



The Adjustment Experience of People Living with Mental Health Conditions After Undergoing Bariatric Surgery for Diabetes



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“I didn’t become selfish but I became more aware of myself”

Introduction

- Bariatric surgery is considered a major life adjustment¹
- Adaptation following bariatric surgery includes living with physical adjustments, altered eating behaviours, body changes, social and relational interactions, and resulting emotional changes.
- While people with diabetes often seek bariatric surgery for diabetes remission, comorbid mental health conditions may increase the stress of adapting to change.
- Randomised controlled trials demonstrate the efficacy of bariatric surgery for people with diabetes on weight and diabetes outcomes² although a sub-group is vulnerable to poor post-surgical trajectories³.
- What remains unclear is how people living with mental health adapt over time to challenges following bariatric surgery for diabetes management.
- The aim of the present study is to explore the personal experiences of adjustment following bariatric surgery for people living with diabetes and comorbid mental health.

Method

- A qualitative method was selected for this study to explore the adjustment experience to allow for participants to provide elaborative detail regarding their personal experiences.
- The collection of detailed explorative data was an important consideration in the selection of the qualitative methodology as there was no known published literature on the experiences of people with diabetes and comorbid mental health in the years following bariatric surgery.
- Reflexive thematic analysis (RTA) is a qualitative interpretative approach designed to facilitate the identification of themes in a data set (Braun & Clarke, 2021).
- To remain consistent to the RTA approach, two coders in this study used an active role in knowledge production. The familiarisation of coders with the clinical area of bariatric surgical psychology was noted in the interpretation of themes across the data set.
- The six-phase analytical process outlined by Braun and Clarke (2021) was followed.
- In summary: phase one involved familiarisation with the data sets. The audio files were transcribed into text. NVivo 11 (Lumivero, 2015) was used to facilitate the flexibility and recursive process of code generation. Themes were identified in the data that focused on the aggregated meaning across the data set.
- Several strategies were used to improve the rigor of this study including iteratively re-reading notes and re-analysing data. A second coder was included with the aim to improve the trustworthiness of identified themes.

Findings

- Ten patients participated in the study (Figure 1).
- The findings from this reflexive thematic analysis revealed four superordinate themes.
- These themes were labelled Self-Transformation and Growth; Unrelenting Standards from Self and Others; Emotional Vulnerability; and Embodied Experience and Bodily Awareness

References

1. Graham, Y., et. al. (2017). Patient experiences of adjusting to life in the first 2 years after bariatric surgery: a qualitative study. *Clinical Obesity*, 7(5), 323-335.
2. Schauer, P. R., et. al. (2017). Bariatric surgery versus intensive medical therapy for diabetes—5-year outcomes. *NEJM*, 376(7), 641-651.
3. Spiro, C., et al.(2023). Meta-analysis of patient risk factors associated with post-bariatric surgery leak. *Obesity Science & Practice*, 9(2), 112-126.

Superordinate Theme	Subthemes	Example Quotes
1. Self-Transformation and Growth	Self-Discovery and Awareness	<i>“I didn’t become selfish, but I became more aware of myself”.</i>
	Meaning and Life Re-evaluation	<i>“I think we are meant to go through all these challenges in life and I’m very pleased”.</i>
	Self-Compassion	<i>“I’m still learning... accepting that you’re going to make mistakes about overeating.”</i>
	Relationship Adaptation	<i>“I had pretty good social relationships beforehand... it hasn't really changed.”</i>
	Hopeful Mindset	<i>“I have a much more positive outlook on my life”.</i>
	Body Competence	<i>“My body is sort of managing itself now”.</i>
2. Unrelenting Standards from Self and Others	Self-belief and Pride	<i>“I believe in myself more because I knew that this one wasn’t a miracle surgery.”</i>
	Unrelenting Personal Standards and Perfectionism	<i>“It’s like I should be like this or I shouldn’t be like that. I’m so nervous about it all.”</i>
	Body Image Anxiety and Appearance Concerns	<i>“I feel like I look a lot older... Because of the loose skin.” “I’ve refinanced my house to get skin removal surgery.”</i>
3. Emotional Vulnerability	Social Evaluation	<i>“They thought I was going to lose all this weight and be totally different... they’re cross with me.”</i>
	Negative Body Appraisal	<i>“I think my mind still sees myself bigger than what I am.”</i>
	Weight Regain and Antidepressant Medication	<i>“I put some weight back on since they put me on antidepressants...”</i>
	Maladaptive Coping and Substance Use	<i>“I drink a lot during the night... I don’t want to end up being an alcoholic.”</i>
4. Embodied Experience and Bodily Awareness	Fear of Living in a Smaller Body and Social Attention	<i>“I have a terrible belief in being in a smaller body... people have an interest in you rather than you as a person.”</i>
	Physiological and Digestive Challenges	<i>“I have a lot of tummy trouble in terms of digesting.”</i>
	Dependence and Support in Eating	<i>“After surgery, I learned to eat like a little baby.” “My granddaughter was saying...you have to eat.”</i>
	Hunger Perception and Appetite Regulation	<i>“I knew my own signals were wack.”</i>
	Night cravings	<i>“I still have the night time cravings... I have to be careful because I won’t be satisfied with one and I won’t be satisfied with two.”</i>

Figure 1: Demographics

Average Age
58.6 years old

20% Identified as Aboriginal

70% Female

Single 40%

Married 50%

Widowed 10%