ADOLESCENTS IN SURGERY AND OBESITY CARE: BEST PRACTICES FOR RESEARCH INVOLVING TEENS UNDERGOING TREATMENT

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“There is no evidence that ‘watchful waiting’ or delayed treatment is appropriate for children with obesity,”

Sandra Hassink, MD, an author of the AAP guideline

What can we transfer from adults— and where do we need adolescent-specific evidence?

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In which areas do we particularly need adolescent-specific evidence?

- Autonomy and decision-making capacity
- Parental involvement
- Risk-taking
- Transition
- Timing
- Puberty, height and bone health
- An even longer-term perspective

We need a developmental perspective

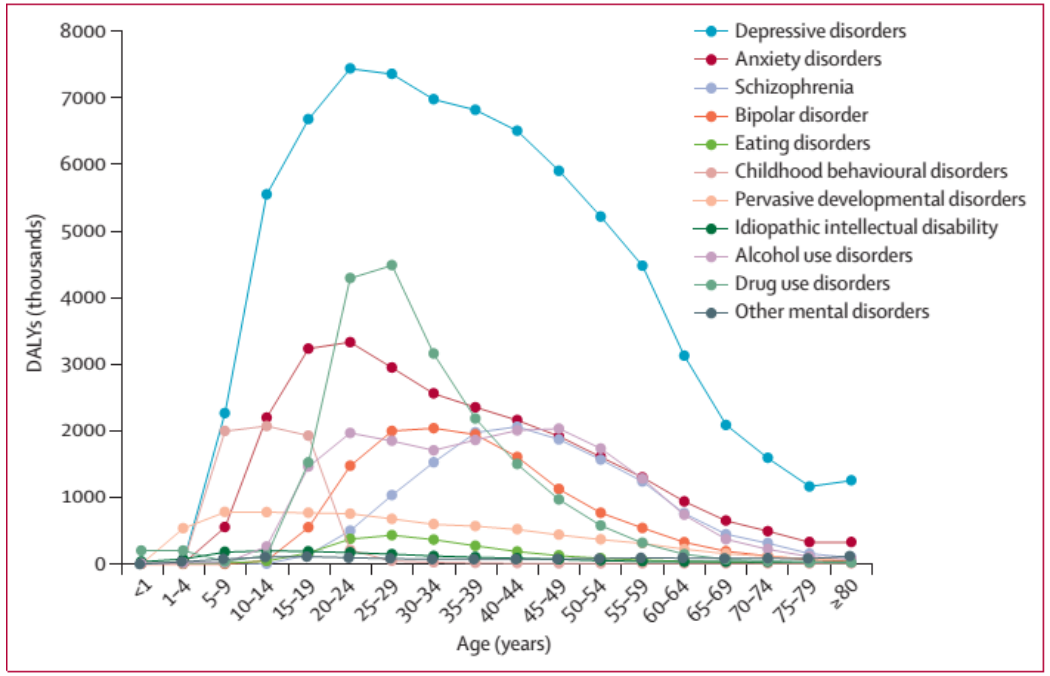

Figure 3: **Disability-adjusted life years (DALYs) for each mental and substance use disorder in 2010, by age**

