

Control of eating attributes and weight loss outcomes over one year after sleeve gastrectomy in people with severe obesity

**Ellina Lytvyak, MD, PhD ¹, Amir Zarrinpar, MD, PhD ^{2,3}, Cecilia Dalle Ore, MD ³, Euyhyun Lee, MS ⁴,
Keila Yazdani-Boset, BS ⁵, Santiago Horgan, MD ⁷, Eduardo Grunvald, MD ^{3, 6, 7}**

¹ Division of Preventive Medicine, Department of Medicine, University of Alberta, Edmonton, Alberta, Canada

² Division of Gastroenterology, University of California San Diego, La Jolla, California, USA

³ School of Medicine, University of California San Diego, La Jolla, California, USA

⁴ Altman Clinical and Translational Research Institute, University of California San Diego, La Jolla, California, USA

⁵ University of California San Diego, La Jolla, California, USA

⁶ Division of General Internal Medicine, University of California San Diego, La Jolla, California, USA

⁷ Bariatric and Metabolic Institute, Division of Minimally Invasive Surgery, University of California San Diego, California, USA



Conflict of Interest Disclosure

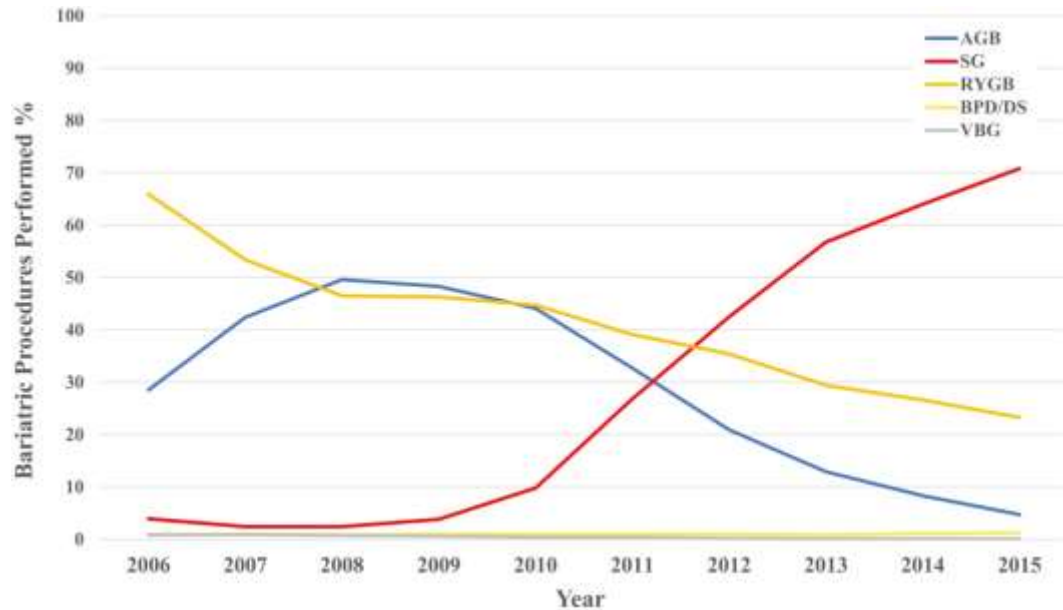
I have no potential conflict of interest to report.



