How Family and Friends Affect Bariatric Surgery Success

A great support system is critical to the long-term success of a post-operative bariatric surgery patient. Part of a patient’s responsibility, starting even before surgery, is to plan for and create the support structure that will help them reach their weight loss goals.

Support and motivation form family members is a critical component of your support program. Family members are often the closest to us and, as a result, the people we see most often. Ideally, family members will join you in your weight loss efforts – dieting and exercising alongside you. They may be able to change their lives and health using the same methods you do – and be very successful at it. You can lean on each other to succeed where previous weight loss efforts may have failed. Further, you can use your time together to strengthen already solid bonds or repair fragile ones. Even if they don’t participate however, they should understand, with your guidance, the lifestyle change you’ve committed to.

Friends can also play a significant role in your ultimate success after bariatric surgery. After all, social occasions (holidays, birthdays, travel, going out to eat) are the hardest times to stick to your diet and exercise program. Having someone to lean on during a night out, a party or while on vacation can save you from the frustration and discomfort of overindulging.

Beyond your core group of friends, you may also make some very good friends at support group. After all, they are experiencing the same victories and struggles that you are and can be very helpful in offering advice and guidance.

The bottom line is that the support of your friends, family and acquaintances are a very important part of the bariatric surgery process. There are not many times we can successfully navigate a life changing event all by yourselves – bariatric surgery is no different. We encourage you to be open to bringing others into your weight loss journey and get your routine into high gear (source: Peachtree Bariatrics).

Emotional vs. Physical Hunger Infographic Can you tell when you are physically vs. emotionally hungry? It’s not easy!! Here is an infographic to help walk you through the signs and more importantly what to do about it (source: Albers, Susan).

Click here to download the infographic


Practice Exercise: Self-Comfort

PURPOSE: To learn to physically self-soothe

RATIONALE: Self-soothing is a necessary skill in regulating emotions, a combination of positive self-talk and receiving physical comfort (even from yourself!).

WHAT YOU NEED: Something comfy to sit on
DIRECTIONS: Sit in a comfortable chair or on a stack of big, soft pillows and burrow in until your body feels just right in your cozy nest. Now wrap your arms around yourself and give yourself a gentle hug. Notice how it feels. If it’s okay, rub your arms gently, give yourself a pat on the back, or stroke your hair. Say comforting things to yourself. Try to connect your gestures and words with being soothed, and relax into them. It’s fine if the exercise feels silly, strange, or makes you uncomfortable. Keep at it until the discomfort dissolves and you relax.

REFLECTION (to be done after completion of exercise): What was it like trying to physically soothe yourself? Did you connect with any comforting experiences from childhood or did your attempts feel foreign or have negative associations? If your reaction was negative, try to understand why you might feel this way (source: Koenig, Karen R.).

**BED, Bulimia in Bariatric Surgery Patients**

By Kathryn Hillstrom, EdD, CDE, RD, and Nicole M. Avila, BS

Today’s Dietician

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“Eating disorders are considered psychological problems, fueled by guilt, shame, and low self-esteem, and they’re prevalent among obese patients. In a sample of nearly 300 obese individuals qualifying for gastric bypass surgery, 66% had a lifetime history of an eating disorder, and 48% met the diagnostic criteria for BED at the time of their preoperative evaluation for bariatric surgery. Of the 48% diagnosed with BED pre-surgery, 28.8% developed bulimia nervosa postsurgery.”

**Information About Binge Eating Disorder (B.E.D.):**

- B.E.D. is a real medical condition
- B.E.D. is the most common eating disorder in US adults

Although the cause of B.E.D. is unknown, these may play a role:

- Certain chemicals in the brain
- Family history and certain life experiences

Talk to your health care provider and learn more about B.E.D. through an interactive slideshow

**What B.E.D. Looks Like in Adults**

1. Regularly eating far more food than most adults would in a similar time period and in similar circumstances, and feeling that one's eating is out of control during a binge

2. Binge eating episodes that include three of the following:
- Eating extremely fast
- Eating beyond feeling full
- Eating a lot when not hungry
- Eating in secret to hide how much is being eaten
- Feeling terrible after a binge

3. Feeling very upset by eating binges

4. On average, binge eating at least once a week for three months

5. Unlike people with other eating disorders, adults with B.E.D. don’t routinely try to "undo" their excessive eating with extreme actions like throwing up or over-exercising

This is not a complete list of Binge Eating Disorder symptoms. It is always best to talk to your health care provider for an individual diagnosis.

More Details About the Symptoms of Binge Eating Disorder

Your health care provider will consider whether you have all the following symptoms before making a diagnosis of B.E.D.

