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A SYSTEMATIC REVIEW OF PSYCHOLOGICAL COUNSELLING IN PRE AND POST BARIATRIC SURGERY, LEADS TO BETTER OUTCOME AND SATISFACTION

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ABSTRACT:

The aim of the study is to compare the patient satisfaction and compliance of an obese individual with help of a trained clinical psychologist, acting as a counsellor. This study investigated whether patients who receive psychological counselling have better physical and mental well-being post-bariatric surgery. The purpose of this study is to identify the aspects of an adequate measure of patient satisfaction along with positive counselling. To address the cognitive, behavioural, and emotional factors that affect medical hospitalization, psychological or psychiatric consultation-liaison services are consulted. Patients who are going to stay longer period of time they required psychological consultation about treatment and progress.

An *obese* individual who is a binge eater before bariatric surgery may behave differently after the surgery. They require more psychological counselling and support for better outcomes. Additionally, caregivers sometimes need counselling regarding the patient's treatment progress and outcomes. For patients admitted for planned surgery or any major surgical treatment, counselling support about pre-surgery and post-surgery outcomes is also essential. This support can help both patients and their caregivers make informed decisions about treatment.

More specifically, a small sample of scales in the following healthcare contexts is critically evaluated: outpatient care, inpatient care, nursing care, clinical care, dietary guidance after surgery, and post-treatment follow-up. A focus of study is on psychology counselling and its effect in pre and post bariatric surgery. Most patients reported satisfaction with the psychology service, with women expressing higher satisfaction than men. Satisfaction with the psychology service was associated with overall satisfaction with hospitalization, but did not vary based on age, race/ethnicity, education, income, length of stay, or the presence of any critical diagnosis. The results suggest that psychology services may contribute to improving the overall patient experience in both pre- and post-care settings over the long term.

KEYWORDS: Patient satisfaction, customer satisfaction in hospital, Psychology counselling, Obesity surgery.

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INTRODUCTION:

Bariatric or weight loss surgery is currently the leading treatment of obesity, with excess weight loss (EWL) between 30 and 50% in the first year, it is no wonder this option is becoming increasingly popular. This initial weight loss is promising, however as longitudinal research shows most patients regain some weight over time.

Obese individuals who choose to undergo bariatric surgery often experience a lower quality of life and co-existing psychological conditions such as depression, anxiety, and disordered eating, compared to those who do not have the surgery. This situation requires a multidisciplinary treatment approach that includes doctors, nutritionists, and psychologists.

What is Obesity?

Overweight and obesity are defined as abnormal or excessive fat accumulation on the abdomen or in the overall body area that presents a risk to health. For an individual, obesity is usually the result of an imbalance between calories consumed and calories expended. An increased consumption of high-calorie foods, without an equal increase in physical activity, leads to an increase in weight. Decreased levels of physical activity will also result in an energy imbalance and which leads to weight gain.

Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness.

Classification of BMI: (According to WHO) :

- If BMI is less than 18.5, it falls within the underweight range.
- If BMI is 18.5 to <25, it falls within the normal.
- If BMI is 25.0 to <30, it falls within the overweight range.
- If BMI is 30.0 or higher, it falls within the obese range.

Obesity is frequently subdivided into categories:

- Class 1: BMI of 30 to < 35
- Class 2: BMI of 35 to < 40 (also called Morbid Obesity)
- Class 3: BMI of 40 or higher. Class 3 obesity is sometimes categorized as "extreme" or "severe" or "Super" obesity.

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BMI does not measure body fat directly, but research has shown that BMI is moderately correlated with more direct measures of body fat obtained from skinfold thickness measurements, bioelectrical impedance, underwater weighing, dual-energy x-ray absorptiometry (DXA), and other methods.

Obesity is a serious medical condition that can cause complications, metabolic syndrome, such as:

- High blood glucose / diabetes type 2.
- High blood pressure.
- High blood cholesterol and triglycerides.
- Coronary Artery disease, heart failure, and stroke.
- Bone and joint problems, more weight puts pressure on the bones and joints. This can lead to osteoarthritis, a disease that causes joint pain and stiffness.
- Stopping breathing during sleep (sleep apnea). This can cause daytime fatigue or sleepiness, poor attention, and problems at work.
- Chronic liver diseases (non-alcoholic cirrhosis-NASH / NAFLD).
- Depression (keeping him / her self-detached from society).

DISCUSSION:

Bariatric surgery research has focused predominantly on weight loss outcomes and complications of surgery in relation to the type of comorbidities and surgical procedure. The psychological impact of having bariatric surgery has received less attention. This study investigated whether patients who receive psychological counselling have better physical and mental well-being Pre and post-bariatric surgery.

