

TELEPHONE-BASED COGNITIVE BEHAVIOURAL THERAPY FOR POST-OPERATIVE BARIATRIC SURGERY PATIENTS: A RANDOMIZED CONTROLLED TRIAL

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BACKGROUND

Bariatric surgery is an effective treatment for severe obesity; however, approximately 50% of patients experience weight regain within the first 1.5 to 2 years. Accumulating evidence suggests that psychosocial interventions, specifically cognitive behavioural therapy, improve binge eating, depression, anxiety and quality of life in bariatric surgery patients. More recently, the introduction of telephone-based cognitive behavioural therapy (Tele-CBT) has obviated the need for travel, thus improving patients' access to treatment. Our previous pilot studies have demonstrated high levels of treatment satisfaction and improvements in eating pathology and psychological distress following Tele-CBT. The current randomized controlled trial seeks to examine whether Tele-CBT delivered at 1-year post-surgery is efficacious in optimizing weight loss and improving physical and psychosocial functioning up to 3-years post-surgery.

METHODS

350 patients will be recruited from the Toronto Western Hospital Bariatric Surgery Program to undergo seven 1-hour Tele-CBT sessions at 1-year post-surgery. Patients complete questionnaire measures pre-intervention and at 1.25-, 1.5-, 2- and 3-years post-surgery.

RESULTS

Fifty patients have been recruited to date. Of these, 19 patients have been randomized to receive Tele-CBT and 8 patients have completed Tele-CBT. The current study retention rate is 87.7%. Full details of the protocol will be described and updated results will be provided at the time of presentation.

CONCLUSION

This study will provide data regarding the efficacy of Tele-CBT delivered 1 year post-surgery in improving physical and psychosocial functioning up to 3 years post-surgery. The data collected to date suggest that this telephone modality increases treatment accessibility and the retention rate.