



## Impact of weight loss surgery on romantic relationships

Ansari F

Jai Narain Vyas University and Ph.D. from Singhania University, Jhunjhunu, Rajasthan, India

### Abstract

According to World Health Organization (WHO), the worldwide prevalence of obesity more than doubled between 1980 and 2014. Obesity poses a major public health challenge as well as it also has impact on social, psychological and romantic relationships. In this study we put our concentration on romantic relationships. In the last section of the study discussion is made for further future perspectives.

**Keywords:** weight loss surgery, obesity, romantic relationships

### Introduction

Obesity is one of the most common and the most neglected, public health problems in both developed and developing countries (Rajendra P. *et al.*, 2015) <sup>[1]</sup>. According to the WHO World Health Statistics Report 2012, globally one in six adults is obese and nearly 2.8 million individuals die each year due to overweight or obesity (WHO, 2012) <sup>[2]</sup>. Various studies reported rising of prevalence of obesity in India too (Eshwar T. *et al.*, 2017; Mohan V. *et al.*, 2006; Bhardwaj S. *et al.*, 2011; Deepa M. *et al.*, 2009; Misra A. *et al.*, 2008) <sup>[3-8]</sup>. We came across a study considering 194 patients who had the Roux-en-Y gastric bypass (RYGBP) at University of New Mexico Hospital prior to April 2003. Results of the surveys explored significant improvements in physical health, emotional status, and binge eating. These improvements were found reported across the entire sample, regardless of the presence of preoperative psychological distress, and were also found unrelated to the degree of weight loss. In this study professional and non-romantic relationships were found observed benefited from the impact of weight loss, but romantic relationships remained unaffected (B.L. Wolfe, 2006) <sup>[8]</sup>.

Another study concerned with the patients' energy, their confidence, changes in appearance, changes in sexual intimacy and risk of divorce after Weight loss Surgery (WLS). This study revealed improvements in patients relationship satisfaction and weight-related sexual quality of life after surgery, and experience of minimal disruption to their marital relationships (K. L. Applegate, 2008) <sup>[9]</sup>.

One of the studies considered resulted a consistent life-changing experience expressed by all participants who underwent bariatric surgery. Study reported physiologic and behavioral needs and inadequate pain management during the immediate post surgical period. In the same study a loss of social support systems was reported beyond the immediate post-surgical period (D. H. Sutton, 2009) <sup>[10]</sup>.

Ami Bylund *et al.* aimed a study to describe family functioning in relation to Gastric bypass surgery (GBP). This

study found that before GBP families were experiencing distance, difficulty and disengagement whereas after GBP, changes were found within relationships, families were reported experiencing enhanced closeness in inter-relationships within the family and increased social interactions as a whole family with friends and relatives (Ami B *et al.*, 2013) <sup>[11]</sup>. One of the studies revealed three concepts after analyses, which are, solution to an unbearable problem, learning new boundaries and hopes of normalization (J.F. Jensen, 2014) <sup>[12]</sup>. We came across a study considering examination of changes in relationship stability and quality from pre- to post-WLS relate to long-term weight loss outcomes. In the study considered a sample of 361 patients considered, having 95.9% Caucasian, 80.1% female. Study reported averaged 7.7 years post-WLS, with a mean age at surgery of 47.7 years (range 21–72); 87.3% had had a Roux-en-Y gastric bypass. Four relationship status groups were created in the study, Not in a relationship at surgery or follow-up (No-Rel, n = 66; 18.2%); Post-WLS relationship only (New-Rel, n = 23; 6%); Pre-WLS relationship only (Lost-Rel, n = 17; 5%); and Pre-Post Relationship (Maintainer, n = 255; 70.6%) respectively. Current BMI reported was 34.5 for No-Rel; 40.5 for New-Rel; 37.4 for Lost-Rel; 33.3 for Maintainers (p < .05 for Maintainers and No-Rel vs. New-Rel) respectively. In the same study these group differences were observed significant for weight loss, which was not found associated with gender, time since surgery, or age at time of surgery, but was reported associated with pre-WLS BMI (Shannon M.C., 2014) <sup>[13]</sup>. In a study Amanda Lynch, considered thirteen women and three men between 15 months and 10 years post-gastric bypass surgery in New York. It was found reported after a constant comparative analysis that initial rapid weight loss period was followed by weight stabilization, after which participants' weight loss patterns were diverging into three possible long-term trajectories (Maintaining, Regained/Losing, and Regained) and one short-term trajectory (Losing). Study involved six components of dietary management over the periods of weight loss e.g. physical

needs, hunger and fullness, relationship with food, strategy use, habit formation, and awareness of eating. In the “honeymoon period” weight loss was found observed “easy” because “surgery does the work” in limiting appetite, portion sizes, and interest in foods. Study revealed that the differences in weight loss trajectories were associated with participants’ abilities to maintain changes in relationship with food, dietary strategies and habits, and awareness of eating behaviors (Amanda L., 2016) <sup>[14]</sup>.

If we put our concentration on patients’ partner’s experiences in order to help inform clinical practice in bariatric care, we came across a study in which participants described three interconnected processes of change that followed after their spouses surgeries viz. effort put forth to engage in the surgical process with their spouses, adoption of the behavioural changes made by their spouses and adjustment to a “new normal”. Study concluded that bariatric surgery in one partner can impact couples’ dietary behaviours, physical and leisure activities, physical and emotional intimacy and relationship quality (Anna W. 2017) <sup>[15]</sup>.

We took into account a study that examined relationship maintenance activities that might contribute to a couple’s positive adjustment following WLS. In this study of eleven couples six types of relationship maintenance activities found beneficial following WLS viz. openness, assurances, food/meals as shared tasks, joint activities, antisocial, and affection. In the same study participants were reported to speak increasing independence, confidence, and self-focus of those who had had WLS (Christine A. *et al*, 2017) <sup>[16]</sup>.

In contrast we went through a study referencing that a number of patients experience poor long-term outcomes following bariatric surgery. One reason for variability in weight loss suggested was difficulty in making and sustaining changes in dietary intake and physical activity; post-surgery binge eating had also been found reported associated with poorer weight outcomes (M. A. Kalarchian, 2015) <sup>[17]</sup>.

## Discussion

In today’s world WLS is becoming more popular as it is a means toward achieving weight loss.

There is a need to work in such a way so that it could be cost effective and affordable to the persons belonging to middle and low income groups too.

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