Whiteford et al. (2013)
Lancet

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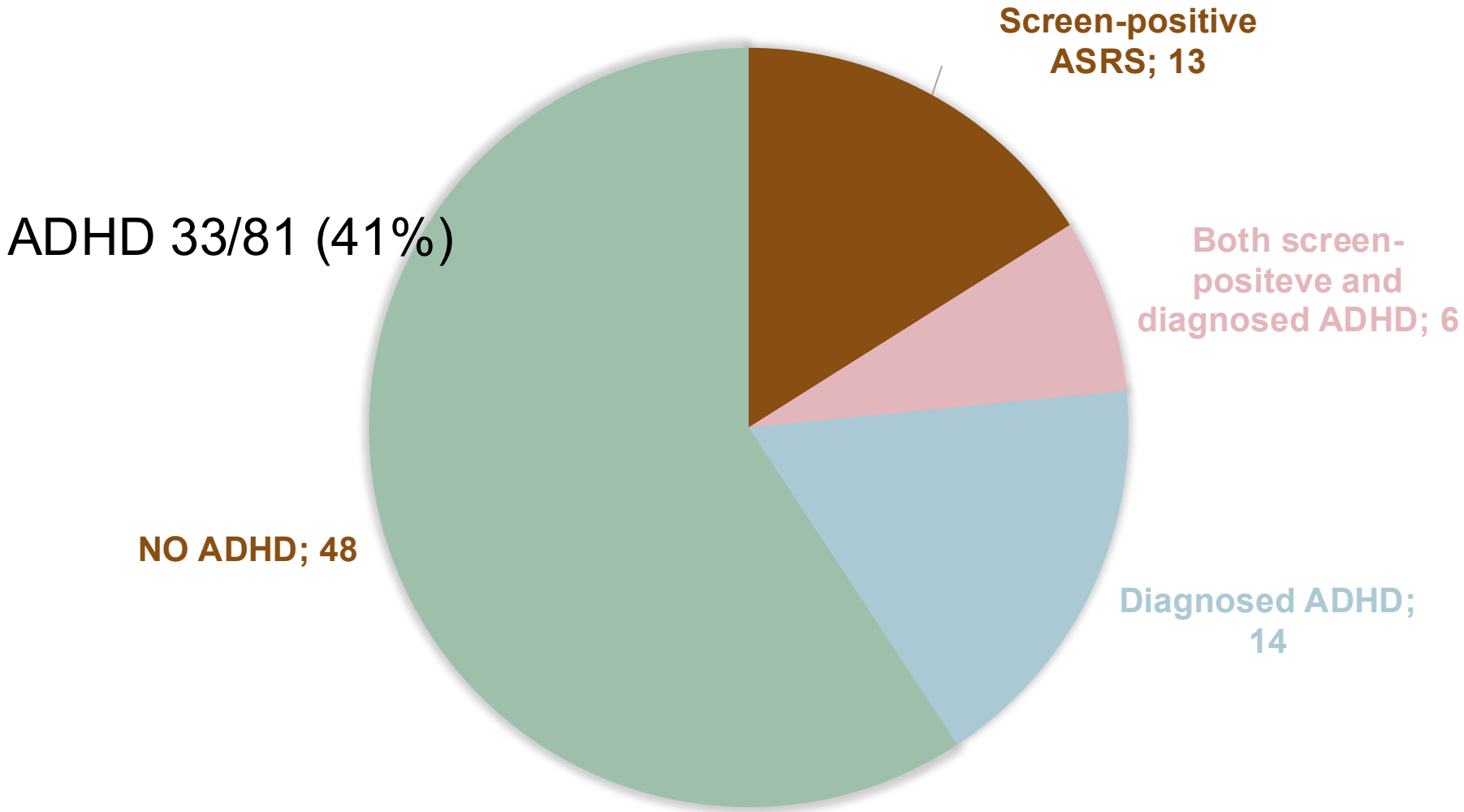
We need to understand the characteristics of adolescents with obesity



ADHD 33/81 (41%)