1. Regular binge eating instances during which both of the following are taking place:
   - Regularly eating far more food than most people would in a similar time period under similar circumstances
     - To qualify as "regular binge eating" the instances must take place at least once per week for three months
     - The time period during which binge eating instances take place can vary by individual, but is generally considered to be less than two hours and does not have to be in one setting
   - Feeling that one's eating is out of control during a binge
     - The feeling of not being in control can be either the inability to keep from starting to eat or the inability to stop eating once a binge eating episode has begun

2. Binge eating instances that include three or more of the following:
   - Eating extremely fast
   - Eating beyond feeling full
   - Eating large amounts of food when not hungry
   - Eating alone to hide how much one is eating
   - Feeling terrible after a binge

3. Being very upset by one's eating binges

4. On average, binge eating takes place on at least a weekly basis for three months

5. Unlike people with other eating disorders, adults with B.E.D. don’t routinely try to "undo" their excessive eating with extreme actions like throwing up or over-exercising

Other factors could be involved based on your own personal experiences. For that reason, it is always best to talk to your health care provider for an individual diagnosis.
What Makes It a Binge Eating Episode?

A binge eating episode can be characterized by the following:

- When one eats an amount of food that is far more than what most people would normally eat in a similar time frame, under similar circumstances, usually less than two hours
- Feeling one's eating is out of control
- The type of food consumed during a binge eating episode may vary from person to person, the setting may change, and episodes are typically defined by the unusual amount of food being consumed rather than the kind of food involved
- Those with Binge Eating Disorder may feel bad about themselves after an episode and may try to hide their actions from those around them

Occasionally overeating, such as someone might do at a party or a family holiday meal, is not considered Binge Eating Disorder. Neither is continually snacking on small amounts of food throughout the day. To find out if your eating habits may be the result of B.E.D., talk to your health care provider.

Possible Causes and Risk Factors

There are a number of possible causes and risk factors for B.E.D. While the exact causes of B.E.D. are unknown, certain theories suggest that adults with B.E.D. may have differences in brain chemistry that may:

- Interfere with the ability to regulate food intake
- Create or increase the "wanting" of a particular food
- Increase the "liking" of a particular food

There is evidence that suggests one potential risk factor for B.E.D. is that the condition may run in families. Research suggests that genetic influences for an individual with B.E.D. could possibly stem from a family history of B.E.D.

Particularly stressful events that happen in your daily life at home and/or at work could be associated with B.E.D. Some types of events that may increase the risk of B.E.D. include life-threatening accidents or natural disasters.
Talk to your health care provider if you have any question

**Potential Impact of B.E.D. in Adults**

Individuals with B.E.D. may experience some effect on their ability to function day to day. These effects may include, but are not limited to:

- Difficulty adapting to social roles (such as the different responsibilities adults have as parents, friends, and coworkers)
- An increased risk to general health

If you have any questions about how B.E.D. may be impacting you, talk to your health care provider.

**Managing Binge Eating Disorder (B.E.D.)**

**What Can Be Done to Help Manage B.E.D.?**

There are various ways your health care provider may recommend to help you manage Binge Eating Disorder. Working with your health care provider team (which may include primary care physicians, mental health professionals, and nutritionists) is the first step to managing B.E.D. Some adults with B.E.D. may benefit from psychotherapy, while others may benefit from medication. Psychotherapy (also known as counseling, psychosocial therapy, or just therapy) is a general term that refers to treating a psychiatric disorder by talking to a psychiatrist, psychologist, or other mental health provider. Examples of some of these therapies are below. Be sure to talk with your health care provider to see which type of therapy for B.E.D. might work for you.

**Cognitive Behavioral Therapy (CBT)**

- One of the most widely studied therapies used to treat individuals with B.E.D. It encourages individuals to regulate their eating habits by:
  - Setting realistic goals
  - Using self-monitoring when eating
  - Modifying negative self-perception
- CBT may also help reduce the frequency of eating binges.

**Interpersonal Therapy (IPT)**

- IPT may be used for those who binge eat to cope with an underlying social problem. It helps individuals recognize this problem so they can better manage negative feelings without turning to food as a way to cope.

**Dialectical Behavior Therapy (DBT)**
• DBT may be used for those who binge eat to cope with a painful emotional experience. It helps patients with B.E.D. develop certain skills to reduce binge eating habits.

**A Real Medical Condition**

• Binge Eating Disorder (B.E.D.) is not just overeating. It is a real medical condition that was formally recognized in 2013. B.E.D. is the most common eating disorder among US adults. So, if you think you might be struggling with the symptoms of B.E.D., know that you are not alone.

• *B.E.D. can be diagnosed only by a health care provider, and only when specific criteria are met. So be sure to talk with your health care provider about any concerns you may have about your eating.*

Source: Shire (2015)

*After talking it over with your Shawnee Mission Health Bariatric team doctor (Dr. Saradih, MD or Dr. Sabapathy, PhD, contact me for help.*

*Kathi Williams, MA, LMFT-T, Shawnee Mission Health-Prairie Star, (913) 676-8675*