Clinical and psychopathological features of obese subjects seeking bariatric surgery: a preliminary data analysis

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Objective

To evaluate psychopathological features of obese patients seeking bariatric surgery and to detect possible predictors of surgical outcomes.

Background

The frequent co-occurrence of obesity and psychiatric diseases suggest a bidirectional causal relationship or shared pathogenic factors (1,2). Among these, the role of chronic low-grade inflammation has been highlighted (3,4).

Materials and methods

67 subjects (51 women; mean age $47,07 \pm 10,61$ years) underwent pre-surgical assessments at the Obesity and Metabolic Diseases Centre of Pisa University Hospital. Participants were screened for psychiatric diseases by the use of SCID-5-RV, and assessed using psychometric tests.

Results

44.8% of subjects had one or more psychiatric disorder. Anxiety disorders (25.8%), depressive disorders (18.2%), and eating disorders (ED, 15.1%) were the most frequent diagnosis, and MMD was more prevalent in women than in men ($p=0.030$) (Fig.1). Among patients with a mental illness, 19.4% assumed a pharmacological treatment, while 11,9% were administered a psychotropic therapy during pre-surgical evaluation (Fig. 2). Obese patients with ED scored significantly higher at total, total depressive, total manic and cognition depressive domain of MOOD-SR-Lifetime questionnaire, compared with those without ED (Fig. 3). As for biological markers, higher CRP mean values were found in woman, compared with men ($p<0.001$).

Conclusions

These preliminary data gives support to literature evidence, showing high prevalence of anxiety and depressive disorders among obese subjects, with depressive disorders prevailing in women (5,7). Interestingly, plasma levels of CRP, an inflammatory marker associated both with obesity and depression, were higher in women than in men (3,4).

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Figure 1. Gender differences in DSM-5 mental disorders prevalence

Figure 2. Psychopharmacological treatments assumed at basal evaluation (left side) or prescribed after basal evaluation (right side)

Figure 3. MOOD-SR-Lifetime symptoms and Eating disorders: comparison of scores between obese patients with and without DSM-5 eating disorders