

ABSTRACT

Introduction: Despite modern obesity treatments such as pharmacotherapy and bariatric surgery, lifestyle intervention remains one of the key therapies. In particular, modification of dietary habits, increasing physical activity, and improvement of psychological state, which often complicates weight loss and maintenance of achieved weight loss. The treatment of obesity should be dealt with in particular by doctors and health professionals who are knowledgeable about the issue and who use the correct diagnostic and therapeutic approach. However, the main role is played by the patient, who must be motivated and cooperate with the multidisciplinary team. The nutritional therapist sets individual dietary recommendations, taking into account the patient's state of health and current diet and eating habits. The psychologist helps to understand the patient's thoughts by analysing the psychosocial context, lifestyle analysis and habits, thus being able to change the patient's behaviour. Thus, regular nutritional and psychological intervention can lead to a higher success rate of the reduction regime.

Aims: The main aim of this study is to determine the association of factors of eating habits with weight change at 1 and 2 years after bariatric surgery. The second aim is to confirm the effect of nutritional intervention on weight change before and after surgery in the probands studied.

Methods: Data for analytical processing included anthropometric data, details of the operation, results from the Food Habits Questionnaire and the number of nutritional interventions. Associations of factors of eating behaviour and number of nutritional consultations were assessed with body weight development before and after surgery. Therefore, to analyse its evolution, values were obtained at specific time points - at the time of completing the questionnaire, on the day of surgery, at 12 months and 24 months after surgery.

Results: Weight regain was evident between 1 and 2 years for the restriction factor with a score below 14 in all cases and in 1 case a restriction score above 14. The disinhibition factor showed the maximum percentage weight gain only when a score of 12 was achieved. The hunger factor correlated with the disinhibition factor showed the highest overall reduction rate of 36 % between 1 and 2 years, along with the highest increase in weight reduction. In the study population, there was no statistical association between weight loss and the total number of nutritional consultations.

Conclusion: After analysis of the dietary habits questionnaire, an association was found for the maintenance of weight loss rate 2 years after surgery at a higher restriction factor. At lower values of the restriction factor, weight regain was observed 2 years after surgery. The association between the disinhibition factor and hunger showed a discrepancy with previous studies, as the highest mean weight reduction occurred at high values of both factors. Based on the other results, it is not possible to assess the effect of nutritional intervention on pre- and postoperative weight change, due to the small sample size and, above all, the substantial effect of bariatric surgery on the reduction given.

Keywords: Obesity treatment, bariatric surgery, food habits questionnaire, restriction, disinhibition, hunger