

Psychiatric Disorders and Functional Health Status in Canadian Bariatric Surgery

Candidates

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Background: Evidence suggests high rates of psychiatric disorders in bariatric surgery candidates; however, no rigorous studies have examined the prevalence in a

Canadian sample. **Objective:** We assessed the prevalence of psychopathology, and associations with functional health status, BMI, and sex, in a consecutive bariatric surgery sample presenting to the Toronto Western Hospital Bariatric Surgery Program.

Methods: 321 bariatric surgery candidates (80.1% female) were assessed using the M.I.N.I. International Neuropsychiatric Interview and completed a measure of health-related quality of life (Medical Outcomes Study 36-item Short-Form Health Survey).

Results: 175 (54.5%) patients had a lifetime psychiatric diagnosis: lifetime mood disorder was most common (37.1%), followed by eating (16.8%), anxiety (13.1%), and substance use (6.9%) disorders. Fifty-nine participants (18.4%) met criteria for a current psychiatric disorder: eating disorders were most common (8.4%), followed by anxiety (6.9%) and mood (5.3%) disorders. A lifetime major depressive disorder was more prevalent in females than males (35.0% vs. 21.9%; $\chi^2(1) = 4.04, p = .052$). As expected, bariatric surgery candidates scored significantly lower than Canadian adults across all functional health status domains (p 's < .001). Compared to patients without a lifetime Axis I disorder, participants diagnosed with a lifetime Axis I disorder reported significantly worse functioning on mental health, but not physical health, domains (p 's < .01). **Conclusions:** These results confirm the high rates of psychiatric disorders in a

Canadian sample and provide evidence for associated functional health impairment.

Further study of these associations is needed to elucidate the impact on bariatric surgery patients' post-operative outcomes.