

## **For potential bariatric patients, MBMD is just what the doctor ordered**

Michael Wetter, PsyD, DAPA, is not someone who spends a great deal of time sitting idle. He is lead psychologist and psychological services coordinator for the Center for Weight Loss at Cedars-Sinai in Los Angeles, where he oversees support group programming and the evaluation of all patients being considered for bariatric surgery. On evenings and weekends? He has a private psychology practice. “I tend to be pretty busy,” he says.

Not surprisingly, a lot of patients pass through Dr. Wetter’s doors, many of whom are considering bariatric surgery. For the past eight months, he has been relying on Pearson’s MBMD™ (Millon™ Behavioral Medicine Diagnostic) assessment to help evaluate his patients’ readiness for the procedure.

“Right away, I look for their commitment to the behavioral changes that will be required over a lifetime,” he says, which includes an understanding of expectations before and after surgery and their ability to demonstrate changes in their eating, exercise, “even their everyday actions. Are they getting enough sleep, are they interacting with people who are supportive of them? Do they have the appropriate support?”

There’s one other key aspect Dr. Wetter focuses on: the patient’s capacity for insight. “Without that important self-reflection and self-awareness, it’s going to be difficult to monitor whether or not someone is making progress along the spectrum of weight loss that they are hoping for,” he says. “Behavior can be changed over time, but insight is something that requires a bit more time and not something the person performing the surgery has the luxury of doing longitudinally. So the need for insight is critical before they undergo a procedure such as gastric bypass or sleeve gastrectomy, where we’re literally altering their anatomy.”

So Dr. Wetter uses the MBMD with certain patients--those who have a previous psychiatric history or who currently have symptoms that may cause some concern and complication in their recovery and long-term progress.

“I really use it as a tool to help me clarify the interventions that I’m going to recommend moving forward. It could be that the patient is not appropriate for surgery, or perhaps that they require psychotherapy or psychotropic evaluation, and if that’s the case, what would the focus be. I can be more detailed in my assessment of that by using tools such as the MBMD.

“What I like is that in the interpretive report and results, it breaks it down into several different domains, such as patient behavior, post-surgical outlook, capacity for post-surgical care and so forth. And by classifying it as good, average or doubtful, it gives me the specific information in terms of what elements of those categories really need continued focus.”

For example, if the assessment results reveal a patient uncertain to maintain regular exercise, Dr. Wetter may require that patient to demonstrate the ability to stay in an exercise program. “So I may delay their clearance for three to six months to see that they can actually establish a routine and maintain a routine.”

Another example of helpful MBMD results: Potential to follow nutritional advice. “That might give me insight to working with one of our dieticians to establish a nutritional plan for a short period of time so we can assess, will the patient be able to follow it? If not, what are the factors that get in the way?”

Dr. Wetter also finds physicians are very receptive to results from the MBMD. “They find it to be very valuable. They are pleased by the fact there’s validity added to the observations that have been made in earlier conversations. So the test results from the MBMD, when they do confirm things we have suspected, receive tremendous support, because it adds that additional validity, where otherwise it would just be speculation.”

Among the procedures for which Dr. Wetter assesses candidates is lap band surgery. He sees only good things resulting from the recent FDA decision to lower the allowed body mass index (BMI) for the surgery from 40 to 30, opening the door for more people who can really benefit from the procedure.

“Even though it’s been lowered, it’s talking about BMI levels that are still considered to be obese and where a person is considered at risk of developing serious health conditions,” he says. “I look at this more as an effective mechanism for preventative medicine.

“Diabetes, for instance, is not exclusive to people with BMI’s over 40. And if this offers a mechanism to assist in treating those metabolic disorders and conditions in a more effective and long-term way, I think it very much benefits the medical community.

“The relationship between physicians and medical psychologists is strengthened by the field of bariatric surgery and weight loss intervention. It’s a true intersection between clinical psychological assessment, care and intervention, with medical and surgical care and intervention,” said Dr. Wetter.

As far as other trends in bariatric surgery, Dr. Wetter sees it continuing to be not only a critical tool in the battle against morbid obesity, but also a primary method of treatment for metabolic diseases associated with obesity. “As far as I can see in my practice, bariatric surgery currently offers the chance to address diabetes, sleep apnea, reflux disease and hypertension,” he says. “My prediction and hope is that promotion of bariatric surgery grows beyond simply ‘weight loss’ and is able to focus on these more curative factors.”

Dr. Wetter tells the story of using the MBMD to confirm that a certain patient didn’t typically seek help when she needed it and tended to withdraw from medical professionals. Needless to say, that type of behavior could lead to complications

“As a result of that confirmation and information from the MBMD, we were able to intervene so our physicians and nursing staff were a bit more proactive in seeking out the patient to confirm that she was recovering well post-surgery. And that actually did lead to a very successful result. That patient is doing well,” he says.

“That’s exactly what we’re looking for. Anything that helps us help the patient.”