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Speaker	Losurdo Pasquale under40 <input checked="" type="checkbox"/>
ARGOMENTO	Obesità – COVID19 – Chirurgia Bariatrica
TITOLO DEL LAVORO	Body weight and eating habits changes during SARS-CoV-2 (COVID-19) pandemic and lockdown among obese patients scheduled for bariatric procedures
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RELATORE	
INTRODUZIONE	On January 30 2020, the World Health Organization (WHO) declared CoVID-19 as a “public-health emergency of international concern” .To contain the spread of the virus, major cities and entire nations imposed mass quarantines and “red zones”, recommended to stay at home and finally imposed lockdown. In Italy, the lockdown was declared on March 8, 2020 and the area worst hit by the Coronavirus outbreak was the northern part. Our study was conducted in Friuli Venezia Giulia region and the aggressiveness of the virus in this part of Italy, the seriousness of the outbreak, the scale of contagion and the number of deaths had a great emotional impact on the population. The primary aim of the study was then to evaluate weight and food habit changes during Covid-19 outbreak. Since the psychological evaluation of patients eligible for bariatric procedure is crucial to assess their motivation, behavioral challenges, and emotional relationship with foods , the secondary end point of the study was to explore the psychological factors, arising during the pandemic, influencing weight and dietary variations.
METODI	We conducted a survey after the end of the Italian lockdown (May 18th) by telephone interview. It was composed of four different sections: the first one included anthropometric data and type of procedure scheduled; the second section was composed of the Hospital Anxiety and Depression Scale (HADS), a frequently used self-rating scale developed to assess psychological distress in non-psychiatric patients, together with the Zung Self-Rating Anxiety Scale (SAS) and the Zung Self-Rating Depression Scale (SDS), two validated instruments that patients filled in during the psychiatric evaluation before the pandemic; the third section investigated the presence of maladaptive eating behaviours (such as binge eating not satisfying criteria for Binge Eating Disorder, night eating syndrome, emotional eating, gorging, snacking, grazing, sweet eating). Finally, in the fourth section we designed a 5-items questionnaire investigating the personal feelings (boredom, fear of the virus, fear of quarantine and emotional eating) moved by the COVID-19 spread and lockdown.
RISULTATI	Fifty-six obese candidates for bariatric surgery who were considered eligible for a bariatric procedure after a dietary and psychiatric evaluation (N=43 for gastric by-pass, N=1 for sleeve gastrectomy and N=12 for intragastric balloon position) were enrolled. No significative changes in weight and BMI were detected during the two and a half months of the lockdown: 118.17±21.94 kg versus 118.32±22.05 after the end of the lockdown (p=.861) and 42.18±5.72 kg/m ² versus 42.23±5.79 after the end of the lockdown (p=.869), respectively. No statistically significant changes in the proportion of individuals showing maladaptive eating habits were observed during the lockdown. A statistically significant reduction in the SAS anxiety index score was observed (48.98±11.54 pre-versus 40.93±8.81 post-lockdown, p<.001), together with a significant reduction in the proportion of individuals with an anxiety score above the normal range (63% to 30.4%,

p=.002), while the reduction in the SDS index score and in the proportion with abnormal depression did not reach statistical significance. At the Hospital Anxiety and Depression Scale (HADS) only a minority of individuals scores above the cut-off for probable cases.

DISCUSSIONE

We hypothesized that the fear of the contagion, the spread of the contagion and the associated measures (lockdown and quarantine) imposed by the government to face the pandemic, together with emotional reactions to these measures, would have been associated with a further increase in weight and BMI and with an increase in maladaptive eating habits. Our hypothesis was disconfirmed. We postulate that the relatively short duration of the lockdown as compared to the total length of time elapsed from beginning of weight gain up to severe obesity requiring surgical procedure did not translate into a further significant increase in weight/BMI. In addition, we have to consider that the present study enrolled a selected cohort of motivated obese persons aiming to lose weight who received preoperative counseling with the aim of promoting compliance with the bariatric protocol. We also lacked to find significant differences in the rates of maladaptive eating habits. The lack of weight gain and a non-significant variation in maladaptive eating habits are an indirect index of the efficacy and therefore of the essential need for a pre-operative selection process. Interestingly, we found a significant decrease in anxiety. Probably, this improvement may be related to the severe body dissatisfaction/uneasiness experienced by obese individuals, often associated with the fear of confronting with others (social phobic features), leading to avoidance of social interactions situations; it is then possible that the "positive" effect of being obliged to avoid social interactions during the lockdown may have been greater than the fear of being infected, leading to a significant reduction in anxiety. In conclusion, while facing a second wave of the pandemic, our study showed no effect on weight and BMI nor on maladaptive eating habits; a reduced anxiety and depression scores were reported probably associated with the limited social interactions due to the lockdown and social distancing.

BIBLIOGRAFIA

Revisore

Non assegnato

Accettazione

Non ancora definito

Note