although bariatric surgery has become a recognized treatment for obesity, its utility among patients with schizophrenia has not been extensively studied. A few studies have reported similar weight loss outcomes among these patients, but the exacerbation of the mental illness has been only minimally studied.

MATERIALS AND METHODS

Five patients with schizophrenia and severe obesity were studied. The surgeries were performed between August and September 2017. Patients were followed for one year after the procedure, and changes in body mass index (BMI) and excess weight loss were compared, considering the period prior to the surgeries, and both six and twelve months after them. For the evaluation of psychotic symptoms, the Positive and Negative Syndrome Scale (PANSS) was used.

RESULTS

The sample was composed by four female participants and one male (80% female), aged between 29 and 48 years (M=39,4) and BMI between 39 and 52 (M=42,6), as show in table 1. A significant trend of BMI reduction was seen 12 months after the surgeries, as well as a great decrease of percentage of excess weight (tables 2 and 3).

Table 1. Clinical data

Patient	Sex	Age	IMC (kg/m ²)
1.	F	48	52
2.	M	38	39
3.	F	39	41
4.	F	29	42
5.	F	43	39

Table 2. BMI changes between before(T0) and 12 months after (T12) bariatric surgery.

	T0*	T12*	p**
BMI	43,4 ± 5,2	27,9 ± 1,8	0,043

*Data are expressed as means and standard deviation.

*Statistical significance p=0,05, calculated using the Wilcoxon test.

Table 3. Excesse weight loss changes between 6(T6) and 12 months(T12) after bariatric surgery.

	T6*	T12*	p**
% excess weight loss	73,5 ± 8,1	83,9 ± 11,2	0,043

*Data are expressed as means and standard deviation.

*Statistical significance p=0,05, calculated using the Wilcoxon test.

None of the patients had recrudescence of the psychotic symptoms. None of them presented positive, negative or mixed symptoms of schizophrenia. No significant difference was seen between the PANSS's results before and one year after bariatric surgery (table 3).

Table 4. Psychopatological evaluation though the PANSS scale before(T0) and 12 months after(T12) the bariatric surgery.

PANSS	T0*	T12*	p**
Positiva	7,8±1,8	7,0±0,0	0,317
Negativa	8,6±2,5	7,8±1,3	0,180
Geral	19,8± 6,4	18,4±2,3	0,854

*Data are expressed as means and standard deviation.

*Statistical significance p=0,05, calculated using the Wilcoxon test.

CONCLUSIONS

The results showed that bariatric surgery may be as effective for weight loss in patients with schizophrenia as for patients without mental illness. It is also a safe method, when there's a careful selection of patients. These findings demonstrate that bariatric surgery is a viable obesity treatment option for patients with schizophrenia.

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