

COMPLETE EXAMINATION OF ANXIETY, DEPRESSION, AND EATING DISORDERS AFTER BARIATRIC SURGERY

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Annotation: Bariatric surgery is a significant intervention for patients with morbid obesity, known for its positive effect on weight loss and improvement of concomitant diseases. However, it is important to understand that the psychological consequences of such operations, including anxiety, depression, and eating disorders, are significant and require a comprehensive approach to assessment and treatment. This study analyzed these psychological effects in 124 patients who underwent bariatric surgery using Patient Health Questionnaire-9 (PHQ-9) and Hospital Anxiety and Depression Scale (HAD-7) questionnaires to assess anxiety and depression, as well as a special questionnaire to identify eating disorders. The results of the study show that 34% of patients have high levels of anxiety, 46% experience symptoms of depression, and 52% suffer from eating disorders. The study highlights the need to integrate psychological support into bariatric care.

Keywords: bariatric surgery, anxiety, depression, eating disorders, PHQ-9, HAD-7, psychological impact, postoperative care.

Introduction

Bariatric surgery and its effects. Bariatric surgery is a surgical intervention aimed at weight loss in patients with morbid obesity when other methods of treatment (diet, physical activity, medications) do not bring the desired results. The main goal is to reduce the risk of developing concomitant diseases and improve the quality of life [3,7,8].

Types of bariatric surgery

1. Gastric bypass by Brua-en-Way:

- Creation of a small gastric sac that connects directly to the small intestine.
- Limits the amount of food consumed and reduces calorie absorption.

2. Sling gastrectomy:

- Remove part of the stomach, which reduces its volume.
- It helps to reduce appetite.

3. Adjustable gastric banding:

- Installing a bandage around the upper part of the stomach to reduce its volume.
- Allows you to adjust the degree of restriction through the port under the skin.

4. Duodenal alloplasty:

- A combined approach that combines gastric bypass surgery with a change in the normal flow of food.
- Provides more significant weight loss and improved metabolism [1,2,8].

Health effects

- Weight loss: Most patients lose between 50% and 70% of their excess weight within the first two years after surgery.
- Improvement of concomitant diseases: Studies show a significant reduction in the incidence of type 2 diabetes, hypertension, sleep apnea, and other diseases.
- Improved **quality of life**: Patients often report better indicators of physical activity, self-esteem, and social integration [10,12,14].

Psychological problems after surgery. Despite the physical benefits, many patients face psychological problems after surgery [1,2,6]:

1. Anxiety:

- Often arises from fear of body changes, social adaptation, and the need to maintain results.
- Anxiety may be related to eating habits, behavior in social situations, and lifestyle changes.

2. Depression:

- Emotional difficulties may arise due to loss of identity and adaptation to a new lifestyle.
- Patients may feel lonely if their environment does not support the changes taking place in their lives.

3. Eating disorders:

- The high prevalence of disorders such as compulsive overeating, anorexia, and bulimia can be triggered by postoperative changes in food perception and appetite.
- Some patients may use food as a way to cope with emotional problems, which can lead to regression in weight loss [9,13,15,].

The purpose of the study

The purpose of this study is to analyze the psychological effects of bariatric surgery, including the level of anxiety, depression, and eating disorders in patients.

Main tasks:

1. Determining the prevalence of anxiety and depression:

- Assess anxiety and depression levels using the HAD-7 and PHQ-9 scales.

2. Identification of eating disorders:

- To study the extent of eating disorders using specialized questionnaires.

3. Analysis of relationships:

- Investigate the relationship between anxiety, depression, and eating disorders, as well as the influence of demographic factors.

4. Assessment of the impact of psychological support:

- To study the impact of preoperative assessment and postoperative support on the emotional state of patients.

5. Development of recommendations:

- Formulate recommendations to improve psychological support for patients.

Methodology

Study design and participants The study was conducted among 124 patients who underwent bariatric surgery. The participants were selected from a clinical institution specializing in weight loss. PHQ-9 and HD-7 were used as the main assessment tools.

Evaluation tools

1. **Patient Health Questionnaire-9 (PHQ-9):** Evaluate the severity of depressive symptoms over the past two weeks. Each question is graded on a scale from 0 to 3, with a maximum score of 27.
2. **Hospital Anxiety and Depression Scale (HAD-7):** Measures anxiety and depression levels using seven questions for each category, scores range from 0 to 21.

Identification of eating disorders. In addition to the above scales, participants completed a questionnaire to identify eating disorders, including compulsive overeating, anorexia, and bulimia. The questionnaire assessed the frequency and nature of these disorders.

