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PHYSICAL AND MENTAL HEALTH COMPONENTS AS INDEPENDENT PREDICTORS OF OPTIMAL OUTCOMES IN SLEEVE GASTRECTOMY

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TORONTO2026

The Future of Obesity Management:
From Weight Loss to Health Gain

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Nothing to Disclose

1 Background

Sleeve gastrectomy is the most commonly performed metabolic bariatric surgery.
Clinical outcomes, however, remain heterogeneous — and comprehensive predictive models incorporating both physical and mental health components remain limited.

The gap

Metabolic improvements after bariatric surgery are well established.
Comprehensive biopsychosocial transformation — combining physical and mental domains — remains incompletely characterized.

2 Objectives

To evaluate physical (comorbidity burden) and mental health components as independent predictors of optimal clinical outcomes following sleeve gastrectomy in patients with obesity.

This study

93 patients, dual-domain assessment (Charlson Comorbidity Index + 5 validated mental-health instruments), follow-up term (mean 3.8 years).

3 Methods

93	42.2 ± 11.1	74.2%	3.8 yrs
patients	mean age (yrs)	female	mean follow-up

PHYSICAL HEALTH

- Charlson Comorbidity Index (CCI)
- Anthropometric data at baseline and follow-up
- Comorbidity status: diabetes, hypertension, dyslipidemia

MENTAL HEALTH

- PHQ-9 (depression) · GAD-7 (anxiety) · HADS
- Quality of Life Scale (Chaban)
- Psychosomatic Disorder Questionnaire
- Outcomes: SF-BARI QoL at long-term follow-up

Statistics: binary logistic regression · Kendall tau correlation

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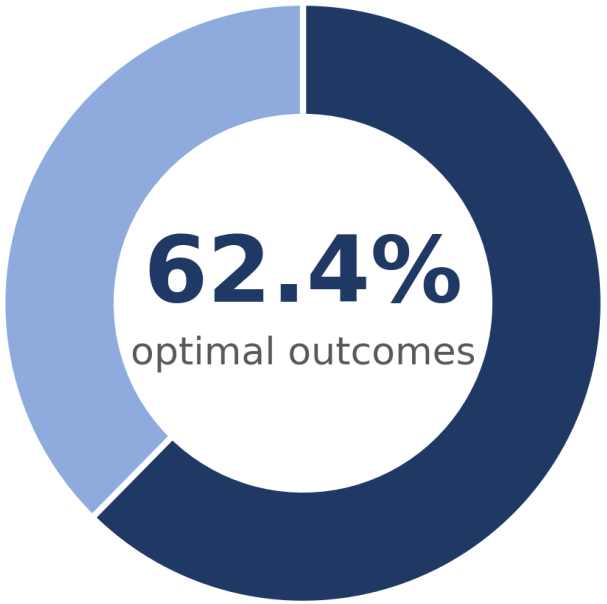

Comorbidity burden shaped outcomes

OR = 3.13

(95% CI 1.20–8.13, p=0.01)

Low comorbidity burden (CCI 0–2) significantly increased the odds of an optimal outcome — and was linked to superior mental-health profiles.

OR = 28.00

(95% CI 3.80–206.53, p=0.002)

Elevated Charlson scores (CCI ≥6) strongly predicted suboptimal outcomes.

Within the low-comorbidity group, very high quality of life (≥83 points) further increased the odds of an optimal outcome (OR=4.36, p=0.002).