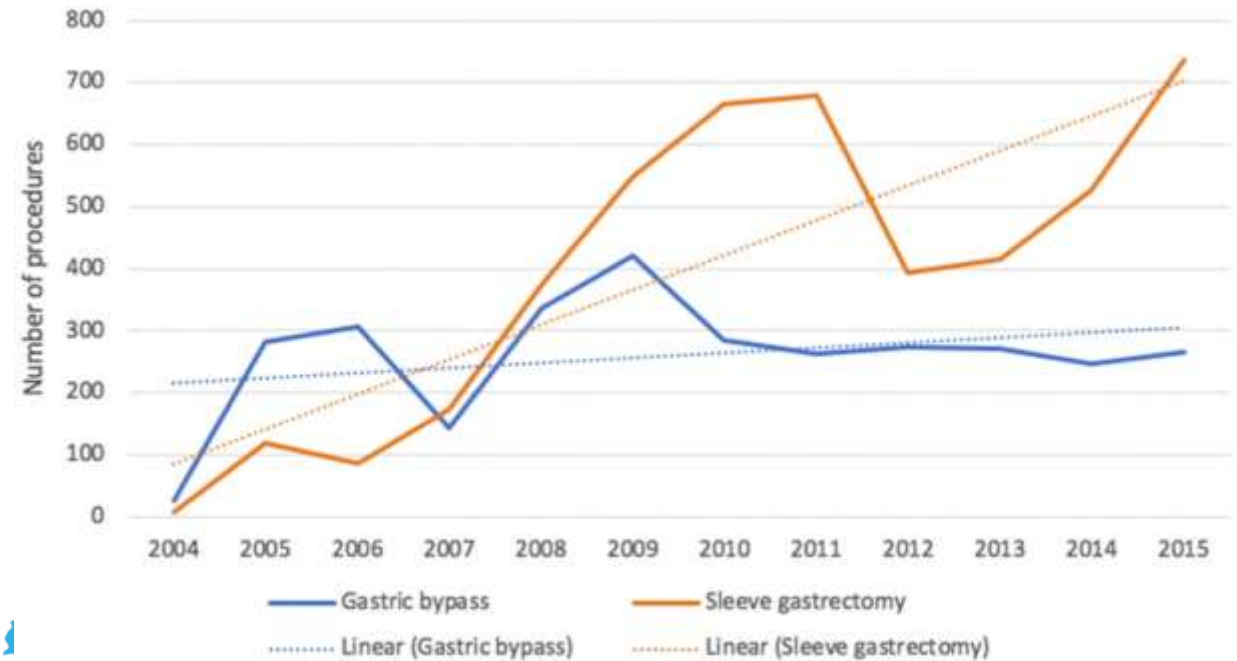
Significance

Sleeve gastrectomy (SG) is one the most common bariatric procedures performed worldwide and its frequency is increasing

United States of America



New Zealand



Alalwan AA, Friedman J, Park H, Segal R, Brumback BA, Hartzema AG. US national trends in bariatric surgery: A decade of study. *Surgery*. 2021 Jul;170(1):13-17. doi: 10.1016/j.surg.2021.02.002. Epub 2021 Mar 11. PMID: 33714616.

Garrett M, Poppe K, Wooding A, Murphy R. Private and Public Bariatric Surgery Trends in New Zealand 2004-2017: Demographics, Cardiovascular Comorbidity and Procedure Selection. *Obes Surg*. 2020 Jun;30(6):2285-2293. doi: 10.1007/s11695-020-04463-x. PMID: 32166697.3

Significance

- There is a great degree of variability in weight loss response (5% – 60%)
- Factors influencing weight loss after sleeve gastrectomy:
 - Striking change in gut hormones
 - Genetic predisposition
 - Energy balance neurocircuitry changes
 - Behavioral
 - Lifestyle
 - Psychosocial
 - Environmental influences
- Not easily measured in the clinical settings

***Predicting the effectiveness of surgery
is challenging and elusive***

Park JY. Weight Loss Prediction after Metabolic and Bariatric Surgery. J Obes Metab Syndr. 2023 Mar 30;32(1):46-54. doi: 10.7570/jomes23008. Epub 2023 Mar 22. PMID: 36945076; PMCID: PMC10088553.

Youssef A, Emmanuel J, Karra E, et al. Differential effects of laparoscopic sleeve gastrectomy and laparoscopic gastric bypass on appetite, circulating acyl-ghrelin, peptide YY3-36 and active GLP-1 levels in non-diabetic humans. Obes Surg. 2014;24(2):241-252. doi:10.1007/s11695-013-1066-0

Cadena-Obando D, Ramirez-Renteria C, Ferreira-Hermosillo A, et al. Are there really any predictive factors for a successful weight loss after bariatric surgery? BMC Endocr Disord. 2020;20(1):20. doi:10.1186/s12902-020-0499-4

Study aim

compare various Control of Eating attributes before and after SG depending on the achievement of optimal weight loss target at one-year post-SG