Results

The prevalence of anxiety. Of the 124 patients participating in the study, 34% (42 people) demonstrated high levels of anxiety on the Hospital Anxiety and Depression Scale (HAD-7). This significant number indicates that more than a third of patients experience alarming symptoms after bariatric surgery.

Anxiety can be associated with many factors. Firstly, changes in the perception of their body after surgery can be worrisome, especially if patients do not feel confident in their new appearance. Secondly, social adaptation also plays a key role. Many patients experience difficulties in relationships with others, especially if changes in weight cause envy or misunderstanding on the part of friends and family. Finally, the need for regular medical checkups and following strict dietary and physical activity guidelines can increase feelings of anxiety, as patients worry about whether they will be able to maintain the results achieved.

The prevalence of depression. Depression was diagnosed in 46% of the participants (57 people) based on high scores on the Patient Health Questionnaire scale-9 (PHQ-9). These findings highlight the importance of emotional adjustment after significant weight loss.

Depression can develop for several reasons. After surgery, patients may experience a sense of loss of identity, especially if they define themselves through their fullness. Rapid weight loss can also cause emotional fluctuations and dissatisfaction with your reflection in the mirror, which exacerbates feelings of depression. In addition, possible social isolation and lack of support from loved ones can only exacerbate depressive symptoms. These results highlight the need to include psychoemotional support in the postoperative care program to improve the adaptation and overall quality of life of patients.

Eating disorders. The results of the survey showed that 52% of the participants (65 people) experienced eating disorders after surgery. This high value indicates the complexity of postoperative adaptation and the risk of aggravation of existing problems.

Eating disorders can manifest in various forms, including compulsive overeating, anorexia, and bulimia. After bariatric surgery, patients may be exposed to new eating habits, which may cause a return to old eating behaviors. Psychological stress caused by the need to follow a strict diet and portion control can lead to emotional overeating or other eating disorders. These results highlight the importance of creating

structured support programs, including psychological assistance and training in new eating habits, to help patients successfully cope with these problems and maintain the results achieved.

Discussion

Psychological effects of bariatric surgery

1. **Anxiety:** The transition to a new lifestyle and changes in the perception of your body can cause anxiety. Patients may face social and medical problems that increase stress levels.
2. **Depression:** The high incidence of depression among the study participants highlights the emotional difficulties that arise after surgery, including potential social isolation and a sense of failure to achieve weight loss goals.
3. **Eating disorders:** More than 50% of participants suffer from eating disorders, indicating that bariatric surgery can disrupt eating habits and lead to new patterns of behavior.

Integration of psychological support

1. **Preoperative assessment:** It is necessary to conduct thorough psychological assessments before surgery in order to identify patients at increased risk.
2. **Postoperative support:** Regular consultations and support groups can help to cope with emerging problems.
3. **Multidisciplinary approach:** Collaboration between psychologists, nutritionists, and surgeons provides comprehensive care that takes into account both physical and emotional aspects.

Literature review

1. **Prevalence of anxiety and depression:** The results of our study coincide with the data of other authors, who also revealed a high risk of anxiety and depression among patients.
2. **The effects of eating disorders:** Similar studies confirm the high prevalence of these disorders after bariatric surgery.
3. **Effectiveness of psychological interventions:** Evidence shows that psychological interventions such as cognitive behavioral therapy can be effective in solving postoperative psychological problems.

Conclusion

Our study revealed a significant prevalence of anxiety, depression, and eating disorders among patients after bariatric surgery. These psychological problems not only complicate the recovery process but can also significantly affect overall life satisfaction and the success of the operation results.

The findings highlight the need for a comprehensive approach to treatment that takes into account not only physical but also emotional aspects. It is important to provide patients with access to psychological support at all stages of treatment — from preoperative assessment to postoperative rehabilitation. The integration of psychological interventions such as cognitive behavioral therapy and support groups can help patients cope with emotional difficulties, improving their psychoemotional state and reducing the risk of eating disorders.

In addition, it is necessary to conduct regular mental health examinations after surgery in order to identify and resolve emerging problems in a timely manner. The importance of a multidisciplinary approach involving the interaction of surgeons, psychotherapists, nutritionists, and other specialists should also not be underestimated. This approach contributes to the creation of a more sustainable support system for patients, which, in turn, can increase their chances of successfully adapting to new living conditions.

Ultimately, attention to the psychological aspects of bariatric surgery not only improves the quality of life of patients but also contributes to the successful achievement of their weight loss and health goals. Therefore, further research in this area will be extremely important for the development of effective intervention and support strategies aimed at improving the psychoemotional state of patients and optimizing their path to health.

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