Objective: To evaluate the effectiveness of Cognitive Behavioral Therapy (CBT) in the success of postoperative weight loss after 2 years of CB. Methods: A prospective observational study was conducted in consecutive patients with morbid obesity aged between 18 and 59 yrs and enrolled in the bariatric surgery program of the Obesity Surgery Unit of our hospital from June 2007 through June 2010, with two years postoperative follow-up. Participants were divided into two groups according to their participation in Cognitive Behavioral Therapy or not. Over a 3-month period, CBT was applied in 12 2-h sessions. The main dependent variables studied were body weight and height, from which we calculated BMI and percentage of excess weight lost (weight lost / (initial weight - ideal weight), classifying patients as successful (E ) those with EPP > 50%, and unsuccessful (NE) those with EPP <50%. Participants were also, assessed for general (stress, anxiety, depression and self-esteem) and specific (binge eating and food craving) psychopathology. Results: Of the 35 patients with bariatric surgery, 30 responded postoperative evaluations, 16 underwent CBT before CB and 14 underwent surgery without receiving psycho-nutritional therapy, (76% female) with a mean age of 41 ± 9.5 years. The mean baseline BMI was 42 ± 10 and 45% of patients were classified as super obese (BMI: 56 ± 6). Mean excess weight loss (EPP) was 77%. According to the EPP were classified as “successful” (S) (59%) and “unsuccessful” (U) (41%). Of the patients assigned to S, 94% received CBT (15 individuals of 17 total), compared with only 12% who did not receive (2 individuals of the 17 total) with statistically significant differences (p < 0.05). Also, the S patients appeared to be significantly less anxious and stressed and have higher self-esteem (P < 0.05). Regarding specific psychopathology, the food craving guided by hunger, loss of control over food intake and guilt was lower in patients who achieved > 50% of EPP (p < 0.04, p < 0.001, p < 0.001, respectively). It was also noted that these patients were plans to eat less and ate less for positive reinforcement (p < 0.03 and p < 0.000, respectively) than the patient group NE. Conclusions: Patients who achieved successful results in the evolution of weight loss at two years of CB are mostly (94%) who received CBT, presenting lower psychological comorbidity than NE. CBT could positively influence postoperative outcomes.

Keywords