Björk et al. Obesity Facts 2025

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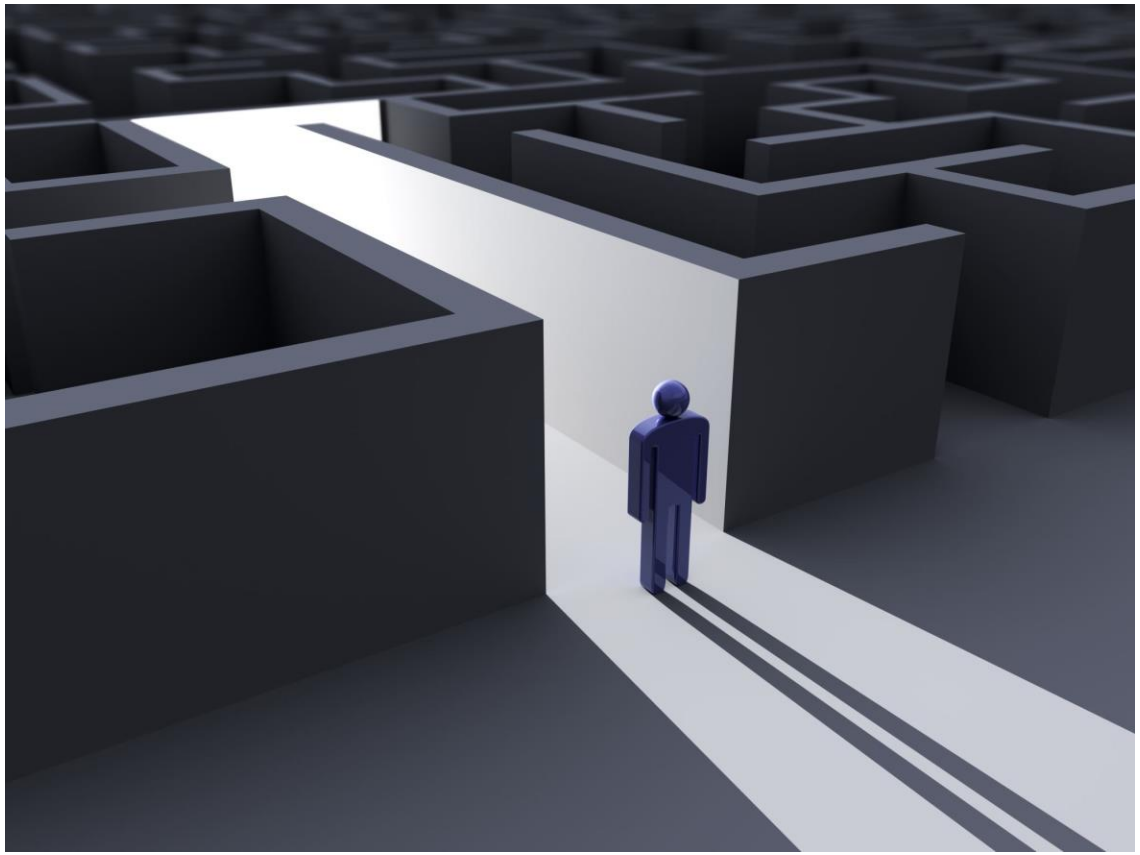
We need to understand the experiences adolescents bring into treatment

