

The Impact of COVID-19 on Bariatric Surgery: Re-Defining Psychosocial Care

Summary:

- The pandemic of the coronavirus disease has caused an adverse effect on the health of obese patients as most of these patients already have some comorbidities. This pandemic is also associated with the additional psychological problem in the obese population
- The history of psychiatric illness is a risk factor for developing active psychiatric illness post-pandemic. From the cross-sectional survey data of the general public in mainland China during the COVID-19 outbreak showed that 54% of respondents self-reported moderate to severe levels of psychological distress
- Self-isolation and quarantine may precipitate additional distress such as post-traumatic stress disorder and depression
- Bariatric patients are at increased risk of mental health decompensation, which could interfere with obesity treatment adherence and long-term patient outcomes
- Increased distress in this population may lead to –
 - **Emotional eating and binge eating symptoms** – can lead to diminished weight loss and weight regain
 - **Emotion dysregulation** - positive feedback loop between maladaptive eating behaviors and psychosocial distress may develop
 - This can lead to weight regain after bariatric surgery. Therefore these patients should be monitored closely for emotion dysregulation secondary to the COVID-19 pandemic

How to intervene:

- Multi-modal approach: starting from education and sharing of information related to COVID-19 to direct psychosocial services based on patient needs
- Cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT): Like distress tolerance skills and CBT skills, such as cognitive restructuring.

Virtual health tools:

a) Telemedicine

- Delivering CBT by telemedicine or videoconferencing is effective in improving binge eating, emotional eating, depression, and anxiety among bariatric patients
- Telemedicine requires integration with existing electronic health records, policies to ensure the use of secure modalities, consideration of privacy, patientsafety protocols (e.g. remote management of suicidal ideation), cost analysis, and clinician training.

b) App-based tools: Can help patients with obesity when patients healthcare teams are unavailable due to COVID-19, facebook and zoom meeting can be used but issues of privacy and credibility of information shared

c) Mobile and online technologies (eHealth): increasing evidence that these eHealth tools, have potential for significant reach and demonstrate efficacy for psychopathology.

- COVID-19 pandemic is increasing globally and it becomes necessary to adopt alternate methods for delivering care to overcome challenges with physical distancing and self-isolation