

MOTIVATION, READINESS TO CHANGE AND WEIGHT LOSS FOLLOWING ADJUSTABLE GASTRIC BAND SURGERY

John B Dixon Centre for Obesity Research and Education, Monash University

Cheryl Laurie, Margaret Anderson, Melissa Hayden, Maureen Dixon Paul E

O'Brien Obesity Research Unit, Monash University, Australia

Background

High levels of readiness to change are considered critical to the long term success of weight management programs including bariatric surgery. However, there are no data to support this assertion. We hypothesize that readiness to change level will not influence weight outcomes following surgery.

Methods

In 227 consecutive patients undergoing adjustable gastric banding surgery we recorded reasons for seeking surgery, and readiness to change (RTC) measured with the University of Rhode Island Change Assessment. Score were blinded until study completion. The primary outcome measure was percentage excess BMI loss at 2-years (%EBMIL-2), others included compliance and surgical complications.

Results

204 of 227 (90%) subjects had weight measurement at 2years. There was no significant correlation between RTC score and %EBMIL-2 ($r = 0.047$, $p=0.5$). Using the median split for RTC score the lowest 102 subjects mean %EBMIL-2 was $52.9 \pm 26.9\%$ and the highest $52.2 \pm 28.3\%$, $p=0.869$. There was no weight loss difference between highest and lowest quartiles, nor a non linear relationship between weight loss and RTC score. There was no significant relationship between RCT score and compliance, or likelihood of complications. Those motivated by appearance were more likely to be female and younger, and lost more weight at 2-years. Poor attendance at follow-up visits was associated with less weight loss, especially in men.

Conclusion

Measures of readiness to change did not predict weight loss, compliance or surgical complications. Caution is advised when using assessments of readiness to change to predict outcomes of bariatric surgery.