- Stigma and bullying
- Years of struggling to regulate appetite and weight



Adolescent obesity care needs to account for the broader context

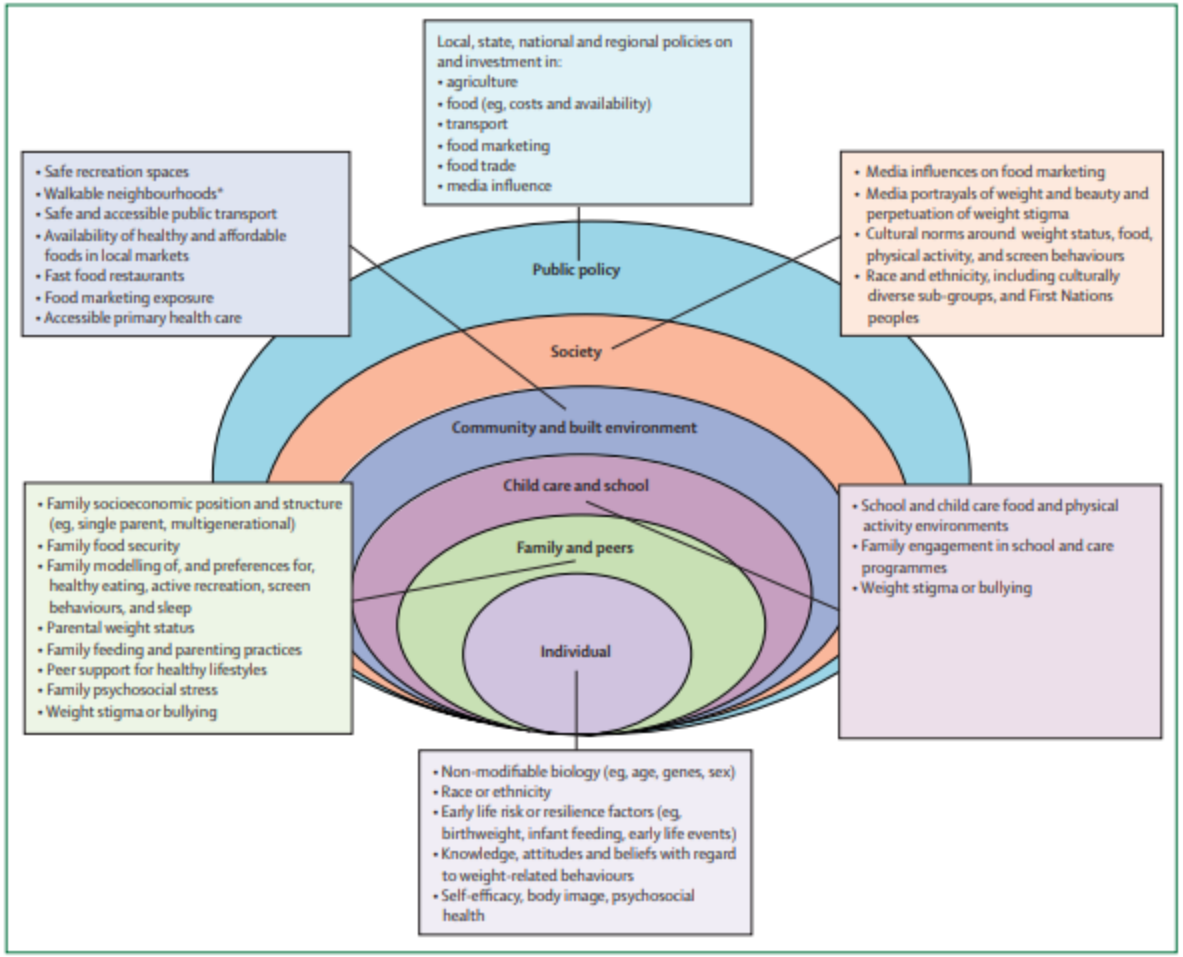


Figure 1: **A socioecological model for understanding the dynamic interrelationships between various personal and environmental factors influencing child and adolescent obesity.**
Adapted from the Centers for Disease Control and Prevention social-ecological model framework for prevention.[58] *Defined as being traversable on foot, compact, physically enticing, and safe.

