

Pre-Operative Bariatric Surgery Psychological Evaluation

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The following is a suggested methodology to assist behavioral health providers and surgeons in evaluating patients for bariatric surgery from a psychosocial perspective. These recommendations are based on consensus and were developed in collaboration with the former VHA Bariatric Surgery Workgroup.

1. The pre-operative psychological evaluation should be conducted by a psychologist, psychiatrist, or other behavioral health provider qualified in the assessment and diagnosis of mental health illness and with familiarity of bariatric surgery procedures, follow-up, and required behavioral changes.
2. This evaluation should consist of:
 - a review of the medical record including any separate mental or behavioral health record. Discussion with current mental health providers is highly recommended.
 - the use of specific psychological instruments as recommended below. Other instruments and/or intake forms can be used in addition to these at the evaluating provider's discretion.
 - a clinical interview
 - Recommended interviews/assessment tools that should be administered as part of this evaluation:
 - *Alcohol Use Disorder Test-core (AUDIT-C)*
 - 3 items, < 4 minutes to administer and score
 - Available on Vista/CPRS
 - *Drug Abuse Screening Test (DAST[®])*
 - 20 items, < 7 minutes to administer and score
 - Paper or online formats
 - Available on the *MOVE!* website:
http://vaww.move.med.va.gov/BariatricSurgery_PIL.asp
 - *Millon Behavioral Medicine Diagnostic (MBMD[®])*
 - 165 items, 30-45 minutes to administer
 - Available on VistaA/CPRS/Mental Health Assistant
 - Bariatric surgery norms available
 - *Multidimensional Health Locus of Control (MHLC)*
 - 18 items, < 10 minutes to administer
 - Available on VistaA/CPRS/Mental Health Assistant
 - *Questionnaire on Weight and Eating Patterns-Revised (QWEP-R[®])*
 - 28 items, < 20 minutes to administer
 - Paper format available on the NCP website:
http://vaww.move.med.va.gov/BariatricSurgery_PIL.asp
 - Evidence has accumulated that, following bariatric surgery, there is increased risk for suicide and/or alcohol dependence. Predictors for these problems are

not clear, so attention to be paid to potential risk factors for alcohol dependence and suicide.

3. Specific issues to assess with interview and review of medical record include:
 - Active psychosis and alcohol or substance use disorders
 - Other mental health illness (active, inactive, hospitalizations)
 - Borderline personality disorder
 - Social/family situation and support
 - Follow up “abnormal” results from psychological instruments used
 - Discussion of alternative plans should patient be turned down for surgery
4. Appropriate follow-up should be arranged for patients with mental health or behavioral concerns identified during this evaluation regardless of the decision for surgery.

The Pre-Operative Bariatric Surgery Psychological Evaluation should result in one of the following recommendations:

- From a behavioral health perspective, the patient is deemed to be a poor candidate for bariatric surgery (should state if this is considered permanent or whether the patient should be reassessed at a future date when these issues may have resolved) due to:
 - Presence of acute psychosis (defined as current evidence of active psychosis and/or mental health hospitalization for psychosis within past 1 year)
 - History of multiple suicide attempts within the past 5 years
 - Alcohol use disorder within past 6 months
 - Other substance use disorder within past 6 months
 - Acute exacerbation of borderline personality disorder as indicated by medical record and/or clinical interview
 - History of poor adherence with medical regimens: appointment keeping, follow-up instructions, and/or evidence on MBMD that patient is very high risk for non-adherence
 - Dementia
- From a behavioral health perspective, the patient is deemed to be a poor candidate for bariatric surgery at this time, but reassessment is recommended after a period of focused behavioral intervention to address:
 - Poorly controlled mental illness(es) or cognitive impairment that may interfere with ability of patient to comply with necessary instructions and follow up (e.g. poorly controlled OCD, severe depression/anxiety, severe bipolar disorder).
 - Severe binge eating disorder as measured by QEWP-R and confirmed by clinical interview (Refer to Guide to Using Instruments for further instructions on use of QEWP-R for bariatric patients)

- Unstable social environment (homeless, lack of access to a kitchen, lack of social support) as assessed by clinical interview
 - Very low self-efficacy/self-motivation/personal responsibility as evidenced by low MHLC scores and confirmed by clinical interview. (Refer to Guide to Using Instruments for further instructions on use of MHLC for bariatric patients)
 - Other severe behavioral problems as evidenced by scores on MBMD and confirmed by clinical interview. (Refer to Guide to Using Instruments for further instructions on use of MBMD for bariatric patients)
- From a behavioral health perspective, the patient is deemed to be a good candidate for bariatric surgery, but ongoing focused behavioral intervention to enhance their ability to benefit from bariatric surgery before and after surgery is recommended for the following issues:
 - Mild-Moderate Binge Eating Disorder as measured by QEWP-R and confirmed by clinical interview (Refer to Guide to Using Instruments for further instructions on use of QEWP-R for bariatric patients)
 - Other mild or moderate behavioral problems as evidenced by scores on MBMD and confirmed by clinical interview (Refer to Guide to Using Instruments for further instructions on use of MBMD for bariatric patients)
 - Moderately low self-efficacy/self-motivation/personal responsibility as evidenced by moderately low MHLC scores and confirmed by clinical interview (Refer to Guide to Using Instruments for further instructions on use of MHLC for bariatric patients)
 - Reasonably well-controlled chronic mental illness, including schizophrenia, depression, bipolar disorder, anxiety disorders, OCD, personality disorders, alcohol or substance use disorders in remission
 - History of an isolated suicide attempt in the distant past
- From a behavioral health perspective, the patient is deemed to be a good candidate for bariatric surgery. It is recommended that the patient continue to participate in MOVE!, and also to seek any additional behavioral assistance as needed.