Despite overall positive results, many patients experience poor long-term outcomes after bariatric surgery. One factor contributing to the variability in weight loss may be the challenges in making and maintaining changes in dietary habits and physical activity. Additionally, post-surgery binge eating has been linked to poorer weight outcomes. This paper reviews the available evidence on adjunctive psychosocial interventions for bariatric surgery patients. Although the literature is limited, findings suggest that a comprehensive approach addressing diet, physical activity, and psychological factors could benefit these patients. We propose that

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the optimal time to initiate adjunctive interventions is after surgery but before significant weight regain occurs. Adaptive interventions that incorporate advances in technology may be effective in promoting behavioural self-management and psychosocial adjustment post-surgery. For some patients, pharmacotherapy and reoperation may also be integral to a personalized approach to post-surgery care.

Some Research teams have argued that some bariatric patients require psychological input pre- and post-surgery and that weight loss surgery should only be undertaken by a multidisciplinary team (MDT) that can provide psychological support. To date, no guidelines exist for the provision of psychological support pre- and post-bariatric surgery.

Research which has assessed the quality of life (QoL) in bariatric patients generally indicates improvements in wellbeing from baseline to post-surgery regardless of the type of surgical procedure. The percentage total weight loss has been found to be positively correlated with QoL at 24 months. Psychological consultations before surgery and the standard post-operative follow-up assessment of more than 6 sessions appear to have a positive effect on patients' weight loss success. the aim of this study was to investigate whether patients who receive a counselling session have better mental and physical well-being post-bariatric surgery.

Patient satisfaction after bariatric surgery:

Restrictive and particularly malabsorptive bariatric operations achieve significant sustained weight loss. Results from different operations have been difficult to compare. This review suggests that bariatric operations should be judged by change in fat mass or fat mass index, improvement in obesity-related medical conditions, change in health-related QoL as judged by standardized instruments, and level of patient satisfaction.

Patients have been satisfied after surgery in many ways like: some comorbidities have been reduced or cured after surgery. Socially they match with every one which was not before surgery. Physical and mental satisfaction both will be achieved. Percentage of satisfaction of the satisfaction is difference in male and female.

Role of Clinical Psychologist in patient satisfaction:

The last decade has seen the gradual development of role clinical psychology as a part of primary care. It is useful to look at this development in three stages: before, during and post discharge. Clinical Psychology is an added value to the other services of the hospital, with the help of the psychologist an institute will get more benefit in patient satisfaction and compliance.

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"Identifying and treating any mental illness is also key", says Heinberg, noting that bariatric surgery patients have a higher prevalence of psychiatric diagnoses than the general public (Sarwer, D.B., & Heinberg, L.J., *American Psychologist*, Vol. 75, No. 2, 2020).

Psychologists play a central role on the multidisciplinary team involved in the preoperative assessment and postoperative management of patients. They also have played a central role in clinical research which has enhanced understanding of the psychosocial and behavioural factors that contribute to the development of severe obesity as well as how those factors and others contribute to postoperative outcomes.

Patient Satisfaction may also be influenced by the patient's mental state. Psychological distress (Greenley, Young & Schoenherr, 1982), depression (Linn & Greenfield, 1982, Hansson et al., 1994, Wyashak & Barsky, 1995) and personality disorders (Hueston, Mainous & Schilling, 1996) have been associated with lower levels of satisfaction. Lower satisfaction has also been found among elderly, disabled Medicare beneficiaries (Hermann et al., 1998).

Unmet patient expectations may also affect satisfaction. While most patients have specific expectations for their health care visit (Kravitz et al., 1994, Good et al., 1983, Uhlmann et al., 1984a, Uhlmann et al., 1984b, Greene et al., 1980, Sanchez-Menegay & Stalder, 1994, Burgoyne et al., 1979, Lazare & Eisenthal, 1977, Kravitz et al., 1996), physicians are frequently unaware of these desires and consequently fail to recognize or address expectations 18–42% of the time. Preliminary evidence suggests that a lack of unmet expectations is associated with greater satisfaction (Marple et al., 1997) and even improved outcome (Brody, Miller, Lerman, Smith, Lazaro & Blum, 1989). One study found that unmet expectations accounted for 19% of the variance in patient satisfaction with the encounter (Like & Zyzanski, 1987).