Jebeile et al. Lancet D&E 2022 https://doi.org/10.1016/S2213-8587(22)00047-X

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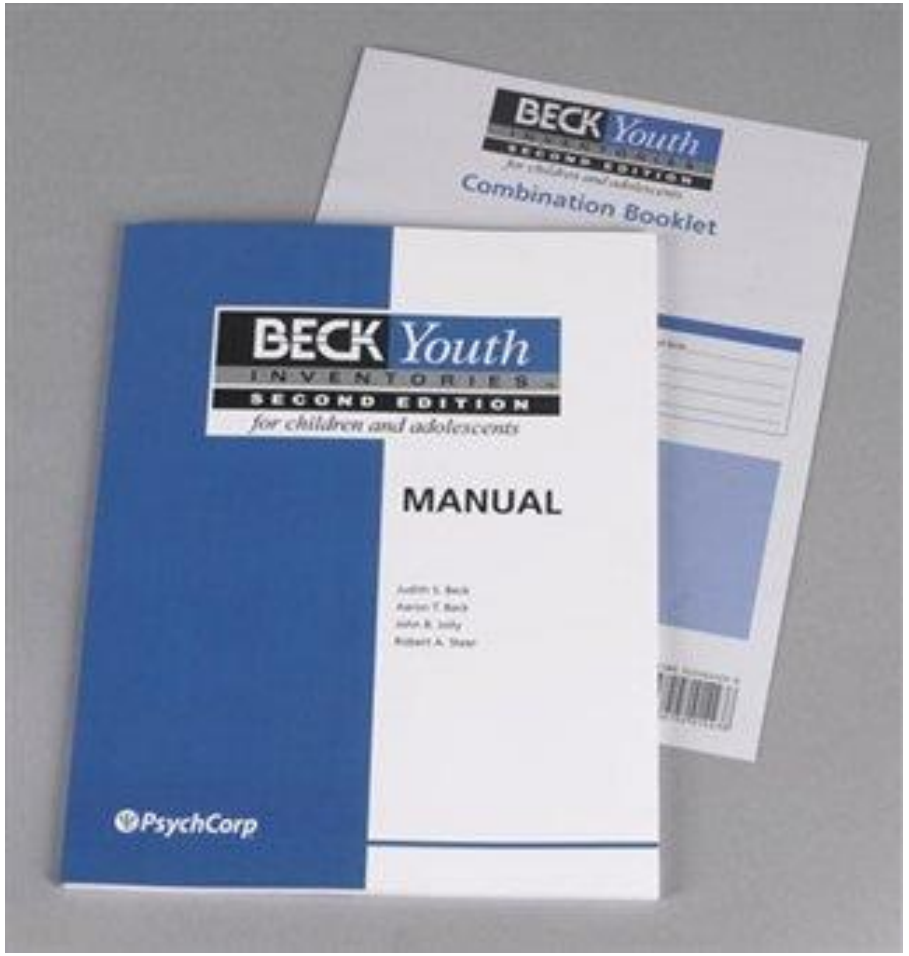
We need age-appropriate assessment

Adult assessment: “work or other regular daily activities”

Adolescent context: school, peers, family, leisure activities



We need to understand parents' perspectives

- *"It got so bad that we had to put a padlock between the fridge and the pantry and lock it whenever we weren't home, and still, he kept gaining weight."*
- "*above all her decision*,".
- *"…it's a bit split, if you say so. If I think about her, think about her health, then it was definitely the right time. She weighed, what was it, 110–120 kilos, yes and that as a lot on that body. But if I look at the other side, then she was definitely not mature."*
- *And they don't really take the psychological aspects into account. Or at least not to the extent that I would have wished."*

Under review

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We need adolescents' own perspectives on treatment decisions

After 2 years:

Surgical group: 0 **Non-surgical group**: 2

Reasons: Feeling helpless and the absence of weight loss

After 5 years:

Surgical group: 0 **Non-surgical group**:3

Reasons: Too young, too many assessments, advocating a specific diet.

Järvholm et al. 2023 & unpublished

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We need to understand adolescents' own perspectives

- *I definitely think so, because I'm glad that I had the operation when I was sixteen, […] because it gave me self-confidence, better self-esteem, I dared to take on more things in life, if it [the obesity] had continued until now at the age of 29, I don't think I would have had a job or anything, I would have stayed at home because I would have wanted to hide all the time.*

- *… and sort of check the mental health both before and after… I think it's incredibly important to solve the mental health issue beforehand, it impacts so many other things…*

Örn et al. Obesity Science & Practice 2025

Is research with adolescents more complex than research with adults?

Yes.

Is it more fun?

Yes — definitely!

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See you in

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