# **Enhancing Clinical Success through Intensive Dietary Support** in Bariatric Surgery Patients in an Asian Population

Alvina Sim Xin Jie

### CONFLICT OF INTEREST OF DISCLOSURE

I have no potential conflict of interest to report

### ETHICAL CONSIDERATIONS

This study is approved by the IRB (NMRR and MREC)

# Background

### Outcomes following bariatric surgery can be variable:

- → Surgical techniques
- → Dietary adherence
- → Psychosocial factors

## **Research Question**

How does Intensive Dietary Support (IDS) compare to Standard Care (SC) in influencing weight loss and BMI change following bariatric surgery in an Asian population?

# **Primary Objective**

To determine the effectiveness of Intensive Dietary Support group (IDS) versus Standard Care group (SC) on weight loss and BMI changes at 6-month and 12-months post bariatric surgery in an Asian population

# **Secondary Objectives**

- To evaluate the rates of postoperative complication
  & the dietary adherence between IDS and SC groups
- To determine if IDS leads to an increased or similar rate of complications as compared to SC.

## Methodology

#### Study design:

- Retrospective study
- 200 patients
- A single surgeon
- Divide patients into IDS and SC group

#### **Inclusion criteria:**

- All patients who underwent LSG/LRYGB in Jan -Dec 2022
- 18-65 years old

#### **Exclusion criteria:**

- Revisional procedures

#### **Primary Outcome Measures:**

- %Excess BMI Loss >50% and %Total Body Weight Loss >20%

## **Definition**

### **Intensive Dietary Support**

- $\rightarrow$  Frequency of consultations (attend  $\geq$  4 follow ups) [1-3]
- → Personalised meal plannings
- → Ongoing education
- → Close monitoring

- 1. Reiber, Beata M M et al. "Weight Loss Results and Compliance with Follow-up after Bariatric Surgery."
- 2. Shen, R., Dugay, G., Rajaram, K., Cabrera, I., Siegel, N., & Ren, C. J. (2004). Impact of patient follow-up on weight loss after bariatric surgery.
- 3. Switzer, N. J., Merani, S., Skubleny, D., Pelletier, J. S., Kanji, R., Shi, X., Birch, D. W., de Gara, C., Sharma, A. M., Gill, R. S., & Karmali, S. (2016). Quality of Follow-up: Systematic Review of the Research in Bariatric Surgery.

## **Definition**

### **Standard Care**

→ Frequency of consultations (attend < 3 follow ups) [1-3]

- 1. Reiber, Beata M M et al. "Weight Loss Results and Compliance with Follow-up after Bariatric Surgery."
- 2. Shen, R., Dugay, G., Rajaram, K., Cabrera, I., Siegel, N., & Ren, C. J. (2004). Impact of patient follow-up on weight loss after bariatric surgery.
- 3. Switzer, N. J., Merani, S., Skubleny, D., Pelletier, J. S., Kanji, R., Shi, X., Birch, D. W., de Gara, C., Sharma, A. M., Gill, R. S., & Karmali, S. (2016). Quality of Follow-up: Systematic Review of the Research in Bariatric Surgery.

## **Result and Discussion**

### **Result - Baseline characteristics**

| Variables                          | IDS (n=100)         | SC (n=100)          | P-value |
|------------------------------------|---------------------|---------------------|---------|
| Age, year (M <u>+</u> SD)          | 39 <u>+</u> 7       | 41 <u>+</u> 9       | 0.386   |
| Gender                             |                     |                     |         |
| Women (%)                          | 86                  | 85                  | 0.923   |
| Men (%)                            | 14                  | 15                  | 0.901   |
| Surgical procedure                 |                     |                     |         |
| LSG (%)                            | 13                  | 14                  | 0.911   |
| LRYGB (%                           | 87                  | 86                  | 0.825   |
| Preoperative Weight, kg 38.3 ± 7.4 |                     | 40.1 <u>+</u> 8.8   | 0.751   |
| Preoperative BMI, kg/m2            | 101.9 <u>+</u> 22.8 | 105.5 <u>+</u> 24.9 | 0.345   |

# **Result - Primary Outcome**

### Percentage of Weight Loss in 6-month and 12-month

|           |        | IDS (n=100)        | SC (n=100)        | p-value |
|-----------|--------|--------------------|-------------------|---------|
| 6-months  | %EBMIL | 61.4 <u>+</u> 8.6  | 34.2 <u>+</u> 6.9 | <0.001  |
|           | %TBWL  | 21.5 <u>+</u> 6.5  | 14.7 <u>+</u> 4.7 | <0.001  |
| 12-months | %EBMIL | 81.5 <u>+</u> 16.4 | 46.2 <u>+</u> 4.9 | <0.001  |
|           | %TBWL  | 30.3 <u>+</u> 9.5  | 20.1 <u>+</u> 5.8 | <0.001  |

# Result - Secondary outcome

#### **Early postoperative complication**

There were no early postoperative complications documented in both groups

# Result - Secondary outcome

#### **Dietary complications in 6-month and 12-month**

|          | IDS (n=100) | SC (n=100) | P-value |
|----------|-------------|------------|---------|
| 6-month  | 20 (20%)    | 23 (23%)   | 0.400   |
| 12-month | 9 (9%)      | 10 (10%)   | 0.449   |

## **Result - Secondary outcome**

#### **Nutrition intake in 6-month and 12-month**

| Timepoint | Variables     | IDS (n=100)          | SC (n=100)            | p-value |
|-----------|---------------|----------------------|-----------------------|---------|
| 6-months  | Energy (Kcal) | 897.5 <u>+</u> 87.9  | 1214.9 + 123.1        | <0.001  |
|           | CHO (g)       | 51.8 <u>+</u> 19.8   | 122.2 <u>+</u> 20.7   | <0.001  |
|           | Protein (g)   | 59.4 <u>+</u> 8.9    | 58.8 <u>+</u> 8.7     | 0.701   |
|           | Fat (g)       | 50.3 <u>+</u> 9.8    | 54.5 <u>+</u> 8.9     | 0.003   |
| 12-months | Energy (Kcal) | 991.7 <u>+</u> 169.9 | 1323.8 <u>+</u> 153.1 | <0.001  |
|           | CHO (g)       | 56.9 <u>+</u> 27.8   | 132.2 <u>+</u> 30.8   | <0.001  |
|           | Protein (g)   | 67.4 <u>+</u> 6.6    | 62.5 <u>+</u> 8.8     | 0.004   |
|           | Fat (g)       | 54.9 <u>+</u> 8.3    | 60.6 <u>+</u> 9.2     | <0.001  |
|           |               |                      |                       |         |

### **Discussion**

#### Primary outcome: weight loss percentage

Bariatric patients who are in the IDS group experienced greater weight loss and reduction in BMI at 6 months & 12 months compared to the standard care (SC) group.

#### Secondary outcome: complication and nutrition

IDS did not result in higher complications and provide greater dietary adherence.

## Strength

- Sample size was able to represent the general Malaysian population
- Data was assessed by trained professionals

### Limitation

- Retrospective study
- Underreporting: Underestimate total calories
- Short-term study: Only 12-months

### Conclusion

Intensive Dietary Support (IDS) when compared to Standard Care (SC) lead to better weight loss outcomes and BMI reduction in patients after bariatric surgery