The Contribution of Relationship Stability and Relationship Quality to Weight Loss Outcomes among Bariatric Surgery Patients

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Background

Early reports suggested that bariatric or weight loss surgery (WLS) patients experienced high rates of marital discord (Neil et al. 1978). However, more recent research supports that psychosocial functioning and the quality of social relationships generally improve after WLS. In particular, relationship and sexual satisfaction generally improve after WLS (Applegate & Friedman, 2008). To our knowledge, however, the connection between relationship satisfaction and postsurgical weight loss has not been explored. Therefore, we examined how the stability and quality of intimate relationships from pre- to post-WLS relate to long-term weight loss outcomes.

Hypothesis

We hypothesized that better long-term weight loss outcomes would be associated with greater relationship satisfaction.

Participants

- 361 post-WLS patients
- Mean of 7.7 yrs post-WLS surgery
- 86.2% Roux-en-y gastric bypass
- 80.1% female; mean age = 47.7 yrs at time of WLS

Method

Patients completed a survey via mail, online, or telephone that assessed a host of variables, with the present study focusing on relationship status and satisfaction variables. Four relationship status groups were created: Never in a relationship (Never); Post-WLS relationship only (New-Rel); Pre-WLS relationship only (Lost-Rel); and Pre-Post Relationship (Maintainer). Current percent excess weight loss (%EWL) was calculated from self-reported height and weight.

Results

With respect to documented predictors of weight loss, %EWL did not differ by gender, but did differ by pre-WLS BMI (lower pre-WLS BMI associated with greater %EWL). Analyses including pre-WLS BMI as a covariate revealed relationship status group differences in %EWL remained significant, F (3, 355) = 3.09, p = .03, as did pre-WLS BMI, F (1, 355) = 9.12, p = .003. For Maintainers, relationship quality moderated weight loss outcomes in that those with improved relationships post-WLS had significantly greater %EWL, F(2, 234) = 15.82, p < 0.000; p<.05 for Improved > (Stayed Same = Got Worse).

Discussion

As expected, relationship stability was normative, and overall, relationship satisfaction was observed, with most patients’ relationships either improving or remaining stable. Findings support the importance of assessing relationship stability and quality in pre-WLS candidates, as healthy and stable relationships may support improved long term outcomes. Interventions to improve relationships pre-and post-WLS may increase both quality of life and weight loss outcomes.

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References


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