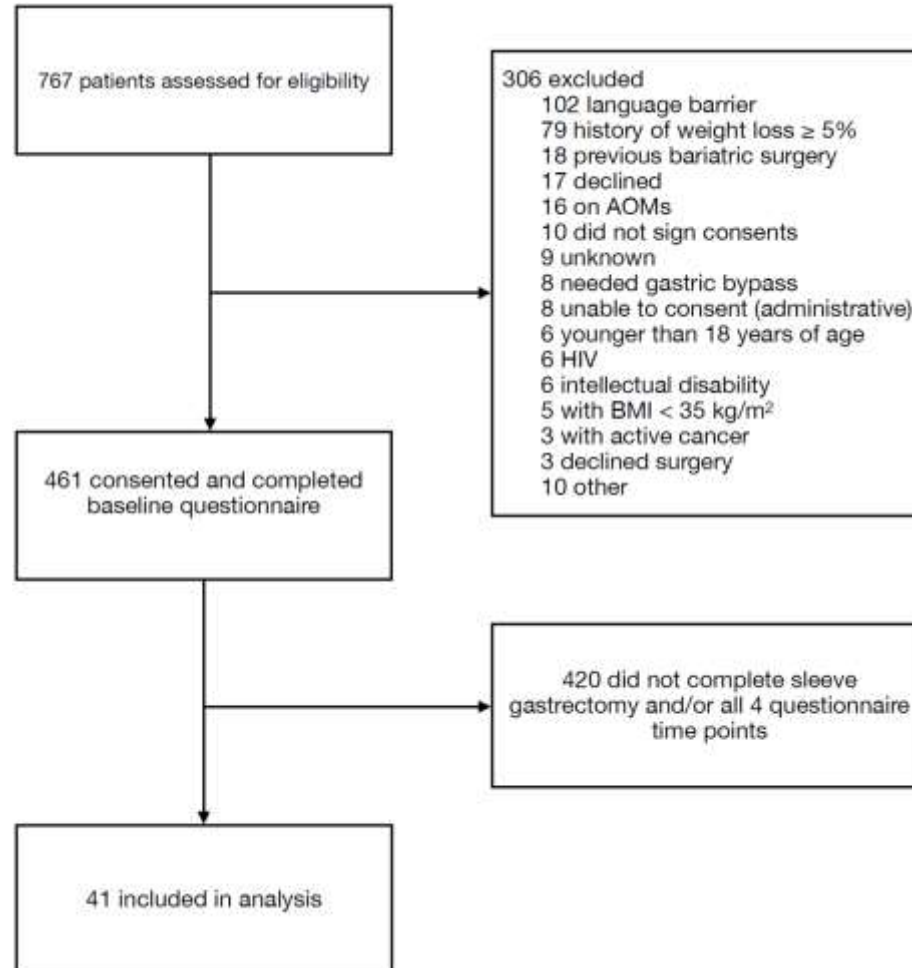
Study methodology

- Prospective longitudinal pre-post cohort study
- Series of validated Control of Eating Questionnaires
- Timepoints:
 - ❖ initial pre-surgical visit (baseline)
 - ❖ 3, 6, and 12 months after SG
- Optimal weight loss target:
 - ❖ Total weight loss (TWL) of $\geq 25\%$ 12 months post-SG
- Primary outcomes:
 - ❖ Δ Control of Eating attributes
- Parameters assessed:
 - ❖ Sex, age, baseline weight, baseline BMI, and smoking status



Dalton M, Finlayson G, Hill A, Blundell J. Preliminary validation and principal components analysis of the Control of Eating Questionnaire (CoEQ) for the experience of food craving. Eur J Clin Nutr. 2015;69(12):1313-1317. doi:10.1038/EJCN.2015.57

