



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.
- ◆ Recommendations¹⁻² 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.