

BRIDGING THE GAP

A newsletter for medical professionals

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FEATURE ARTICLE

The Proof is in the Graphs: How Bariatric Surgery Patients See Their Results in Places Other Than the Mirror

For a lot of people, medical charts may not be the most exciting reading. But when a patient can see in literal, graphic terms exactly how much his life has improved since bariatric surgery, those charts become the feel-good story of the year.

"It's pretty striking. I literally hold the before and after charts up, side by side, and the patient can see the improvements, like their being more outgoing, having less pain and generally coping better," says Dr. Jim Keller, director of behavioral health at the Foundation Bariatric Hospital of Oklahoma (FBHO) and the WeightWise® program in Edmond, Oklahoma. The charts contain the data acquired from Pearson's MBMD™ (Millon™ Behavioral Medicine Diagnostic) psychological test, before bariatric surgery, and from when patients take it again, 12 months later. The data includes a patient's coping styles, stress moderators, treatment prognostics and management guides.

"We want them to anticipate the changes they'll see in their quality of life, so we stress, pre-surgery, how they're not only going to feel great, they'll be able to see a visual representation of their improvement," Dr. Keller says. "And then at the 12 months post-surgical follow-up, it makes conveying the outcome to the patient so much more impactful. It wasn't until I started doing post-surgical testing that I really started to appreciate the value of the assessments."

In addition to the striking visual representation of patient improvement, Dr. Keller has an old-fashioned reason for favoring the Pearson assessments: trust. "Pearson as a company gives credibility to the tool you're using," he says. "Clinically, that means peace of mind. It gives clinicians a sense of comfort when they're administering something that's been overseen by a reputable company. And the authors of the tests themselves are well-respected."

WeightWise has used various combinations of the MBMD, BSI® (Brief Symptom Inventory) and QOLI® (Quality of Life Inventory) tests over the years for pre-surgical and follow-up assessment. He has also developed his own quality of life questionnaire, Weight Mediated Quality of Life (WMQL), which he gives as an adjunct to the process.

After the patient has gone through the pre-surgery assessment and diagnostic interview, Dr. Keller prepares his summary of the data for the surgeon. Foundation Bariatric Hospital of Oklahoma performs three types of bariatric surgery: gastric bypass, Lap-Band® and gastric sleeve. Although some surgeons simply want to know that the patient has been cleared, others want to know if there are any extenuating circumstances. The report briefly summarizes factors like relevant personal history, psychological history, eating history, weight loss goals and mental status. Dr. Keller also includes a system of color-coded boxes, which serve as visual flags for the surgeon to delve deeper into the report if there are indeed extenuating factors in a specific area.

Once patients are cleared, success stories roll in. Dr. Keller tells of a man who walked into his office with a cane and an oxygen tank, weighing more than 320 pounds. The man had clinical depression, chronic pain and a Body Mass Index close to 60. One year after gastric bypass surgery, he returned. "One hundred seventy-eight pounds," says Dr. Keller. "Wearing a size 34 slack. He was off of his oxygen. Off of all pain medications. Off the anti-depressant. Pre-surgically he was hypertensive, and had type 2 diabetes. He is no longer categorized as either of those. He's off all meds, he's no longer diabetic or hypertensive."

After having done close to 6,000 pre-surgical evaluations, Dr. Keller rarely tells a patient that surgery now or in the future is out of the question. "If somebody has a debilitating psychological or psychiatric condition, such as schizophrenia or a poorly-controlled bi-polar disorder, it's up to the clinician to determine if the patient might respond favorably to treatment," he says. "In many cases we refer to that as 'pending' and recommend treatment, such as medication or psychotherapy. We then re-evaluate, perhaps in three months, to see if the patient is more stable. The only kind of definitive 'no' you'd get, and that's very, very rare, would be for someone with a chronic mental illness which would remain somewhat debilitating, like a psychotic process."

Much more common is the reaction bariatric surgery patients have to the incredible improvements they have made, like the man Dr. Keller fondly recalls. "You don't need tests to show you, 'Wow, this guy's changed.' But when you look at this guy's MBMD scores, he had a host of these scales in the clinical range, which means long black lines. And when I held them up side by side (next to the short lines), it just blew him away. Almost to the point of tears. He can now play with his grandkids, get on a plane without buying an extra seat. And I remember his seeing that, the visual of where his life has gone and it just blew him away. That's why bariatrics are so cool."

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