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# Long-Term Outcomes of Metabolic Bariatric Surgery in Patients With Major Psychiatric Disorders

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# Conflict of Interest

Nothing to disclose

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# Background and Rationale

- Obesity is highly prevalent among patients with severe mental illness.
- Patients with schizophrenia or bipolar disorder are often considered higher-risk candidates for MBS.
- Long-term bariatric, metabolic and psychiatric outcomes remain incompletely characterized.

**Study question:**
Do patients with MPD achieve durable benefit after MBS, and what residual risks remain?

MPD = major psychiatric disorder; MBS = metabolic bariatric surgery



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# Methods

## Nationwide retrospective cohort

- Clalit Health Services database, 2000-2024
- Adults who underwent metabolic bariatric surgery
- MPD defined as schizophrenia and/or bipolar disorder
- Primary comparisons: weight loss, metabolic outcomes, psychiatric outcomes, healthcare utilization and mortality

| 360 | 17,752 | 18,112 |
|---|---|---|
| Patients with MPD | Controls without MPD | Total cohort |



# Patients' Characteristics

| Variable | No MPD | MPD | P value |
|---|---|---|---|
| Age, years | 42.8 | 42.5 | NS |
| Female | 71.7% | 71.4% | NS |
| BMI, kg/m² | 40.6 | 42.0 | <0.001 |
| Depression | 25.8% | **74.7%** | <0.001 |
| Psychotropic treatment before MBS | 64.5% | **84.7%** | <0.001 |
| Suicide-related events / ideation | 0.2% | **1.9%** | <0.001 |



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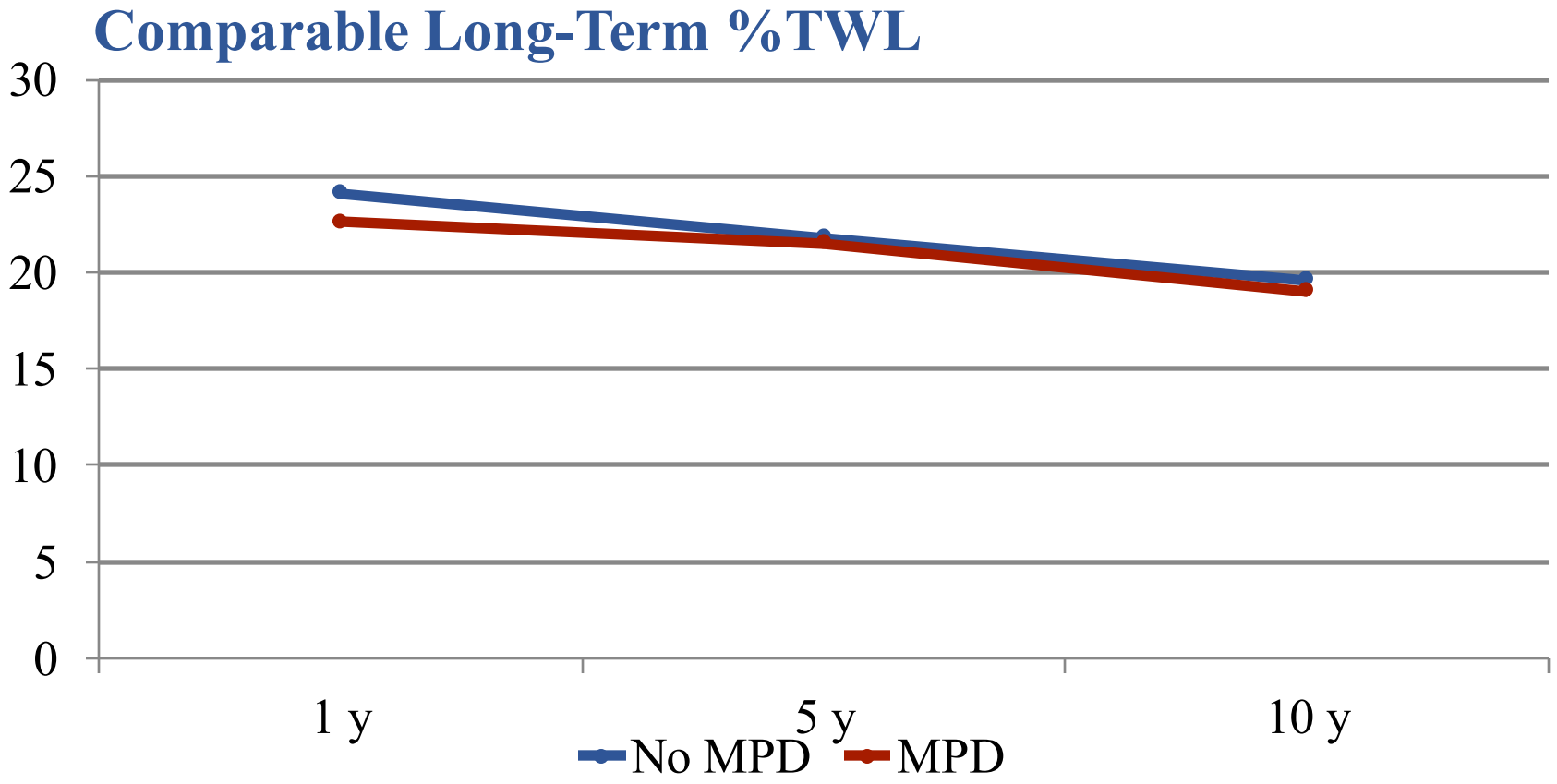
# Weight-Loss Outcomes