5 Results — Independent Predictors

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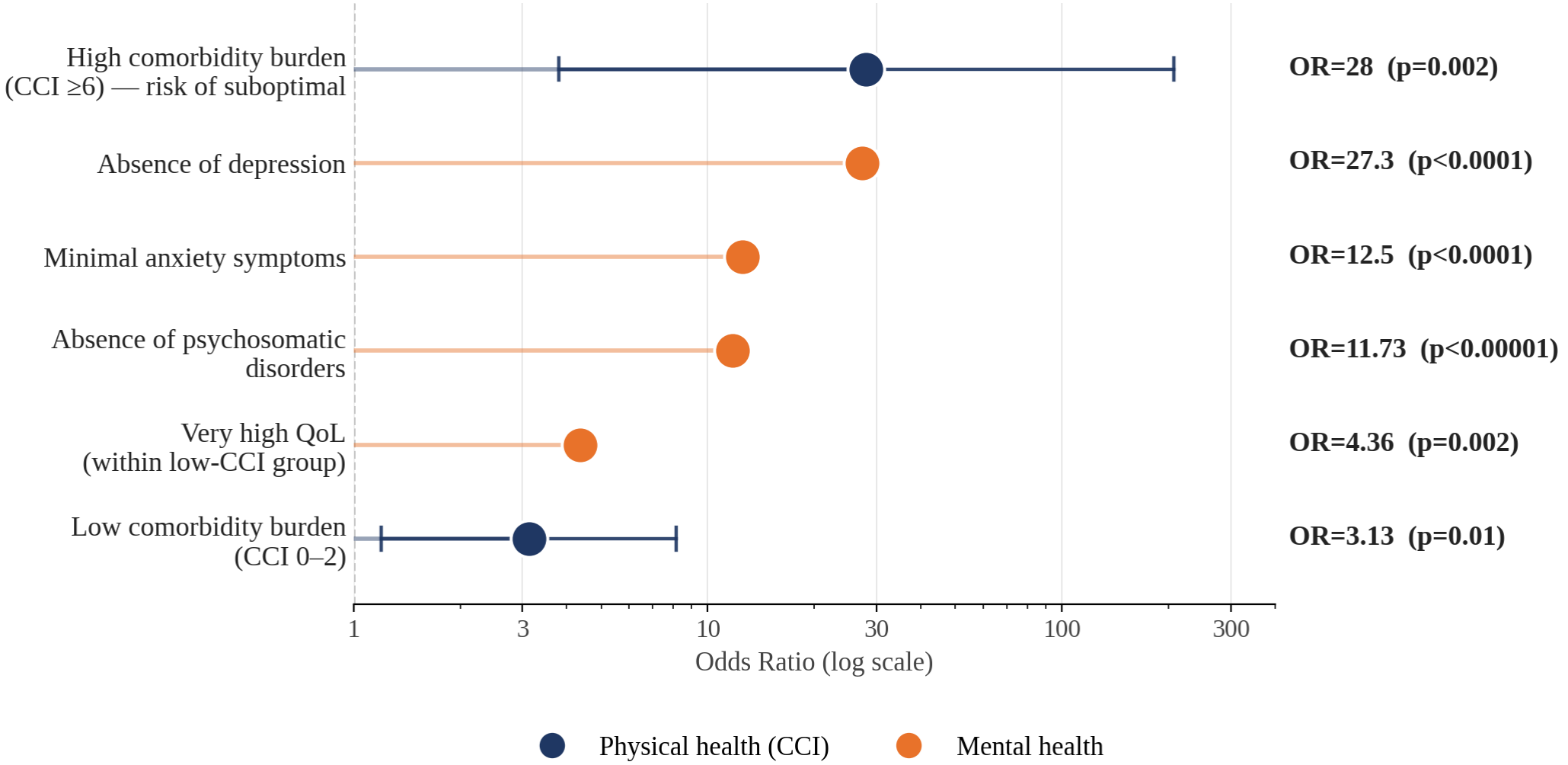
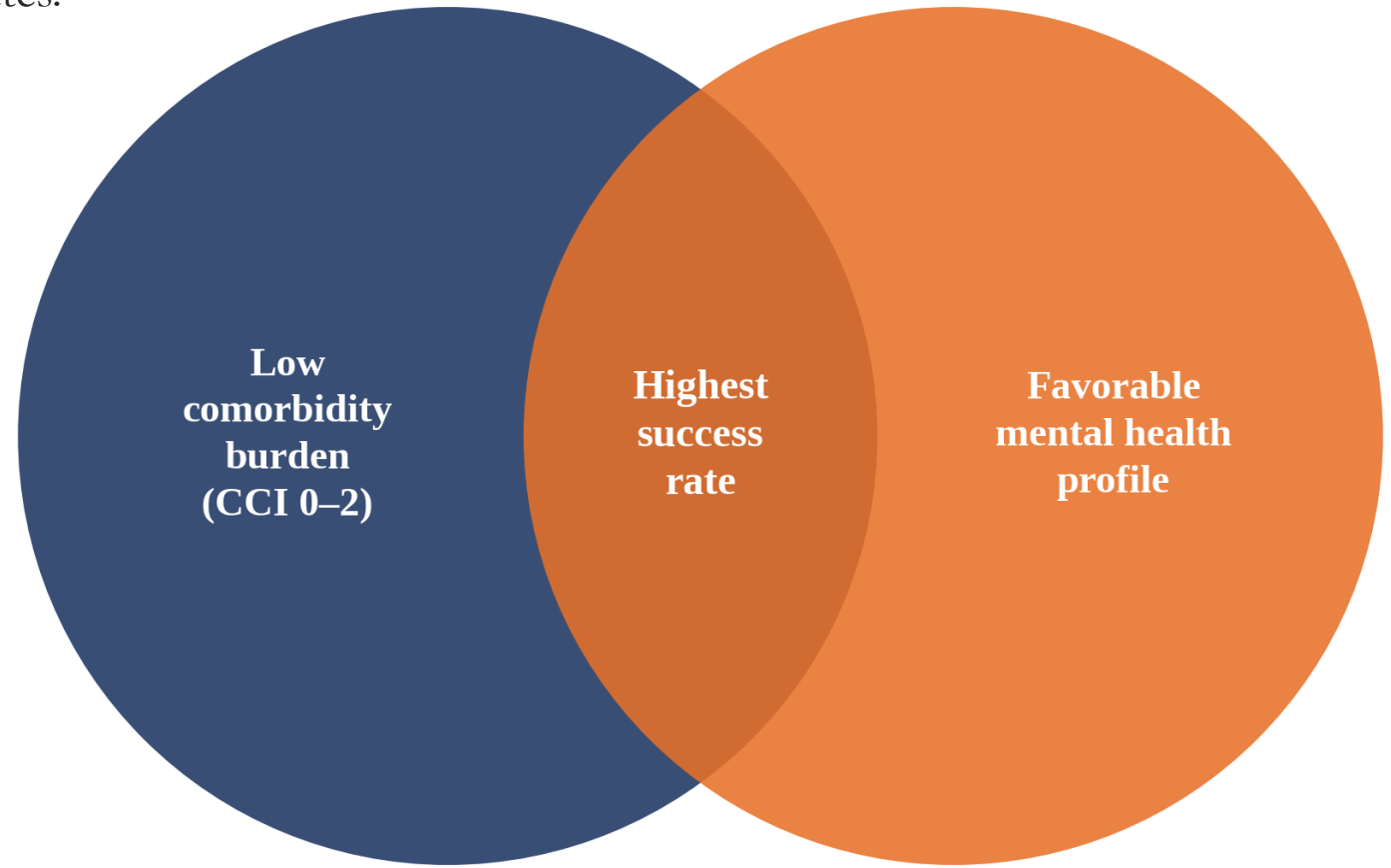


95% CI shown where reported in the analysis.

6 Results — The Synergistic Effect

Mental health indicators independently predicted outcomes regardless of comorbidity level. Patients combining low comorbidity burden with a favorable mental-health profile demonstrated the highest success rates.



CONCLUSION

- Preoperative assessment should integrate comprehensive evaluation of both physical and mental health domains — not physical status alone.
- Patients with minimal comorbidities AND good mental health have a substantially higher probability of optimal metabolic and clinical outcomes.
- Dual-domain screening (CCI + PHQ-9/GAD-7) offers a practical, low-cost tool to identify at-risk patients before surgery.

Physical comorbidity burden and mental health status independently predict MSB outcomes.

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