Study methodology



Study results

Patient baseline characteristics

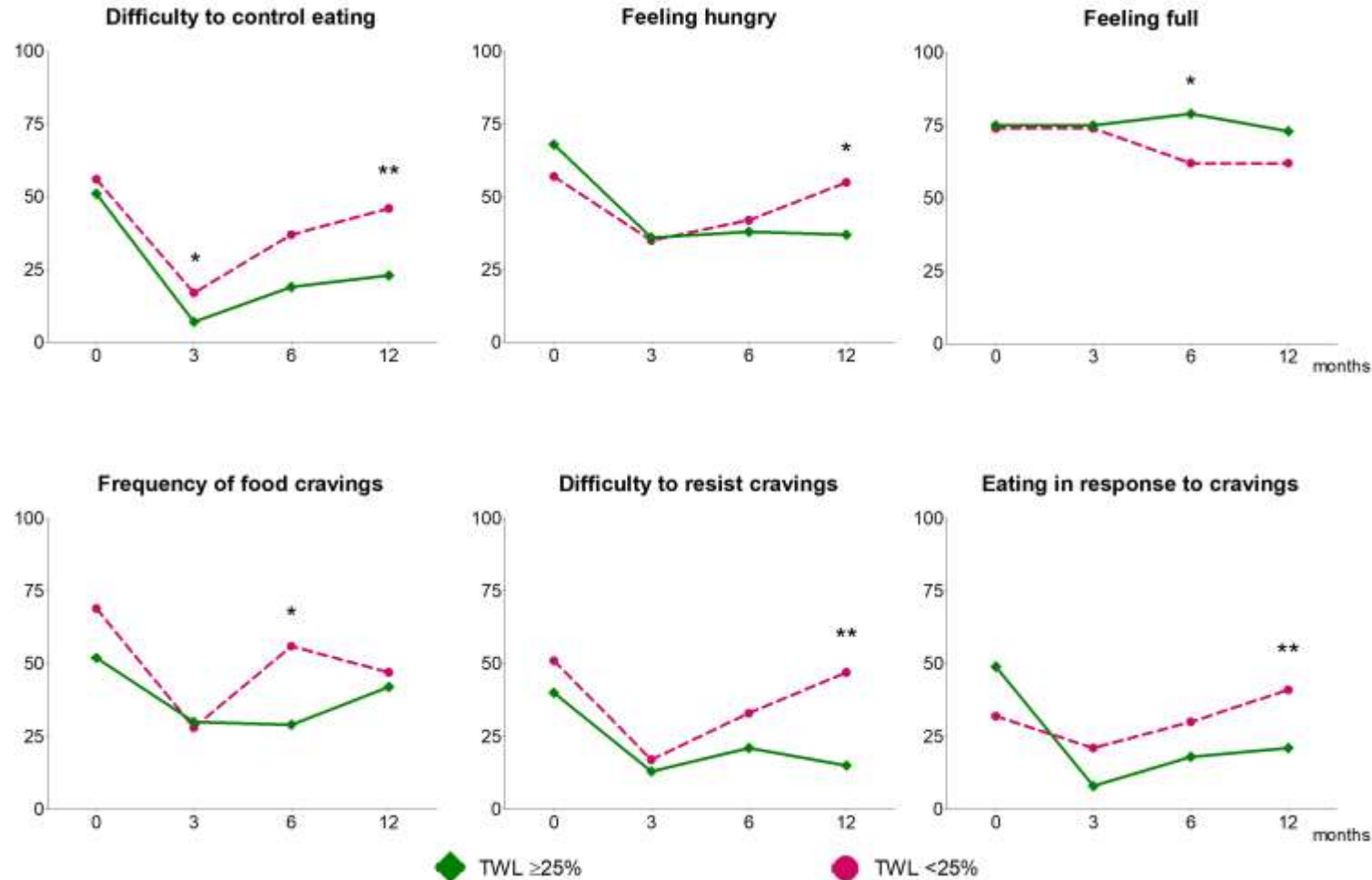
Parameter	All patients n = 41	% total weight loss at 12 months		
		≥ 25%	< 25%	p-value
Demographics				
Age, years	41.7 ± 10.6	39.4 ± 10.5	43.4 ± 10.6	>0.05
Sex, female	33 (80.5%)	15 (78.3%)	18 (83.3%)	>0.05
Weight status				
Weight at baseline, kg	126.4 ± 19.0	122.4 ± 15.6	129.6 ± 21.2	>0.05
BMI at baseline, kg/m ²	43.6 (35.2 – 66.3)	42.8 (37.4 – 66.3)	44.9 (35.2 – 64.2)	>0.05
Smoking status				
Never	28 (68.3%)	11 (61.1%)	17 (73.9%)	>0.05
Current or former	13 (31.7%)	7 (38.9%)	6 (26.1%)	>0.05



Values are expressed as n (%) for categorical variables, $\mu \pm SD$ for normally distributed and median (min-max) for not normally distributed continuous variables.

Analyses are based on independent t-test (two-sided), Mann-Whitney test, and Fisher's exact test (two-sided).

Study results



Changes in selected Control of Eating scores between individuals with severe obesity who achieved a total weight loss $\geq 25\%$ target at one year post-SG and those who did not

Differences in scores between groups analyzed using a two-tailed Mann-Whitney test. Statistical significance denoted as * ($p \leq 0.05$) and ** ($p \leq 0.01$)

Study conclusions

- Individuals with severe obesity who achieved a target of $\geq 25\%$ total weight loss at one-year post-SG have an early occurring improvement in overall eating control at 3 months that steadily persists at 6 and 12 months
- Improvements in other aspects of eating control tend to follow later, at 6- and 12-months post-SG
- These findings may assist in identifying individuals with inadequate response and choosing tailored behavioural, biofeedback-based techniques, and pharmaceutical interventions to help attain optimal weight loss targets

Thank you!