P values: 1 y=0.743, 5 y=0.905, 10 y=0.775

%TWL = percent total weight loss

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# Metabolic Outcomes

| Outcome | 1 year | 5 years | 10 years |
|---|---|---|---|
| Diabetes remission | NS | NS | NS |
| Cardiovascular remission | NS | NS | NS |
| GERD remission | NS | NS | NS |
| Hyperlipidemia remission | **13.6% vs 10.2% P=0.036** | **18.1% vs 12.4% P=0.001** | **22.2% vs 16.6% P=0.004** |



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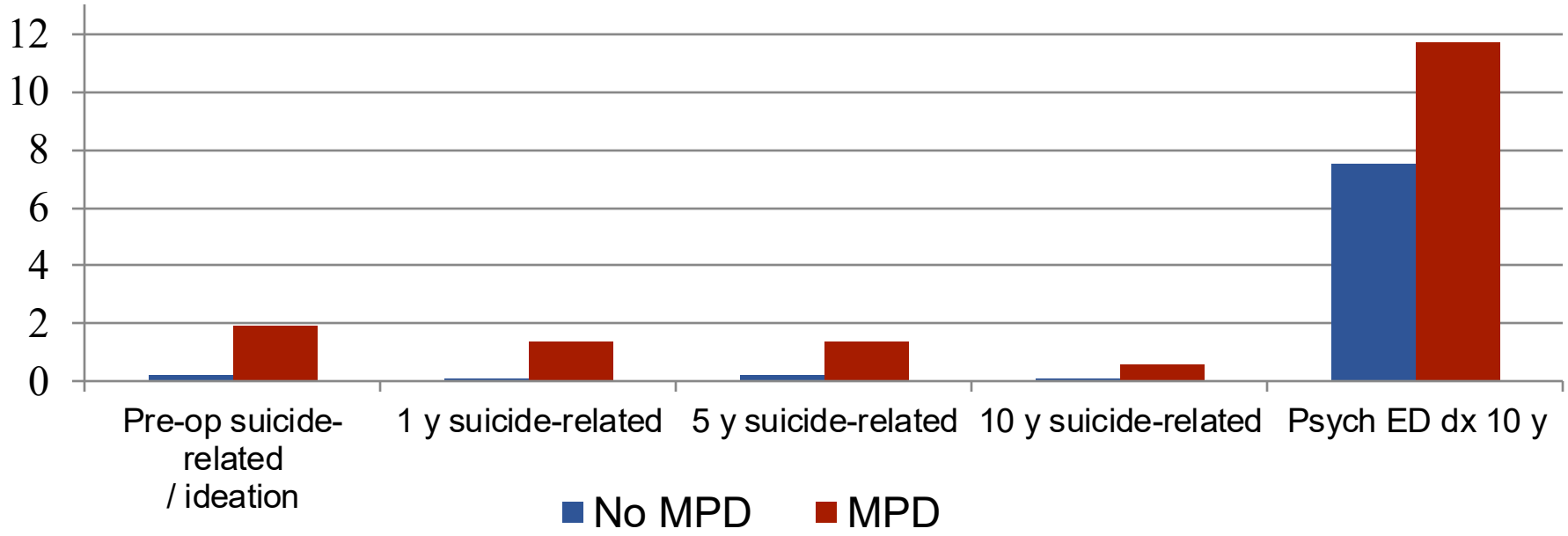
# Psychiatric Outcomes




- **Psychiatric vulnerability was present before surgery and persisted during follow-up.**

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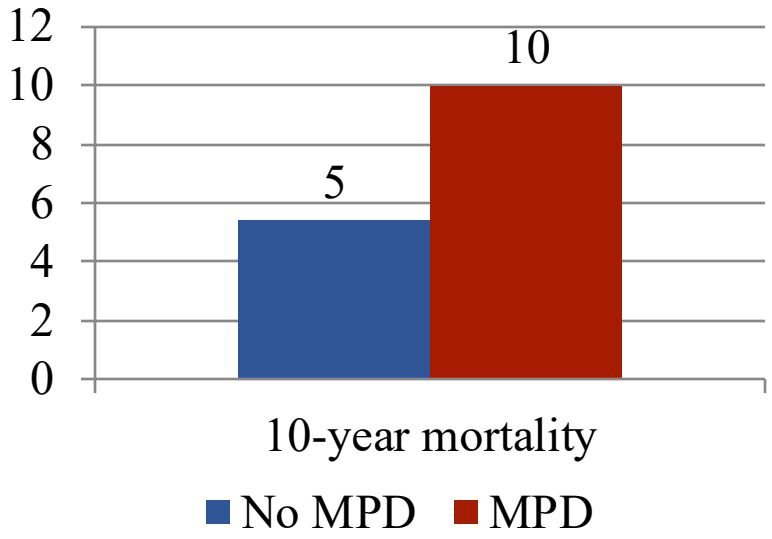
# Healthcare Utilization and Mortality

**MPD patients had higher long-term clinical burden.**




**Crude 10-year mortality**
**10.0% vs 5.4%**
**P<0.001**

**Other signals**

- Abdominal pain: 28.6% vs 23.1%
- Malaise/fatigue: 4.7% vs 2.6%
- Sepsis at 5 y: 1.1% vs 0.3%

**Mortality comparison is unadjusted; present as association, not causation**

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# Conclusions

**Comparable %TWL**
**Bariatric efficacy**
Durable through 10 years

**Preserved benefit**
**Metabolic effect**
Most outcomes similar

**Higher burden**
**Residual risk**
Psychiatric + mortality

## Take-home message

**Patients with MPD achieve meaningful long-term weight loss after MBS, but remain a high-risk population requiring continued psychiatric and medical follow-up.**

MPD = schizophrenia and/or bipolar disorder.



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# Thank you

# Questions ?

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