

# 6<sup>th</sup> Global Gastroenterologists Meeting

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## Psychodynamics of patients who regained weight after bariatric surgery

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Bariatric surgery has been identified as the best treatment to severe obesity, considering criteria of loss and maintenance of weight as well as reversing the adverse effects of obesity. However, 20-30% of patients undergoing surgery begin to regain weight, on average, 24 months after the procedure, possibly decreasing their levels of quality of life, health and psychosocial well-being achieved with weight loss. This study is the first author's doctoral work and is ongoing. It aims to identify the psychodynamics of patients who regained weight after bariatric surgery. To this end, it intends to apply a semi-structured interview (with the use of questionnaires) and run group of patients who regained weight. The group will be attended by up to 15 people who have bariatric surgery for at least three years ago. Participants will be invited in private clinic specializing in obesity. It is intend to make 12 bimonthly sessions, with discussion of subjects generators, in other words, issues related to the context of obesity and weight regained and previously defined based on the demand of the participants and the experience of the researcher. It is believed that there are unclear psychodynamic issues present in obese people, which surgery does not access, leading to weight regained. From the better understanding of the phenomenon regain, it intends to improve the guidelines for psychological care to the subject in the pre and post-bariatric surgery and be able to rethink the current psychological inclusion and exclusion criteria for the surgical procedure.

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## The importance of oral health in pre and postoperative bariatric patients

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Oral health has become an important part of the multidisciplinary team that works with the candidates for bariatric surgery. Important studies have shown the relationship of obesity and its impacts on oral health, demonstrating that this combination can lead to the worse of both problems. The diabetes mellitus is a major target of this relationship especially with periodontal disease that is a leading cause of tooth loss. Bariatric patients could be more vulnerable to tooth decay based on the need of more frequent and prolonged meals during the day. It can also lead to plaque accumulation and the formation of dental calculus, which, if untreated, can implicate in worst periodontal diseases by compromising the bone support of the tooth. The meals' periodicity and its quality, as well as the modification of the salivary activity and its modified Ph (vitamin deficiencies and anemia), can lead to an increased cariogenic capacity of the biofilm adhered to tooth surface. Without teeth and some changes in the oral structures, especially with prosthesis not well adapted, you cannot chew and grind the food correctly, and that is the basic condition for the main nutrients absorption.

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