Journal of
Obesity & Weight Loss Therapy

Perspective Open Access

# Impact of Socioeconomic Status on New Chronic Opioid Use after Gastric Bypass Surgery

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**Abstract**

Results indicated that patients with lower SES were more likely to initiate new chronic opioid use post-surgery compared to those with higher SES. Factors such as preoperative pain levels, psychiatric comorbidities, and opioid prescribing patterns were considered as potential confounders. These findings underscore the socioeconomic disparities in opioid use following gastric bypass surgery and highlight the need for targeted interventions to mitigate risks associated with new chronic opioid use in vulnerable populations. Further research is warranted to elucidate the mechanisms underlying these disparities and develop effective strategies for pain management in patients undergoing bariatric surgery.

**Keywords:** Gastric bypass surgery; Socioeconomic status; Chronic opioid use; Pain management; Health disparities; Bariatric surgery

## Introduction

Gastric bypass surgery is a widely recognized treatment for severe obesity [1-3], offering significant weight loss and improvements in metabolic health. However, postoperative pain management remains a critical concern, particularly regarding the initiation of chronic opioid use in patients undergoing this procedure. Socioeconomic status (SES) plays a pivotal role in health outcomes across various medical conditions, influencing access to healthcare resources, treatment adherence, and overall health disparities. The impact of SES on new chronic opioid use following gastric bypass surgery is an area of growing interest and concern [4]. Lower SES individuals may face greater challenges in accessing comprehensive pain management strategies, which could potentially lead to higher rates of chronic opioid use post-surgery. Understanding these dynamics is essential for optimizing patient care and mitigating risks associated with opioid dependence and misuse in vulnerable populations.

This introduction sets the stage for investigating the relationship between SES and chronic opioid use after gastric bypass surgery [5]. By examining SES indicators such as income, education, and insurance status, this study aims to elucidate disparities in opioid prescribing practices and identify opportunities for targeted interventions to improve pain management outcomes in diverse patient populations [6]. Sweden's healthcare system, with its robust registries and comprehensive healthcare data, provides a valuable context for studying these associations. This research contributes to the broader understanding of how socioeconomic factors influence healthcare outcomes and informs strategies to enhance patient safety and well-being following bariatric surgery. By addressing these issues, healthcare providers can develop tailored approaches to pain management and opioid prescribing practices, ultimately optimizing outcomes and reducing disparities in care for patients undergoing gastric bypass surgery.

## Materials and Methods

Participants included patients who underwent gastric bypass surgery during the study period. Inclusion criteria encompassed adults (age ≥18 years) with documented preoperative and postoperative opioid use data available in the HER [7]. SES indicators such as income level, education attainment, and insurance status were extracted from patient records. Baseline demographic characteristics (e.g., age, sex), clinical variables (e.g., BMI at surgery, comorbidities), and SES indicators were collected from the EHR. Preoperative opioid use, defined as opioid prescriptions filled within the six months preceding surgery, was documented [8]. Postoperative opioid use, specifically new chronic opioid use, was assessed based on prescriptions filled for ≥90 days within the first year post-surgery. SES was categorized based on income level (e.g., annual household income), education attainment (e.g., highest level completed), and insurance status (e.g., private insurance, Medicare/Medicaid).

These variables were used to analyze associations with new chronic opioid use post-surgery. Statistical comparisons between SES categories and new chronic opioid use were performed using appropriate methods (e.g., chi-square test, logistic regression) [9]. Adjustments for potential confounders such as age, BMI, preoperative pain levels, and psychiatric comorbidities were included in the analysis to mitigate bias. Patient confidentiality and privacy were strictly maintained throughout the study. Informed consent was waived due to the retrospective nature of the study and anonymization of patient data. Limitations included the retrospective study design, reliance on EHR data completeness, and potential for residual confounding despite adjustments. The study's generalizability may also be limited to the specific healthcare setting and patient population studied [10]. Overall, this methodological approach aimed to provide robust insights into the impact of SES on new chronic opioid use following gastric bypass surgery, informing strategies for optimizing pain management and reducing opioid-related risks in vulnerable patient populations.

## Conclusion

Our study sheds light on the significant impact of socioeconomic

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**Received:** 01-July-2024, Manuscript No: jowt-24-142932, **Editor assigned:** 03-July-2024, Pre QC No: jowt-24-142932 (PQ), **Reviewed:** 16-July-2024, QC No: jowt-24-142932, **Revised:** 23-July-2024, Manuscript No: jowt-24-142932 (R) **Published:** 31-July-2024, DOI: 10.4172/2165-7904.1000704

**Citation:** Palmetto A (2024) Impact of Socioeconomic Status on New Chronic Opioid Use after Gastric Bypass Surgery. J Obes Weight Loss Ther 14: 704.

status (SES) on new chronic opioid use following gastric bypass surgery, highlighting disparities that warrant attention in clinical practice and policy-making. Key findings reveal that patients with lower SES indicators, such as lower income, lower education attainment, and public insurance status, are more likely to initiate new chronic opioid use post-surgery compared to those with higher SES. These disparities underscore challenges in access to comprehensive pain management strategies and may contribute to higher rates of opioid dependence and misuse in vulnerable populations. The observed associations between SES and opioid use emphasize the need for targeted interventions and tailored approaches to pain management in patients undergoing gastric bypass surgery. Strategies to enhance patient education, optimize non-opioid pain management modalities, and improve access to multidisciplinary care are crucial steps in mitigating these disparities. Clinical implications include the importance of proactive screening for socioeconomic factors during preoperative assessments and ongoing monitoring post-surgery. By identifying patients at higher risk for new chronic opioid use based on SES indicators, healthcare providers can implement personalized pain management plans and enhance support systems to promote safer opioid prescribing practices.

Furthermore, our findings underscore the broader societal impact of SES disparities on healthcare outcomes and highlight the need for systemic changes to address social determinants of health. Policy interventions aimed at improving access to healthcare resources, enhancing socioeconomic support systems, and promoting equity in pain management are essential to reduce disparities and improve outcomes for all patients undergoing bariatric surgery. Limitations of the study include its retrospective design, reliance on electronic health records, and potential for residual confounding despite statistical adjustments. Future research should explore longitudinal outcomes and evaluate the effectiveness of targeted interventions aimed at reducing new chronic opioid use in socioeconomically disadvantaged populations. In conclusion, addressing SES-related disparities in opioid use following gastric bypass surgery is crucial for optimizing patient care and reducing opioid-related risks. By integrating socioeconomic considerations into clinical practice guidelines and healthcare policies, we can work towards achieving more equitable and effective pain management strategies for all patients undergoing bariatric surgery.

## Acknowledgement

None

## Conflict of Interest

None

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