



Factors Distinguishing Weight Loss Success & Failure at 5 or More Years Post-Bariatric Surgery

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Background

♦ Recommendations for dietary intake, eating behaviors, and physical exercise are typically made to post-bariatric patients.

♦ Recommendations ¹⁻² address the following:

♦ Nutrition

- ♦ Total calories/day
- ♦ % calories from protein, carbs
- ♦ % calories from fat
- ♦ Avoid high sugar foods
- ♦ Eating at fast food vs. sit-down restaurants
- ♦ Eating in front of TV
- ♦ Drinking liquids with calories (e.g., high protein drinks)

♦ Fluid Intake

- ♦ Avoiding carbonated beverages
- ♦ Avoiding excess caffeine

♦ Portion Control

- ♦ Limit portion sizes, grazing, mindless eating

♦ Vitamin Supplements

- ♦ Multivitamins
- ♦ Calcium, iron

♦ Personal Accountability

- ♦ Weighing regularly
- ♦ Attending support groups & surgical follow-up appointments

♦ Regular Exercise

- ♦ Aerobic exercise
- ♦ Strength training

♦ Little is known about which are most associated with weight-loss success or failure over the intermediate to longer term (e.g., 5 or more years post surgery).

Research Question: At five or more years post surgery, do “Highly Successful” versus “Not Highly Successful” patients differ regarding their adherence to recommended guidelines?

Methods

♦ Of 535 survey respondents, 255 were at least 5 years post weight loss surgery.

♦ Within those 255, two groups, a “Highly Successful” and “Not Highly Successful” were identified based on Excess Weight Loss (%EWL):

♦ “Highly Successful” (HS) defined as $\geq 80\%$ EWL (n=115)

♦ “Not Highly Successful” (NHS) defined as $\leq 40\%$ EWL (n=41)

Participants

♦ Highly Successful = 45% of sample (115/ 255)

♦ Not Highly Successful = 16% of sample (41/ 255)

♦ Characteristics of final sample (n= 156) were:

- ♦ 51.7 (SD=8.9) years old
- ♦ 8.8 (SD=4.2) years post surgery
- ♦ 96% female
- ♦ 59% married
- ♦ 89% White
- ♦ 89.1% post gastric bypass
- ♦ No significant group differences on demographic variables.

Data Analyses

♦ Independent t-tests and chi-squares used to compare HS and NHS on reported behaviors.

Results

Table 1

Behaviors Reported by Highly Successful vs. Not Highly Successful Patients at ≥ 5 Years Post Weight Loss Surgery

Reported Behavior	Highly Successful $\geq 80\%$ EWL n=115	NOT Highly Successful $\leq 40\%$ EWL n=41	Sig (p)
Cals/day	1152 kCals	2190 kCals	<.001*
% Calories from protein	49%	36%	<.001*
% Calories from carbs	31%	40%	<.001*
% Calories from fat	20%	22%	ns
Eat protein first at least daily	67%	37%	<.002*
Eat high sugar foods at least daily	9.3%	40%	<.001*
Eat Fast Food at least weekly	19.4%	60.5%	<.001*
Eat at sit-down restaurant at least weekly	54%	65%	ns
Eat in front of TV at least weekly	43.5%	67.5%	<.01*
Drink meal replacements/ at least weekly	39.3	45.9	ns
Drink ≥ 1 carbonated drink/day	7.5%	27%	<.003*
Drink caffeine ≥ 1 /day	27.1%	48.6%	<.02*
Meal Portions too large $\geq 1x$ /day	9.3%	52.6%	<.001*

Table 1 (continued)

Reported Behavior	Highly Successful	NOT Highly Successful	Sig (p)
Snack Portions too large $\geq 1x$ /day	14.8%	47.4%	<.001*
Grazing ≥ 1 /day	5.2%	45%	<.001*
Eat Mindlessly \geq daily	7.8%	52.5	<.001*
Multivitamin daily	82.2%	56.8%	<.003*
Calcium	75.2%	43.2%	<.991*
Iron daily	55.4%	27.0%	<.004*
B12 daily	78.2%	40.5%	<.001*
Weigh daily	35.7%	7.3%	<.002*
Attend Support Groups	40.2%	13.3%	<.008*
Attend Surgical Follow-up	75.7%	67.5%	ns
Vigorous exercise $\geq 3x$ /wk	44.1%	13.5%	<.009*
Strength training $\geq 3x$ /wk	40.2%	26/6%	<.002*

Limitations

- ♦ Findings based on on-line convenience sample
- ♦ Data do not include qualitative analyses of patient-generated responses.

Conclusions

♦ Adherence to the majority of recommendations distinguished patients with and without a high degree of success at ≥ 5 years post surgery.

References

- ¹Cook CM & Edwards C (1999). Success habits of long-term gastric bypass patients. Obesity Surgery: 9, 80-81.
- ² Cook CM. (2012). The Success Habits of Weight Loss Surgery Patients. Utah: Bariatric Support Centers International.