U.S. Department of Veterans Affairs

Public Access Author manuscript

JAMA Surg. Author manuscript; available in PMC 2020 January 10.

Published in final edited form as:

JAMA Surg. 2018 July 01; 153(7): 661–662. doi:10.1001/jamasurg.2018.0216.

Relationship status after bariatric surgery: it's complicated

Joseph R. Imbus, M.D.^a, Luke M. Funk, M.D., M.P.H.^{a,b}

^aDepartment of Surgery, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

^bWilliam S. Middleton Veterans Affairs Memorial Hospital, Madison, Wisconsin

Bariatric surgery is the most effective treatment for patients with severe obesity who are pursuing weight loss and resolution of obesity-related comorbidities.¹ Multiple studies, including a recent systematic review² and a randomized-controlled trial,³ have found that bariatric surgery is also associated with improvements in quality of life. However, negative psychosocial outcomes after bariatric surgery have been reported, including an increased risk of self-harm^{4,5} and substance abuse.⁶

In this issue of *JAMA Surgery*, Bruze and colleagues⁷ investigate the impact of bariatric surgery on the status of interpersonal relationships. The authors conducted case-control analyses of two prospectively maintained Swedish datasets. In the first analysis, nearly 2,000 bariatric surgery patients from the Swedish Obese Subjects study were compared with a similar number of obese patients who did not undergo bariatric surgery. The second analysis included nearly 30,000 gastric bypass patients from the Scandinavian Obesity Surgery Registry and 300,000 adults in the general population. Investigators found that bariatric surgery was associated with an increased incidence of divorce/separation, and an increased incidence of marriage/new relationships for those who were not in a relationship at baseline. Bariatric surgery patients who lost more weight were more likely to experience a shift in relationship status compared to bariatric patients with less weight loss.

Although there are limitations to this study, including the potential for unmeasured confounding that the matching strategies could not account for and the lack of information regarding why relationships changed (and who initiated the changes), this research sheds new light on what happens to personal relationships after bariatric surgery. To providers who manage postoperative bariatric surgery patients, these findings may quantitatively confirm experiences they have had while observing bariatric patients during the postoperative period. Self-confidence often increases. Behaviors change as patients have the opportunity to engage in activities for the first time in years, or develop new passions. As patients and their significant others adjust to their post-bariatric surgery lifestyles, personal relationships are likely to change.

Corresponding author: Luke M. Funk, MD, MPH, Assistant Professor of Surgery, University of Wisconsin School of Medicine and Public Health, Department of Surgery, 600 Highland Avenue, H4/728 Clinical Science Center, Madison, WI 53792-7375, Office phone number: (608) 263-1036, Home phone number: (617) 671-8869, funk@surgery.wisc.edu.

Dr. Imbus does not have any financial associations or conflicts of interest to disclose.

This work has important implications. From a research perspective, we must continue to explore the causes of relationship disruption or initiation, so that providers can support patients before and after surgery. This support may go both ways – helping patients strengthen healthy relationships, or supporting them while they exit unhealthy ones. It is our clinical responsibility to counsel patients preoperatively, and make them aware of how relationships can change after bariatric surgery. In doing so, we can help reassure our patients that bariatric surgery is not only the most effective treatment for severe obesity, but also an extremely powerful tool for positive transformation in their lives.

Acknowledgments:

Dr. Funk is supported by a VA HSR&D Career Development Award (CDA 15–060). The views expressed in this article are those of the authors and do not necessarily represent the views of the VA.

References

1. Chang SH, Stoll CR, Song J, Varela JE, Eagon CJ, Colditz GA. The effectiveness and risks of bariatric surgery: an updated systematic review and meta-analysis, 2003–2012. *JAMA Surg* 2014;149:275–87. [PubMed: 24352617]
2. Kolotkin RL, Andersen JR. A systematic review of reviews: exploring the relationship between obesity, weight loss and health-related quality of life. *Clin Obes* 2017;7:273–89. [PubMed: 28695722]
3. Schauer PR, Bhatt DL, Kirwan JP, Wolski K, Aminian A, Brethauer SA, et al. Bariatric Surgery versus Intensive Medical Therapy for Diabetes - 5-Year Outcomes. *N Engl J Med* 2017;376:641–51. [PubMed: 28199805]
4. Neovius M, Bruze G, Jacobson P, Sjöholm K, Johansson K, Granath F, et al. Risk of suicide and non-fatal self-harm after bariatric surgery: results from two matched cohort studies. *Lancet Diabetes Endocrinol* 2018.
5. Lagerros YT, Brandt L, Hedberg J, Sundbom M, Boden R. Suicide, Self-harm, and Depression After Gastric Bypass Surgery: A Nationwide Cohort Study. *Ann Surg* 2017;265:235–43. [PubMed: 27387654]
6. Backman O, Stockeld D, Rasmussen F, Naslund E, Marsk R. Alcohol and substance abuse, depression and suicide attempts after Roux-en-Y gastric bypass surgery. *Br J Surg* 2016;103:1336–42. [PubMed: 27467694]
7. Gustaf Bruze TH, Peltonen Markku, Ottosson Johan, Sjöholm Kajsa, Naslund Ingmar, Neovius Martin, Carlsson Lena, Svensson Per-Arne. Impact of bariatric surgery on relationship status: results from two Swedish cohort studies. *JAMA Surgery* 2018, in press.