

Predictors of response to telephone-based cognitive behavioral therapy in bariatric surgery patients

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Bariatric surgery is an empirically supported treatment for severe obesity; however, it does not directly target underlying behavioral and psychological factors that potentially contribute to obesity. Mounting evidence supports the efficacy of Cognitive Behavioral Therapy (CBT) for improving eating psychopathology and psychological distress among bariatric patients, and telephone-based CBT (Tele-CBT) is a novel delivery method that increases treatment accessibility. This study aimed to identify demographic and clinical predictors of response to Tele-CBT among 79 patients who received Tele-CBT in three previous studies. Multivariate linear regression was performed to evaluate patient rurality index (urban or non-urban), and baseline binge eating (BES), emotional eating (EES), and depression symptoms (PHQ-9), as predictors of absolute change in BES scores. The predictors explained 35% of the observed variance ($R^2 = .348$, $F(4,57) = 7.067$, $p < .05$). Patient rurality index ($\beta = .316$, $p < .05$) and baseline BES score ($\beta = .665$, $p < .001$) were statistically significant predictors of Tele-CBT response. Given the limited psychosocial resources available in many bariatric surgery programs, the findings suggest that Tele-CBT may be particularly beneficial for patients who binge eat and those residing in non-urban communities with limited access to other healthcare services.

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