**Bariaatria - Kliiniline küsimus 2**

**Kas patsiendi ravimotivatsiooni hindamine preoperatiivselt mõjutab ravitulemusi või mitte?**

**Tulemusnäitajad:** Liigse kehakaalu ja KMI langus 5 ja enam aastat pärast bariaatrilist operatsiooni (*excess weight loss*), kaasuvate haiguste remissioon või leevendumine, kvaliteetselt elatud eluaastate lisandumine (QALY), patsiendi rahulolu raviga/tulemusega, rasvumusega seotud haiguste esinemine, ravikulu vähenemine (5 aasta perspektiivis), töövõimetuse vähenemine.

**Kokkuvõte leitud kirjandusest**

Oluliseks faktoriks bariaatrises kirurgias on psühhosotsiaalsete faktorite hindamine operatsiooni planeerimises. Umbes 80% bariaatrilise kirurgia programmidest seda ka järgivad. Põhjuseks ei ole ainult psüühiliste häirete diagnoosimine vaid ka operatsiooni ohutuse ja efektiivsuse tagamine. Ühe osana preoperatiivsest konsultatsioonidest, nii 5A, kui Boston Intervivew for Bariatric Surgery (BIBS) programmides kasutatakse motivatsiooni hindamist. Hinnates motivatsiooni otse ja detailselt tekib võimalus identifitseerida ebareaalseid operatsiooniga seostuvaid ootusi (Sogg and Mori 2011). Kui ootuseks on, et bariaatriline operatsioon on lahenduseks kõikidele tema probleemidele, siis on see relatiivseks operatsiooni vastunäidustuseks (van Hoyt 2005).

Samas ei ole veenvalt näidatud, et ebareaalsed ootused mõjutaksid negatiivselt operatsiooni tulemust (Bauchowitz 2007).

Libeton et al. (2004) leidsid oma uuringus, et mehi motiveeris kirurgiliseks raviks rohkem mure tervise pärast, samas kui naiste rühmas prevalveeris häbi välimuse pärast. Kehakaalu languses gruppide vahel erinevust ei olnud.

Dalle-Grade 2012 avaldatud uurimuses, leiti, et 1 aasta pärast ravi algust (kombineerituna dieet, elustiili muutused ja bariaatriline kirurgia) oli rohkem ravist loobujaid patsientide hulgas, kelle loodetav 1 aastane BmI langus oli loodetust väikesem. Samuti oli statistiliselt madalam ka nende ravieelne loodetav BMI.

Üheski leitud artiklis ei ole ära toodud ravimotivatsiooni hindamise mõju meie poolt määratud tulemusnäitajatele.

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| Autor/Aasta/Uuringumeetod/Tõendusmaterjali kvaliteedi (TK) hinnang | Peamised tulemused |
| Bagade et al.2012Vaatlusuuring**TK - Madal** | Realistic expectations about weight loss and an understanding that surgery is only a tool are important for patient satisfaction with outcome |
| Dalle – Grave et al2012Vaatlusuuring**TK - Madal** | At 12 months, 923 of 1785 patients (51.7%) haddiscontinued treatment. Compared with continuers, dropoutshad a significantly lower age, a lower age at firstdieting, lower dream BMI, a higher expected 1-year BMIloss, and a higher weight phobia. At logistic regressionanalysis, the strongest predictors of attrition at 12 monthswere lower age and higher expected 1-year BMI loss. Therisk of drop-out increased systematically for unit increase inexpected BMI loss at 12 months (hazard ratio, 1.12; 95%confidence interval, 1.04 to 1.20; *p* \_ 0.0018). The risk wasparticularly elevated in the first 6 months.The strong association between unrealistic weight loss expectations and dropout indicates that the problem of weight loss goals should be addressed both in the initial interview and during the entire course of the treatment. This would help to detect and to address promptly any warning sign of weight loss dissatisfaction, thus minimizing the risk of attrition.In this respect, young obese subjects with early age of first dieting, high weight loss expectations, and subjects seeking treatment for appearance concern represent a high-risk group. This population needs assistance to reduce unrealistic goals, a task that may be particularly difficult in subjects with bodyimage dissatisfaction, seeking treatment for appearanceconcern. |
| Pataki 2011Vaatlusuuring**TK - Madal** | Unrealistic expectanciesregarding bariatric surgery effects on the patient’s lifeand weight loss have to be discussed to guarantee aninformed decision about surgery. Bariatric surgery can beseen by patients as a magical solution to ‘cure’ theirobesity, without understanding the behavioral changesthat will be necessary. This belief would increase the riskof weight regain |
| Bauchowitz et al2007Vaatlusuuring**TK - Madal** | The data on weight loss expectations from 217 preoperative patients indicated that, compared with the average weight loss data presented in published reports, 65% of patients overestimated the degree of weight loss and only 25% of patients maintained accurate expectations of weight loss. Knowledge data on the nutritional, medical, and behavioral components of the surgery were available for 96 patients. The items frequently answered incorrectly included expected weight loss and the utility of surgery in increasing the ability to make changes in diet and exercise. The mean body mass index differences were observed to determine the accuracy of weight loss expectations.The results of our study have shown that a significant number of bariatric surgery patients present with misconceptions about weight loss. The preoperative psychosocial evaluation can be used as an intervention to use psychoeducation, cognitive restructuring, and behavioral interventions to improve patients' knowledge and expectations. |
| Libeton et al.2004Vaatlusuuring**TK - Madal** | Weight outcomes after Lap-Band® surgery do notappear to be affected by the patient’s primary motivatingfactor. We have not found any studies lookingat motivation and the outcome of bariatric surgery |
| Kaly et al.2008VaatlusuuringTK- Madal | Of the 284 patients, 230 were women and 54 were men (age 45 +/- 10 years; body mass index 50 +/- 8 kg/m(2)). These patients stated that their "dream" weight would be 89% +/- 8% excess body weight loss and that 77% +/- 9%, 67% +/- 10%, 49% +/- 14% excess body weight loss would be their "happy," "acceptable," and "disappointed" weight, respectively. Participants ranked health, fitness, body image, work performance, and self-confidence as the most important benefits of bariatric surgery. Women had greater "happy" and "acceptable" weight loss expectations and put more emphasis on physical presence (r = .17-.33, P <.01). Younger patients put more emphasis on attractiveness and improvements in social and sex life after bariatric surgery (r = .15-.19, P <.01). |

**Ravijuhendid**

**NICE 2006 Soovituse tugevus D**

Soovitab enne ravi (nii konservatiivset kui ka operatiivset) hinnata patsiendi motiveeritust.

**SIGN 2010 – Soovituse tugevus D**

Healthcare professionals should discuss willingness to change with patients and then target weight loss interventions according to patient willingness around each component of behaviour required for weight loss, eg specific dietary and/or activity changes.

**USA 2013 Soovituse tugevus D**

Patients should also be provided with educa- tional materials and access to preoperative educational sessions at prospective bariatric surgery centers

**ASPEN 2008 Soovituse tugevus D**

Bariatric surgical candidates expect, on average, a 44% loss of preoperative weight. In contrast, a loss of only 27.3% was considered “disappointing,” although losses of that magnitude are typically judged as successful by bariatric surgeons. Before bariatric surgery is scheduled, it is helpful for patients to read the program’s information packet carefully, attend an orientation session, and speak to other patients

who have undergone bariatric surgery at the hospital

**Austraalia 2013 Soovituse tugevus D**

Long-term weight management may be more successful if it involves a self-management approach, continuing contact with healthcare professionals and behavioural strategies for maintaining motivation.