Jatulis, Bundek and Legorreta (1997) found that patients rated health outcomes of care as the most important variable in deeming themselves satisfied. This survey asked patients to rate factors important in determining satisfaction, and purports to explain over 80% of satisfaction's variance. However, this study measured variables patients 'in theory' would use in judging

satisfaction. No satisfaction levels or outcomes of care were actually measured.

METHODS: The comparison done between two identical group of patients from a hospital admitted for surgery, data collected for a period of 6 months from the indoor patient list of hospitals HMIS software. At each group 50 patients (total 100) were included. The patient characteristics, numbers and patient flow were comparable; the facilities were identical as level

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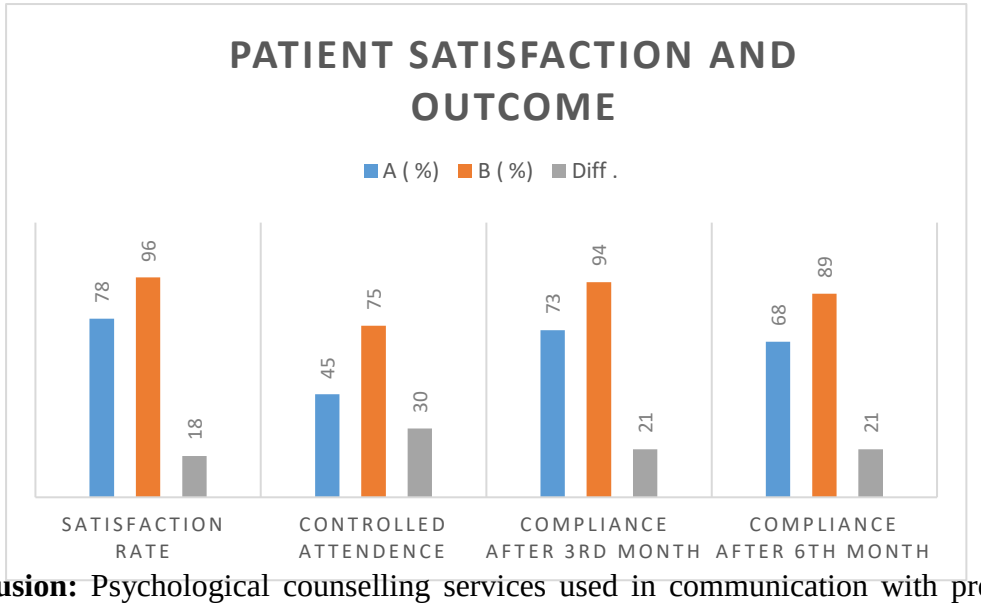
of comfort and staff training. One group without psychological counselling and another has been counselled before and after the treatment. To measure the patient satisfaction, we did telecommunication for patients residing outside Ahmedabad city and personally asked questions to patients who were in regular follow up and has visited hospital after discharge by trained staff, team of dietitian and patient coordinator for patients belong out of the city.

RESULTS: In each group 50 patients were included and follow up also done. For the group without clinical psychologist counselling, patient satisfaction was 78% (n=78), patient compliance was 73% (n=73) on the 3rd month and 68% (n=68) on the 6th month after discharge. Follow up visit attendance was 45%. For the group with clinical psychologist, patient satisfaction was 96%, excellent mark. Control visit attendance as 75% and patient compliance was 94% on the 3rd month and 89%on the 6th month after discharge. Dropp down in follow up is on higher side without proper counselling and dissatisfaction is more in some of the patients regarding the outcome of surgery. With the help of clinical psychologist, we found improvement in patient satisfaction rate by18% and 30% better attendance to control visits. 21% more compliance of patients for both 3rd and 6th months after discharge.

Chart 1



Conclusion: Psychological counselling services used in communication with pre and post Bariatric patients can enhance the patient's medical experience during hospitalization and their satisfaction with the treatment after discharge also. All past studies done in this regard has also proves the major difference in patient satisfaction level and compliance.

After Bariatric surgery patients may feel certain mood swings and behavioural changes. They may take less amount of food because of surgery as well as because of early satiety. Young

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patients may feel more frustration than middle group age patients. The same symptoms can be seen in old age patient also. But all these behavioural changes are time being not the permanent.

Generally behavioural changes start after 1 month of surgery and lasts up to 4 to 5 months of surgery. In some of the patients may starts later also. Role of psychological counselling is more critical in this period to avoid any complications which is not related to surgert.

There is more scope in the field of health care about the research in this regard. Trained clinical psychologist plays vital role in the counselling and post bariatric surgery communication which leads to better patient outcome, satisfaction and compliance in a long run.

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