

P02-195 - PATIENT OUTCOME EXPECTANCY FROM BARIATRIC SURGERY

H. Lier¹, E. Biringer¹, B. Stubhaug², H.R. Eriksen³, T. Tangen⁴

¹Section of Mental Health Research, Division of Psychiatry, Helse Fonna HF, Haugesund, ²Helse Fonna HF/ The University of Bergen, Haugesund/ Bergen, ³HEMIL Research Centre for Health Promotion, Unifob Health, University of Bergen, Bergen, ⁴Section of Psychiatry, Institute of Clinical Medicine, University of Bergen, Bergen, Norway

Aim: The aim of the present study was to examine if patients' expectancy after bariatric surgery was related to improvement of body appearance, health, physical fitness, or ability to work. Further, the relationship between psychiatric comorbid disorders and outcome expectancies after surgery was investigated.

Method: The study population consisted of 94 patients (F/M:74/20) age 22 to 62 years (mean 41.1, SD=10.2), with BMI from 33.4 to 64.7 kg/m² (mean 44.9 kg/m², SD=5.5). Psychiatric assessment was done prior to bariatric surgery, and included structured psychiatric interviews (M.I.N.I. International Neuropsychiatric Interview and Structured Clinical Interview for DSM IV Axis II disorders). The patients were asked to identify their most important expectancies after surgery.

Results: The overall prevalence of current psychiatric disorders was 47%, with Social Phobia (18%, n=17), Dysthymic Disorder (14%, n=13), and Avoidant Personality Disorder (17%, n=16) as the most common ones. Thirty-six percent (n=34) rated improvement of health, 34% (n=32) physical fitness, 22% (n=21) improvement of body appearance, and 7% (n=7) ability to work as their most important expectancy after surgery. Patients with psychiatric comorbidity rated significantly more frequent improvement in body appearance as their most preferred outcome than patients without psychiatric comorbidity (34%/ 12%, $p = .01$, chi-square test).

Conclusion: Patients with psychiatric disorders rated improvement in body appearance as their most preferred outcome after surgery more often than patients without psychiatric comorbidity. Future studies should examine whether patient expectations predict outcomes and satisfaction after surgery.